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G.B. Local Govt Board for Scotland

REPORT

OF THE

DEPARTMENTAL COMMITTEE

APPOINTED BY THE

LOCAL GOVERNMENT BOARD FOR SCOTLAND

TO INQUIRE INTO THE SYSTEM OF

POOR LAW MEDICAL RELIEF

AND INTO THE RULES AND REGULATIONS FOR THE

MANAGEMENT OF POORHOUSES;

TOGETHER WITH

SUPPLEMENT.

VOLUME I.

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MINUTE OF APPOINTMENT.

THE Local Government Board for Scotland hereby appoint a Departmental Committee to inquire into and report on the methods and conditions under which Poor Law Medical Relief is at present administered in Scotland, and on what changes, if any, it is advisable to make in regard thereto, or in the regulations for distributing the sum contributed from the Local Taxation Account to the cost of Poor Law Medical Relief and Trained Sick Nursing, or in the Rules and Regulations for the Management of Poorhouses.

The Board further appoint the following gentlemen to be members of the Committee, viz. :—

Mr J. PATTEN MACDOUGALL, one of the Members of the Board.
Mr W. LESLIE MACKENZIE, M.A., M.D., Medical Inspector.
Mr R. B. BARCLAY, General Superintendent of Poor.
Mr J. JEFFREY, of the Local Government Board, will act as Secretary to the Committee.

BALFOUR OF BURLEIGH,
President.

L. S.

LOCAL GOVERNMENT BOARD,
EDINBURGH, 16*th July* 1902.

G. FALCONAR-STEWART,
Secretary

DEPARTMENTAL COMMITTEE

ON

POOR LAW MEDICAL RELIEF (SCOTLAND).

REPORT.

To the LOCAL GOVERNMENT BOARD FOR SCOTLAND.

Gentlemen,—Having concluded our inquiry into the matters referred to us by your Minute of 16th July 1902, we have the honour to submit to you the following report:—

PART I.

THE APPOINTMENT OF THE COMMITTEE.

1. During the Parliamentary Session of 1902 the Government introduced a Bill[1] with the object, *inter alia*, of enabling the Local Government Board to remove, with the approval of the Secretary for Scotland, certain anomalies to which the distribution of the sum of £20,000 contributed from the Local Taxation Account, under Section 22 (4) of the Local Government (Scotland) Act, 1889, to the cost of Poor Law Medical Relief and Trained Sick Nursing in Poorhouses is at present subject. These anomalies, to which we shall afterwards have occasion to refer, have, from time to time, been dealt with in correspondence between parish councils and the Local Government Board, and also between that Board and the Secretary for Scotland. They are, in large measure, the consequence of the legal effect of certain provisions of the Local Government Act of 1889, involving the result that the rules for the regulation of medical relief in Scotland are stereotyped, and cannot be altered except by legislation. The Bill in question would have empowered the Board to amend these rules. Some of them are obsolete; others are the cause of much dissatisfaction to those engaged and interested in the actual administration of the Poor Law.

2. Accordingly, we were appointed by the Local Government Board a Departmental Committee, with the object of ascertaining in detail the views of local officials and others on the working of the present system, and of thereby assisting the Board, on the passing of the Bill, to frame a scheme of distribution and relative rules that would be at once more equitable, and would tend towards more efficient administration than the present system. We were also empowered to inquire into the rules and regulations for the management of poorhouses.

3. Opposition having been offered to the Bill, it was withdrawn, and we were then requested to include in our Report suggestions with a view to the improvement of the Poor Law Medical Relief Service.

[1] House of Commons Bill No. 102, Session 1902.

PART II.

PROCEDURE OF THE COMMITTEE.

(*a*) *Issue of a Memorandum.*

4. The appointment of the Committee and the terms of the reference were published in the Press, and we felt that it would further facilitate our labours, and assist us in obtaining the necessary information for our guidance, if a detailed memorandum of the points which appeared to arise out of the terms of the reference were drawn up and circulated among the parochial and poorhouse authorities concerned, to whom we might look to give evidence. We accordingly prepared such a memorandum and issued it to the Society of Inspectors of Poor, to the Association of Poorhouse Governors, to the Poor Law Officers' Association, to the Scottish Poor Law Medical Officers' Association, to each of the witnesses cited, and to various persons who applied for a copy.

ppendix LXXI. A copy of the memorandum is printed in the Appendices.

(*b*) *Meetings.*

5. In the course of our investigations we have held forty meetings, at eighteen of which we examined witnesses, the number of witnesses so examined being thirty-three. An alphabetical list of the witnesses will be found on page iii of Volume II.

We also received a deputation from the Association of Poorhouse Governors, consisting of the President and the Secretary, who submitted certain proposed changes on the rules for the management of poorhouses.

(*c*) *Returns and Reports.*

6. We found it necessary to call for a return from each parish of the salaries and fees paid to outdoor medical officers under the Poor Law, Lunacy, and Vaccination Acts, and of the arrangements made by the parish council for supplying medicines and medical

ppendix LVIII. appliances to poor persons. An abstract of this return is printed in the Appendices.

We have had the benefit of the reports which the Board called for on 1st September 1902, and received from governors of poorhouses, showing (1) the number of inmates (excluding lunatics) at 31st December 1901, classified under the head of 'infirm,' 'sick,' 'all other ordinary adult inmates,' and 'children'; (2) the number of beds set apart for the various classes of inmates by House Committees; (3) the total accommodation as sanctioned by the Board; and (4) the number of cubic feet provided for each sick bed.

ppendix L. A table containing an abstract of these reports is printed in the Appendices.

ppendix LXX. We have also been given access to official correspondence and returns relating to the subject matter of our inquiry, some of which will be found printed in the Appendices. Of these, much use has been made, as will appear throughout the Report.

(*d*) *Visitation of certain Poorhouses and Workhouses.*

7. We have, in the course of our inquiry, visited and inspected, either collectively or individually, the following poorhouses in Scotland, these being in a measure typical of the whole :—

Black Isle Combination.
Dalkeith Combination.
Dumbarton Combination.
Dundee, East.
Easter Ross Combination.
Edinburgh (Craigleith).
,, (Craiglockhart).
East Lothian Combination.
Glasgow (Barnhill).
,, (City).
Govan.
Inverness.
Kincardineshire Combination.
Perth.
Wigtownshire Combination.

Mr Barclay has also, in the course of his official duties, since our appointment as a Committee, visited every poorhouse in Scotland, in many cases more than once.

With a view to obtaining further information on certain administrative points relating to Poor Law medical relief and nursing, we deemed it advisable to visit some

workhouses in England and Ireland. Application having been made to them, the respective Local Government Boards very kindly made arrangements for our visiting in England the workhouses of St Marylebone Parish, and of Bradford (Yorkshire), Maidenhead and Whitechapel Unions; and in Ireland the workhouses of the Unions of Belfast, Clifden, Downpatrick, Dublin (North), Dublin (South), and Galway. They also nominated witnesses, who described to us generally the medical relief provisions of the two countries.

(e) *Scope of Inquiry.*

8. We have construed the reference to mean that anything connected with, or ancillary to, the treatment, care and well-being of the sick poor and boarded-out children was embraced within the scope of our remit, including such details of poorhouse administration and discipline as affect the health and comfort of the inmates. Accordingly, as regards indoor relief, we have inquired into the working of nearly all the poorhouse rules.

We have, however, refrained from dealing with the question of the constitution and sufficiency of the present poorhouse dietaries. That question seemed to be more a matter for experts, and to be scarcely within the terms of our reference. It was prominently brought under our notice by Miss E. S. Haldane, who submitted a memorandum on the subject, supplemented by a report drawn up by Dr. J S. Haldane, F.R.S., Lecturer in Physiology in the University of Oxford, and joint Editor of the *Journal of Hygiene.* While feeling ourselves precluded from entering into the subject, we were of opinion that it was of such primary importance as to justify us in submitting the memorandum and report to the Local Government Board for their consideration, which was done in a letter dated 2nd December 1902. Copies of these documents are printed in the Appendices. Appendix XLIX

We are gratified to learn that the Board, as the result of our communication, have resolved to reconsider the whole question of poorhouse dietaries, and have meantime withdrawn their approval of the original poorhouse dietary, framed in 1850, where it is still in use.[1]

While, however, declining to enter into the question of the theoretical nutritive values of the poorhouse dietaries, we have admitted evidence from medical officers and others criticising the administration of the present system of dietaries and suggesting certain improvements. We refer to this in a subsequent part of our report (paragraph 92).

[1] Circular, dated 6th February 1903.

PART III.

9. To understand clearly the 'methods and conditions under which Poor Law Medical 'Relief is at present administered,' we think it will be found useful to trace its history since 1845.

HISTORY OF POOR LAW MEDICAL RELIEF IN SCOTLAND SINCE 1845.

10. An organised system of Poor Law Medical Relief in Scotland has existed only since the passing of the Poor Law Act, 1845 (8 & 9 Vict. c. 83). In their report, dated 2nd May 1844, the Commissioners appointed to inquire into the administration and practical operation of the Poor Laws in Scotland state that 'there is scarcely any provision 'made for medical relief to the poor out of the poors funds in Scotland. This seems to 'be left systematically to private charity.' Except in a few parishes, it may be said that, prior to 1845, the poor were mostly dependent on the charity of medical men, both for medicines and attendance. In Edinburgh, Glasgow, and a few of the larger burghs, however, the establishment of infirmaries and dispensaries to some extent supplied the want of any organised parochial provision.

1. RECOMMENDATIONS OF POOR LAW COMMISSIONERS.

11. While, however, the Commissioners found it necessary to report adversely on the conditions then existing, they did not attempt to lay down a fixed rule for enlarging the supply of medical relief, but preferred to leave it to each parochial board to adopt their own scheme of relief, 'since,' as they say, 'what works well in one parish may be 'very ill suited to another.' Their proposals were as follows :—

(i) 'That medical relief should be supplied more extensively to the poor, 'and that this should form a proper charge upon the poor funds.'

(ii) 'That in those parishes in which it is found expedient to build poor-'houses, the managers of the poor should, in connection with the poorhouses, 'provide accommodation for dispensaries for the poor.'

The Commissioners also advised that parochial boards should be empowered to subscribe to infirmaries.

12. Mr Twistleton, one of the Commissioners, in a separate report, recorded his dissent from the above proposals on the grounds, *inter alia*, (1) that it was not proposed to make the provision of medical attendance compulsory, and (2) that to leave the arrangements exclusively in the hands of the parochial boards would almost inevitably, in his opinion, result in the remuneration of medical officers being fixed at a lower rate than was adequate for the services they might be called on to perform, or perhaps in their being called on to attend the sick gratuitously, two evils that it was the intention of the Commissioners, if possible, to avoid.

2. STATUTORY ENACTMENTS.

13. The recommendations of the Commissioners were given effect to in the following provisions of the Poor Law Act, 1845 (8 & 9 Vict. cap. 83) :—

Section 66.—'In all cases in which poorhouses shall be erected or enlarged, 'or altered, under the provisions of this Act, there shall be proper and sufficient 'arrangements made for dispensing and supplying medicines to the sick poor, 'under such regulations as the Parochial Board shall make, and the Board of 'Supervision shall approve ; and there shall be provided by the Parochial Board 'proper medical attendance for the inmates of every such poorhouse, and for 'that purpose it shall be lawful for the Parochial Board to nominate and 'appoint a properly qualified medical man, who shall give regular attendance at 'such poorhouse, and to fix a reasonable remuneration to be paid to him by such 'Parochial Board. Provided always, that, if it shall appear to the Board of

'Supervision that such medical man is unfit or incompetent or neglects his duty, 'it shall be lawful for the Board of Supervision to suspend or remove such 'medical man from his appointment and attendance.'

Section 67.—'It shall be lawful for the Parochial Board in any Parish or 'Combination, for the benefit of the poor of such Parish or Combination, to 'contribute annually or otherwise such sums of money as to them may seem 'reasonable and expedient, from the funds raised for the relief of the poor, to 'any public infirmary, dispensary, or lying-in hospital, or to any lunatic asylum, or 'asylum for the blind, or deaf and dumb.'

Section 69.—'In every Parish or Combination it shall and may be lawful for 'the Parochial Board, and they are hereby required out of the funds raised for 'the relief of the poor to provide for medicines, medical attendance, nutritious diet, 'cordials and clothing, for such poor, in such manner, and to such extent as 'may seem equitable and expedient.' . . .

These three sections are still the basis, and, indeed, with the exception of the Local Government (Scotland) Act, 1889, Section 22 (4),[1] are the only direct statutory enactments providing for the medical relief of the poor in Scotland.

3. ADMINISTRATION SUBSEQUENT TO 1845.

14. The Board of Supervision, the central authority appointed under the Poor Law Act, 1845, and entrusted with its administration, appear to have taken immediate and energetic steps to improve the Poor Law medical relief service. Among the rules relating to the duties of inspectors of poor issued by them, on 20th October 1845, were included the following, dealing with medical relief :—

18. 'In all cases of sickness or accident befalling persons entitled to parochial 'relief, and requiring immediate medical or surgical assistance, the inspector must, 'upon his own responsibility, take measures for procuring, without delay, such 'medical aid as can be obtained, in conformity with the provisions which may have 'been made, and the instructions which he shall have received from the Parochial 'Board.'

19. 'In every case of sickness or accident of any person in receipt of 'parochial relief, the inspector must, as soon as may be, and from time to time 'afterwards, visit the home of such sick person, and supply him with such articles as 'may seem necessary, until the case shall have been reported at the next meeting 'of the parochial board.'

The attention of parochial boards was also at that time specially directed to the statutory provisions above referred to, and they were called on to state what arrangements had been made for supplying medical attendance to the poor, and on what terms.

4. DEFECTS IN THE SYSTEM.

15. While the arrangements specified in Section 66 appear to have worked smoothly as regards the supply of medical relief in poorhouses, the Board, from the outset, seem to have been impressed with the inadequacy of the statutory enactments as regards the outdoor poor. Where a poorhouse was erected, the appointment of a medical officer, at a fixed salary, was obligatory. On the other hand, an appointment to a parish (*i.e.*, to attend the outdoor poor) was optional. The result was practically as Mr Twistleton had anticipated in his separate report. Where regular medical attendance, as in a poorhouse, was made compulsory, the medical relief was on the whole adequate; where the detailed arrangements were left entirely to the local bodies it was, as a rule, inadequate. The futility of allowing newly-created local bodies, such as the parochial boards then were, with no fixed policy to guide them, and with but scanty means at their disposal, to inaugurate and promote a satisfactory system of medical relief according to what each considered to be 'equitable and expedient,' was clearly demonstrated, and cannot be better illustrated than by quoting the words of the Board of Supervision in summarising their first year's proceedings (1846), and in submitting a scheme for the distribution of the medical relief grant two years later (1848).

1846 Report.—'We are far from being of opinion that the medical relief 'afforded to the poor in Scotland generally, more especially in the rural and 'remote parishes, is on a satisfactory footing. In some of the large urban parishes,

[1] This sub-section is quoted in paragraph 23.

'and in a few of the rural parishes, the arrangements appear to be liberal, and 'medical relief adequately provided for; but in a great majority of parishes, much 'yet remains to be done.' . . . . 'The intention of Her Majesty's Government 'to contribute from the public funds a considerable sum towards defraying the 'cost of medical relief in Scotland will afford an opportunity for revising the 'whole system and for placing it on a much more satisfactory footing than it has 'hitherto been.'

1848 Report.—'It appears, therefore, that the provision for medical relief 'in Scotland is generally inadequate, that, except in a few parishes, the arrange-'ments for its supply are made without any regular plan, and that the actual 'expenditure for this purpose is not in proportion to the comparative wants of the 'poor in each parish, or even in each county.'

5. THE MEDICAL RELIEF GRANT AND ITS FINANCIAL CONDITIONS.

16. During the financial year 1847–8 Parliament voted, as part of Sir Robert Peel's scheme to relieve local rates, a sum of £10,000 as a grant 'to improve the supply of 'medical relief to the poor in Scotland, and, at the same time, to relieve the ratepayers 'of a part of the increased burden, which a due performance of the statutory obligation 'to provide adequate medical relief for the poor would imply.'

A scheme for distribution of the grant of £10,000 was on 2nd February 1848 submitted by the Board of Supervision, and duly approved by the Secretary of State. It is printed in the Appendices.

ppendix LXI.

(a) *Imposition of a 'Minimum Expenditure.'*

17. Hitherto, one of the chief weaknesses of the system had been that, in the majority of parishes, the expenditure on medical relief was insufficient to meet the wants of the poor. Parochial boards had yet to be educated to the fact that the provision of adequate medical attendance for the sick and aged is a duty in a properly equipped social organisation, and that it involved an outlay much in excess of the requirements suggested by the inherited traditions of Poor Law administration. This was one of the many points in which the spirit of the new Poor Law was diametrically opposed to that of the old. One parish actually refused to participate in the proposed grant on the ground 'that to provide medical relief would be injurious to the health of the poor.'[1]

Accordingly, an essential condition of participation in the grant was that each parish should expend a fixed 'minimum expenditure' on medical relief annually. Without some such condition it was felt that there might be a temptation to devote the grant more to the reduction of existing charges than to the improvement of the service.

In fixing the 'minimum expenditure' for each parish, the Board, having no data to guide them, such as the average expenditure of a number of years, took the density of population as the basis of their calculations.[2] The parishes of Scotland were accordingly grouped into seven classes, according to density of population, and a 'minimum ex-'penditure' on medical relief per head of population was fixed for each class. The following table shows the scheme:—

Class.	Approximate Population per square mile according to 1841 Census.	Minimum Expenditure per head on Medical Relief which will qualify for share of Grant.	Total Amount of Minimum Expenditure for each Class.
I.	1 to 25	2d. per head	£2,182
II.	26 „ 50	$1\frac{5}{16}$d. „	1,920
III.	51 „ 100	$1\frac{14}{16}$d. „	2,694
IV.	101 „ 200	$1\frac{13}{16}$d. „	2,749
V.	201 „ 400	$1\frac{12}{16}$d. „	2,403
VI.	401 „ 1000	$1\frac{11}{16}$d. „	1,704
VII.	1001 and upwards	$1\frac{10}{16}$d. „	5,686
		Total,	£19,338
		One half of which,	£9,669

[1] Third Annual Report of Board of Supervision, 1848, p. v.

[2] The reasons for doing so, and the methods employed, are detailed in the Minute of the Board, dated 2nd February 1848; see Appendix LXI.

It will be observed that the minimum expenditure per head diminishes in inverse ratio to the density of the population.[1]

It will also be observed that the gross amount of the proposed 'minimum expenditure' for all the parishes of Scotland was approximately £20,000—twice the amount of the grant. This meant a substantial increase in the medical relief expenditure of the country, the amounts expended in the two preceding financial years being £4056 in 1845–6 and £12,879 in 1846–7. At the same time, however, the Board took care to make it clearly understood that the proposed 'minimum expenditure' would in no way limit the statutory obligations of parishes to provide whatever further medical relief might be required.

The population of each parish was multiplied by the minimum rate per head of the class in which its density placed it, and the result was regarded as the 'minimum expenditure' on medical relief for the parish.[2]

The above-described 'minimum expenditure,' calculated upon the density of population according to the census of 1841, is still in existence in each parish, and is still a *sine qua non* of participation in the Local Taxation Grant as now increased to £20,000. While, however, in 1848 the 'minimum expenditure' may have served to induce parochial boards to spend more liberally on medical relief than they had hitherto done, it has, as we show in a subsequent part of our report (paragraph 175), outlived its day, and, under present conditions, in some parishes it operates harshly and with obvious injustice.

(*b*) *Method of Distributing the Grant.*

18. On production of the necessary vouchers showing that the 'minimum expenditure' had been incurred, each parish that agreed to the administrative conditions of participation received from the grant a sum equal to one-half of that expenditure, so that, if every parish had so agreed, the total grant of £10,000 would have been expended.

It was anticipated, however, that some parishes would either refuse to comply with the administrative conditions, or would fail to spend a sum sufficient to earn the grant. There would thus be a 'surplus grant' to dispose of. Accordingly, the Board proposed that the 'surplus grant' should be distributed among the participating parishes *pro rata*, according to vouched expenditure.

In the first year of the grant only about one-half of the total number of parishes in Scotland established their claims by producing vouchers to the extent of the 'minimum expenditure.' The 'surplus,' or unearned grant, amounted therefore to a considerable sum—the exact figure for that year being £4534.

(*c*) *Change in Method of Disposal of 'Surplus' Grant in* 1854.

19. The grant continued, with beneficial results, to be distributed in accordance with the foregoing arrangements until 1854, when a slight change in the method of distributing the 'surplus' was sanctioned. Originally, as has been stated, the 'surplus' was allocated among the participating parishes at a rate per £ on the vouched expenditure of each. It was seen, however, that, under this method, a parish that expended the bare 'minimum' benefited from the grant to the same extent, proportionally, as a parish that, owing to special circumstances, might have to expend perhaps two or three times the 'minimum' in order to provide adequate medical relief. There were still manifestations of a tendency on the part of some parochial boards to keep the medical relief expenditure at, or just slightly over, the 'minimum' so as to earn a share of the grant irrespective of whether or not the relief was adequate. Accordingly, the Board considered that it would conduce still further to the improvement of the medical relief service, and tend to promote the principle originally adopted in the distribution of the grant, if the 'surplus' were distributed among the participating parishes 'in sums proportioned to 'the *excess* of their actual expenditure beyond the minimum amount which entitles them 'to share in the grant.' The intention of the Board appears to have been to hold out a premium, in the shape of an additional grant, to those parishes that deemed it ex-

[1] Owing to the disproportionately large number of casual poor resident in Edinburgh and Glasgow, these two parishes were treated exceptionally, and were included among those that were to expend the highest rate per head (Class I.).

[2] The following illustration will show more clearly, perhaps, how the 'minimum expenditure' for a parish was obtained:—Parish 'A' has, say, an area of 10 square miles and a population of 1000 = 100 persons per square mile (Class III.). 1000 × $1\frac{1}{16}$d. = £7, 16s. 3d. = the 'minimum expenditure' for Parish 'A.'

pedient, or were compelled by their special circumstances, to expend more than the 'minimum.' This change was made accordingly. The necessity for imposing a check upon extravagant or unnecessary expenditure had not yet been felt.

(*d*) *Grant Increased in* 1882.

20. No further change was made in the conditions until 1882. In that year the grant was increased from £10,000 to £20,000.

In 1846, the intention of Parliament seems to have been to give to Scotland the same proportion of medical relief as to England and Ireland, viz.—one-half of the salaries of Poor Law medical officers and of the cost of medicines. In England and Ireland medical officers were necessarily appointed under the Statutory Rules and Orders of the respective Central Departments, but in Scotland the Central Department possessed no similar powers of issuing Orders, and, except in the case of poorhouses, there was no statutory duty to appoint medical officers. In Scotland, accordingly, a different method of distributing the grant in aid was necessarily adopted,—one result of the difference being that the grant apparently came to be regarded as fixed at £10,000 annually instead of growing with the expenditure as it did in England and Ireland. This was a standing grievance, and petitions on the subject were, from time to time, addressed by parochial boards to the Government of the day. The claim of the parochial boards was simply for an increased grant that would place them on a footing of financial equality with England and Ireland.

In reply to a question, on 22nd April 1879, the Chancellor of the Exchequer stated that the Treasury were willing to sanction an increased grant 'as soon as 'the appointment of medical officers is made compulsory in Scotland, and placed on 'the same footing as in England'[1]; and on 8th March 1881, the Financial Secretary to the Treasury made a similar reply to a deputation consisting of members of Parliament, representatives of parochial boards, and others. Bills were introduced into Parliament from time to time with the object of extending the provision of medical relief in the direction above indicated, but without success, and the grant accordingly continued to be a fixed sum of £10,000—a sum which, relatively to population as compared with England and Ireland, was only about one-half of what Scotland was entitled to have. At length, in 1882, as stated above, Parliament voted an additional annual sum of £10,000, raising the grant to £20,000, at which figure it has stood ever since.

(*e*) *Vouched Expenditure made the Basis of Distribution in* 1882.

21. Many changes in population, and in the circumstances and requirements of the parishes interested, having occurred since 1848, the original scheme of distribution, as amended in 1854, was felt to be no longer equitable, and in 1882 an opportunity was taken to reconsider its basis and terms. The Board accordingly proposed that the grant should be 'divided and distributed among the participating parishes at such rate per £ on the 'vouched expenditure of each as will exhaust, or as nearly as may be exhaust, the 'whole amount (£20,000) voted by Parliament'; the other conditions and requirements, as approved in 1848,—(including 'the minimum expenditure'),—to remain.

In submitting their scheme for approval, the Board expressed the opinion that legislation was required to place medical relief in Scotland on a satisfactory footing, and that they regarded their proposals 'as only temporary and provisional.' A copy of the Board's Minute, dated 2nd August 1882, is printed in the Appendices.

pendix LXII.

The change was approved by the Secretary of State on 7th August 1882, and the grant has since been distributed on 'vouched expenditure.'

(*f*) *Expenditure on Trained Sick Nursing in Poorhouses admitted as a charge against the Grant in* 1885.

22. Down to the year 1885, the grant was practically confined to expenditure on salaries of medical officers, medicines, and medical and surgical appliances. But in that year the Board, being desirous of abolishing, as far as possible, pauper nursing, and of encouraging the introduction of trained sick nursing in poorhouses, obtained the consent of the Secretary of State to the cost of such nursing being made a first charge

[1] *Vide* Hansard, Third Series, Vol. CCXLV., 836.

against the grant. Separate rules for the regulation of nursing in poorhouses were drawn up and formally approved, and each poorhouse authority that complied with them was to receive from the grant a sum equal to 'one-half of the actual salary of each trained sick 'nurse, . . . together with an allowance of 3s. per week in respect of the cost of rations, 'lodging, and uniform.'

The trained sick nursing grant is still distributed on these lines, and is a first charge on the grant of £20,000.

(*g*) *The Conditions of Participation stereotyped by Statutory Enactment in* 1889.

23. We have now set forth, shortly, the various financial arrangements and conditions connected with the distribution of the grant. These, together with the administrative rules which are regarded as part of the conditions of participation, cannot now be altered without further legislation, the Law Officers of the Crown having held that they have been stereotyped by the passing of the Local Government (Scotland) Act, 1889 (52 & 53 Vict. cap. 50), sect. 22 of which enacts that all sums paid to the Local Taxation (Scotland) Account shall be applied

* * * * * * *

(4) 'In distributing a sum of twenty thousand pounds among the parochial 'boards in Scotland as a contribution to the cost of Poor Law medical relief 'and trained sick nursing in poorhouses, in like manner, and according to the 'like scale and regulations as nearly as may be, as in the financial year ending 'the thirty-first day of March, one thousand eight hundred and eighty-nine.'

Besides stereotyping the conditions of participation, and so depriving the Central Department of the powers and latitude of administration as regards medical relief that they had previously possessed, the Local Government (Scotland) Act, 1889, made the grant a fixed charge upon the Local Taxation Account instead of a sum to be annually voted by Parliament.

Following upon the passing of that Act, the Secretary for Scotland, on 10th June 1890, determined, *inter alia*, that the contribution was to be distributed among parochial boards that complied with the Conditions and Rules summarised below (paragraphs 24, 28, 29, 34, and 35), in the following manner, viz.:— Appendix LXI

(*a*) 'In payment of a proportion of the cost of trained sick nursing in poor-'houses in terms of the rules of the Board of Supervision, dated 26th March 1885.'

(*b*) 'The balance to be divided among the aforesaid parochial boards, at such 'rate per £ on the cost of medical relief as will exhaust, or as nearly as may be 'exhaust, the whole amount of the grant.'

(*h*) *Conditions and Instructions.*

24. The following is a summary of the chief 'Conditions and Instructions' to be observed in the distribution of the grant:—

(*a*) Compliance with the medical relief rules of the Board of Supervision (now the Local Government Board); (*b*) the expenditure on medical relief for each parish to be equal to the 'minimum'; (*c*) no grant to be allowed in respect of payments (1) to lunatic asylums, (2) to medical officers for services rendered under the provisions of the Lunacy, Vaccination, and Public Health Acts, (3) for medical certificates required in the ordinary administration of relief, (4) for services rendered by midwives in midwifery cases, (5) for nutritious diet, cordials, clothing, lodging and sick-bed attendance; (*d*) grant to be extended to charges in respect of subscriptions to hospitals,[1] and of the cost (or a proportion of the cost) of the medical treatment of pauper patients in licensed wards of poorhouses,[2] and in infirmaries and hospitals; (*e*) grant to be limited to expenditure that is actually and ultimately chargeable to the parochial funds; and (*f*) neither a participating parish, nor the medical officer of the parish to be entitled to recover from another participating parish the cost of medical attendance.[3]

A copy of the 'Conditions and Instructions' is printed in the Appendices. Appendix LXV

[1] In regard to subscriptions to hospitals, it is provided that claims are to be supported by a statement of the benefits derived therefrom.

[2] That is, licensed for the reception of harmless lunatics.

[3] This is termed the 'reciprocity rule.'

(6) THE ADMINISTRATIVE RULES AND REGULATIONS.

25. The statutory enactments left it to the discretion of individual parochial boards to provide *outdoor* medical relief in such manner as might be found practicable and might be considered most expedient and equitable in the circumstances of each parish. This led to administrative difficulties, because no authority was vested in the Central Department to frame rules for the guidance of parochial boards in the discharge of their duties in that respect. In cases where a parochial board refused or neglected to do what the statute required of them, the Board of Supervision had power (*a*) to apply to the Court of Session for an order, and (*b*) on the receipt of a complaint by a pauper, to declare that the medical relief granted in that particular case was inadequate. These were and are the only powers of enforcing an adequate provision of outdoor medical relief possessed by the Department, and they were insufficient to inaugurate a new system. The result, as viewed from the administrative standpoint, was not satisfactory. Except in a few parishes, the medical relief at first afforded was inadequate, and the arrangements for its supply were made without any regular plan.

26. With the enactments affecting *indoor* medical relief it was different. Here the Statute was more definite. In every poorhouse, Section 66 of the Act of 1845 required that a medical officer should be appointed at a reasonable salary; that he should give regular attendance; and that he should be liable to be dismissed by the Central Department if he was found to be unfit, incompetent, or if he neglected his duty. Moreover, by that Section and by Section 64 it was enacted that, in every poorhouse, rules and regulations for the management, discipline, and treatment of the inmates, and for dispensing and supplying medicines to the sick poor, should be drawn up and submitted to the Board for approval. In point of fact the Board had, in 1850, framed model poorhouse rules, which have been adopted by Poorhouse Committees throughout Scotland. These rules contain many detailed instructions relating to indoor medical relief, and, while in many respects they are now out of date, there seems to be no doubt that at the time they were framed, and for years afterwards, they were sufficient, together with the provisions of Section 66, for the satisfactory inauguration and organisation of a system of indoor medical relief.

(*a*) *Rules relating to Outdoor Medical Relief.*

27. With regard to the medical relief of the outdoor poor, the institution of the grant in 1848 afforded an opportunity of supplementing the provisions of the Statute by an agreement between the local bodies and the Central Department; certain conditions were to be observed on the one hand and a monetary obligation was incurred on the other.

In addition to the imposition of a 'minimum expenditure,' the Board of Supervision recommended[1] that certain administrative arrangements should be observed. Rules in terms of these recommendations were drawn up, and received the assent of the Secretary of State on 21st October 1848.

The rules have been modified in matters of detail from time to time, but, in substance, the present rules are practically those of 1848, the main idea—that of having a recognised medical officer at a fixed salary—being still insisted on. Accordingly, we think it unnecessary to quote here in detail the rules as originally drawn up and approved. We propose merely to give a summary of the main provisions of the existing rules, and to explain briefly in what respects the original rules have been altered from time to time.

(i) RULES APPLICABLE TO ALL PARISHES.

28. The following is a summary of the medical relief rules applicable to all parishes, whether participating in the grant or not:—

The Parish Council are to provide medical attendance, medicines, medical and surgical appliances, nutritious diet, cordials, clothing, suitable lodging and sick-bed attendance to the sick and convalescent poor to such an extent as may be necessary, according to the circumstances of each case.

Medical attendance is to be given by a medical practitioner registered under the Medical Act, 1858. The medical practitioner is to attend the poor personally and at their homes if necessary. He is to make his visits punctually, and, if he employs an assistant, is responsible for the performance of his duties. Whenever

[1] Minute of 2nd February 1848, *vide* Appendix LXI.

he considers that nutritious diet, cordials, clothing, lodging and sick-bed attendance are required by a sick poor person, he is to intimate the fact in writing to the inspector of poor. When a medical officer is appointed to a parish and supplies medicines, etc., from his laboratory, he is to afford every reasonable facility for sending or conveying such medicines, etc., to poor persons that are unable to go or to send for them. He is also to name, if practicable, a substitute who shall act in his absence from home, or at any time when he is unable to act. Rule 4. „ 7. „ 8.

The Inspector of Poor is to furnish or refuse such nutritious diet, cordials, clothing, lodging and sick-bed attendance as may be ordered by a medical practitioner, until the case is brought before the parish council and their instructions are received regarding it. If he refuses or fails to furnish the relief so ordered, he is held accountable for the refusal or failure, as the case may be. When called upon to do so, he is to provide a special messenger to convey medicines from the medical officer's laboratory to the homes of sick poor persons. He is also to perform the duties specified in paragraph 14. „ 4. „ 7.

(ii) RULES APPLICABLE TO PARISHES THAT PARTICIPATE IN THE MEDICAL RELIEF GRANT.

29. The following is a summary of the additional rules applicable to parishes that participate in the grant:—

The Parish Council are to comply with the medical relief rules. They are to name a duly qualified medical officer (or medical officers) at a fixed salary[1]; to advertise vacancies in the medical officership for three weeks in a newspaper circulating in the county; not to remove a medical officer from office unless at a meeting that has been duly called on ten days' notice; when participating for the first time, to submit the salary of the medical officer to the Local Government Board for approval; also to submit for approval proposed alterations in the medical officer's salary; to furnish the medical officer every six months with a list of aged and infirm persons in receipt of outdoor relief and resident in the parish; and to furnish such persons with a medical relief ticket. „ 9. „ 13. „ 12. „ 11. „ 14.

The Medical Officer is to obey the medical relief rules; to be liable to be dismissed by the Local Government Board if he fails or neglects to perform his duties, or if he is found to be unfit, or incompetent to discharge them; to attend sick poor persons on a written or printed order from the parish council or inspector of poor, or on the order of a member of the parish council in cases of sudden and urgent necessity, or on the production of a medical relief ticket by a poor person; to keep a register of sick poor, which is to be submitted to the parish council; to make, when required, returns and reports and also to grant certificates as to the sickness of any poor person, or other cause of his attendance; and to attend the parish council when required. He is not to hold the office of inspector of poor. „ 10. „ 15. „ 16. „ 17.

Medicines and medical appliances should be supplied by a druggist where practicable. Appendix LXI No. 6.

A copy of the rules relating to outdoor medical relief is printed in the Appendices. Appendix LXV

(iii) CHANGES IN THE RULES.

30. As we have indicated, the administrative rules have from time to time been amended in regard to certain matters of detail. The following are the principal alterations:—

(*a*) Until 1856 the medical officer was required to make an annual return of sick poor to the Board of Supervision, the object of which appears to have been to afford statistical information as to the existence and prevalence of disease. This duty was no longer necessary on the passing of the Registration of Births, Marriages, and Deaths Act, 1854 (17 & 18 Vict. c. 80), and the rules were amended accordingly.

(*b*) Until 1863 it was required that the medical officer should be furnished with vaccine virus, and should, as part of his duty, vaccinate all persons who might come or might be brought to him for that purpose. The Vaccination Act, 1863 (26 & 27 Vict. c. 108), having made vaccination compulsory in Scotland and required the appointment of a vaccinator in each parish, there was no need to continue vaccination as part of the duties of medical officers under the Poor Law.

[1] It is added that the salary 'should not include the cost of medicines and medical appliances.'

(*c*) In 1885 the definition of medical attendance was widened so as to cover the cost of trained sick nursing in poorhouses.

(*d*) In 1887 the Board of Supervision,[1] 'having found that irregularities 'were sometimes committed by Parochial Boards in the appointment and dismissal 'of medical officers, and that, in some other respects, the regulations applicable 'to parishes which participate in the Parliamentary grant in aid of medical 'relief were not altogether satisfactory,' framed a revised set of rules, which were duly approved. *Inter alia* they provided (i) for a better and more regular procedure in the appointment and dismissal of medical officers, and (ii) for the institution of a Register of Sick Poor, etc.,—all tending to improve the system of medical relief and to secure better attention to those requiring it.

(*e*) In 1890 further changes were introduced. Following on the passing of the Local Government Act, 1889, the Board of Supervision submitted for the approval of the Secretary for Scotland a slight modification of the scheme for the distribution of the grant, and, at the same time, certain amendments in the rules, which experience had shown to be necessary and expedient, in order to secure more efficient administration and control. The Secretary for Scotland was, however, advised by the Law Officers of the Crown that, under the Act of 1889, the rules, as they existed at the passing of the Act, must be maintained, and that no substantial departure from the conditions applicable to that year could be assented to.[2] Accordingly, no change was made in the method of distributing the grant, although one or two minor amendments were sanctioned in the rules. These amendments simply gave verbal expression in the rules to certain principles that had always been recognised or implied in the administration of medical relief, having no material bearing on the scale and conditions under which the grant was distributed. Briefly, they were as follows:—

(i) Clauses were imported requiring that parochial boards should comply with the rules and regulations of the Board of Supervision, and recommending that the medical officer's salary should not include the cost of medicines and medical appliances.'

(ii) A new rule was introduced providing that medical officers should obey the medical relief rules and regulations, and that the Board of Supervision should have power to dismiss medical officers in certain circumstances.[3]

(iii) New rules were inserted providing that alterations in the salaries of medical officers must be submitted to the Board for approval, and that when a parish participates in the grant for the first time the salary of its medical officer must be approved.

(iv) A recommendation was made to the effect that medicines and medical appliances should, whenever practicable, be obtained from a druggist.

(*b*) *Rules relating to Indoor Medical Relief other than Trained Sick Nursing.*

31. As has been stated (paragraph 26), the poorhouse rules contain a number of important provisions relating to medical relief, but, while this is so, the Board of Supervision do not seem to have taken steps to have them incorporated in the conditions to be observed by parishes participating in the grant. Accordingly, they were unable to use the grant as a medium for promoting the efficiency of indoor medical relief. It appears, however, that in 1890, in the proposals for altering the scheme of distribution, the Board included a clause
ppendix LXIII. that would have enabled them to have some control of indoor medical relief arrangements. The clause was objected to on the ground that it introduced too substantial a change in

[1] Forty-Second Annual Report, 1887.

[2] In a letter of 29th March 1890, the Secretary for Scotland wrote:—'The Secretary for Scotland is aware 'that partly under express statutory authority, and partly under departmental authority, the Board of Super-'vision have been in use from time to time, with much public advantage, to alter the regulations and even the 'scale of distributing grants in aid; and without expressing any opinion upon the particular alterations now 'recommended by the Board, his Lordship does not doubt that, if they had a free hand, they could still introduce 'valuable improvements on the existing system. But the Act of last year, for reasons which must be assumed 'to have been sufficient, has taken away the latitude of administration which formerly obtained, and has, subject 'only to the relaxations above mentioned, stereotyped the scale and regulations referred to in the Act.' (See Letter No. 6, Appendix LXIII.)

[3] Although the substance of this rule was contained in the original proposals submitted to the Secretary of State in 1848, it did not actually become a rule until 1890.

the methods and conditions that had been stereotyped by the Local Government Act, 1889. Accordingly, the grant is still paid in aid of the cost of indoor medical relief (other than nursing) irrespective of whether the poorhouse rules have been complied with or not.

32. The following is a summary of the chief provisions in the poorhouse rules relating to the sick poor :—

The Visiting Committee are to examine the poorhouse once at least in every week ; to report, *inter alia*, on its cleanliness, ventilation and heating, and on the food, attendance, and accommodation for the inmates ; to report also if the medical officer is regular in his attendance, if the sick inmates appear to be in as satisfactory a state as their ailments admit of, if any infectious disease exists in the poorhouse, and if any children are not vaccinated. — Rule XIV. (6.) (7.) (8.)

The Governor is to call in the medical officer when necessary ; to take care that all sick and insane inmates are duly visited by the medical officer, and are provided with such medicines, attendance, diet, and other necessaries as the medical officer may, in writing, direct ; to intimate the sickness of an inmate to the nearest relation, if any, in the poorhouse ; if an inmate becomes dangerously ill, to send for the chaplain or other licensed minister, or for any relative or friend within reasonable distance whom such inmate may desire to see ; and to regulate, along with the matron, the discipline and employment of the sick inmates, subject to the directions of the House Committee. — „ XVIII. (28). „ XXXIV.

The Matron, with the assistance of the nurses, is to take care of the sick and to furnish them with proper diet and with clean clothes ; also to administer, as far as possible, with her own hand, wines, spirits or other cordials prescribed by the medical officer. — „ XIX. (10) and (18

The Medical Officer is to attend daily, and also when sent for by the governor or matron, and at such other times as may be necessary ; to name a substitute, if possible ; to examine the state of poor persons on their admission to the poorhouse ; to give all necessary directions as to the classification, diet, and treatment of the sick ; to keep the Medical Officer's Sick Diet Book ; to report any defect in the diet, drainage, ventilation, warmth, or other arrangements of the poorhouse, or any excess in the number of any class of inmates that he may deem to be detrimental to the health of the inmates ; to make a weekly or monthly return of sick to the House Committee, and to enter therein the apparent cause of the death of every inmate ; to supply to the House Committee information as to the case of any inmate who has been under his care ; to report upon any prevailing sickness among the inmates ; to attend the House Committee when required to do so ; to keep a register of all inmates under his care and of the treatment of the more serious cases ; to support the governor in the maintenance of discipline ; and to certify, *inter alia*, every sick inmate whom it is proposed to punish by alteration of diet or by confinement. — „ XLVIII. (1.) (2.) (3.) (4.) (5.) (6.) (8.) (9.) (10.) (11.) „ LIX.

In addition to these rules the Board have, from time to time, issued, in the form of Minutes or otherwise, a number of suggestions with regard to such matters as, *e.g.*, the temperature of sick wards, sudden deaths of inmates, *post-mortem* examinations, the treatment of infectious disease in poorhouses, the bathing of inmates, the periodical inspection of bedding and underclothing, and the admission of visitors to sick inmates. These Minutes either explain or amplify the rules, but in some instances they practically amount to new rules, although it is doubtful whether, in their present form, they could be enforced.

A copy of the poorhouse rules will be found in the Supplement.

(*c*) *The Trained Sick Nursing Rules.*

33. Mr M'Neill, now Vice-President of the Local Government Board, appears to have first directed attention to the disadvantages of pauper nursing in poorhouses, and to have advocated the introduction of trained nursing, in a report which he made to the Board of Supervision on 1st July 1876.[1] From time to time he reverted to the subject, and in 1879 the Board instructed him to visit a number of workhouses and workhouse infirmaries in England, and to inquire into the system of nursing in operation there. As the result of

[1] Thirty-first Annual Report of Board of Supervision, 1876.

that visit, the Board, 'as a tentative measure,' suggested[1] 'that in all the smaller poor-'houses the matron should be required, within a reasonable time, to undergo three 'months' training in some public hospital, and that, in future, no matron should be 'appointed who has not received similar instruction for six months.' They also suggested that the matron should be supplied with trained assistants in the same proportion as was afterwards laid down in the regulations for the distribution of the trained nursing grant (see paragraph 35), but that where three or more nurses were employed, one-third of the number might be untrained persons if able to read and write, and engaged 'for not less than a year.'

dane, 2920. The first suggestion appears to have met with little or no response from House Committees throughout Scotland, probably because it was found to be impracticable.

(i) REGULATIONS WHERE A TRAINED HEAD NURSE IS EMPLOYED.

34. In the following year (on 29th April 1880) the Board issued regulations for the management of hospitals and infirmaries in poorhouses, where a trained head nurse or lady superintendent was employed. The following is a summary of them :—

e 1. The matron of the poorhouse is to have no jurisdiction within the hospital, and to exercise no authority therein.

, 2. The position of the trained head nurse or lady superintendent of the hospital is to be the same in all respects, in relation to the governor, as that of the matron to the governor as regards ordinary inmates.

, 3. Her duties are to superintend the nurses, suspending, and reporting to the governor, any who may be found insubordinate, inefficient, or otherwise unsuitable ;

, 4. to take charge of the property within the hospital, and check damage, waste and

, 5. extravagance ; to take charge of all ordinary inmates employed in the hospital, pointing out to them their duties, and reporting to the governor in case of their

, 6. disobedience or insubordination ; to maintain discipline, cleanliness, and order

, 7. within the hospital ; to conform to the instructions of the medical officer as to the treatment of patients, and as to all matters affecting the dietary and hygiene of

„ 8. the hospital ; and to obey the regulations of the hospital and the lawful orders of the governor in all other matters.

)p. LXVIII. A copy of these regulations is printed in the Appendices.

At first their adoption was optional, but when the grant in aid of trained sick nursing was instituted, their adoption in poorhouses large enough to employ a trained head nurse or lady superintendent was made one of the conditions of participation. Their importance, and probably also the success that has attended them, lie in the clear manner in which they define the respective duties of the matron and the trained head nurse, thereby tending to obviate friction between these two officials.

(ii) REGULATIONS FOR THE DISTRIBUTION OF THE TRAINED SICK NURSING GRANT.

35. Some advance towards the introduction of trained nursing into poorhouses was reported from time to time, but it was not until a portion of the medical relief grant was allocated in aid of its cost[2] that anything like substantial progress was made. The following is a summary of the rules and regulations relating to the distribution of the trained sick nursing grant as drawn up on 26th March 1885, and still in operation :—

ules 2 and 4. Before a House Commitee may participate in the grant, the Local Government Board are to approve such details as the number of trained nurses to be employed, the number of untrained nurses, and the number of assistants, other than nurses, employed in menial duties.

ule 5. No grant is to be allowed in respect of any nurse whose name is not entered in the Local Government Board register of trained nurses.

„ 3. To entitle her to registration, a nurse must have been trained for not less than two years in a public hospital, being a training school for nurses, and maintaining a resident physician or house surgeon, and she must not be under twenty-two nor over forty-five years of age when first registered.

[1] Circular dated 31st July 1879.

[2] This was the outcome of a suggestion by Mr Barclay,—then head of the Statistical Branch of the Board of Supervision.

The proportion of trained nurses to sick is fixed as follows :— Rules 8 and 9.

(*a*) One trained nurse in addition to the matron, where the daily number of sick amounts to 20.

(*b*) This proportion is to be maintained where the number of sick does not exceed 60.

(*c*) Where the number of sick exceeds 60, a lady superintendent or head nurse is to be appointed in addition to the three nurses required for the first 60 sick, but the proportion of nurses to sick above 60 may be as one in thirty.

As already indicated, the adoption of the regulations referred to in paragraph 34 is compulsory in all poorhouses in which a trained head nurse or lady superintendent is employed. Rule 10.

The grant is at the rate of one-half of the actual salary of each trained nurse, together with an allowance of 3s. per week in respect of rations, lodging, and uniform. But the Local Government Board have power to allow a modified grant, or to withhold the grant altogether, if the circumstances appear to them to require it. „ 1. „ 13.

A copy of the regulations of 1885 is printed in the Appendices. Appendix LXV.

It may be remarked that the register of nurses, above referred to, is practically a record of nurses in respect of whom grant is, or has been, allowed. When a nurse leaves the poorhouse service, the fact is noted, but her name is not removed from the register, unless in the event of misconduct. If a registered nurse returns to poorhouse work, grant is again paid in respect of her salary, etc., if she produces satisfactory certificates of conduct from her employers during the interval. The register is in no sense used as a bureau for nurses qualified for employment.

7. EFFORTS TO PROCURE LEGISLATION FROM 1870 ONWARDS.

36. In their report dated 3rd July 1871, the Select Committee of the House of Commons appointed to inquire into the operation of the Poor Law in Scotland made the following recommendations with regard to medical relief :—

> ' Every parochial board to be required to appoint a medical officer at a suitable ' salary, exclusive of the cost of medicines ; regard being had to the population and ' extent of the parish and the number of paupers. Medical officers not to be ' removed from office, except with the approval of the Board of Supervision. The ' Parliamentary Grant in aid of medical relief to be placed on the same footing as ' it is in England and Ireland. Every parochial board to be required to have, and ' furnish with requisite medicines, a dispensary at or in the vicinity of the residence ' of their medical officer, and to publish in their annual accounts a statement of ' medicines so supplied.'

Following upon this report a number of Bills were introduced into Parliament, each containing provisions which had for their object the improvement of the arrangements for the supply of medical relief to the poor.

In 1872 and 1873 Bills were introduced by Private Members of Parliament, but in 1876, 1877, 1879 and 1881, under successive administrations, there were Government measures dealing with the subject ; the Bill of 1877 had even been mentioned in the Queen's Speech. Dealing as they did with the Poor Law generally, much of the opposition that they encountered appears to have had no connection with the medical relief proposals. None of the Bills became law.

Briefly, their proposals were as follows :—

> That medical officers should be appointed at suitable salaries which were to be exclusive of the cost of medicines ; that medical officers so appointed should not be removed without the sanction or confirmation of the Board of Supervision ; that parochial boards, either singly or in combination, should be authorised, with the consent of the Board of Supervision, to provide suitable residences for their medical officers, and should be empowered to borrow money for this purpose, the

plans of the houses to be approved by the Board of Supervision; that all medicines should be supplied either by arrangements with druggists or by providing dispensaries at or near the residences of the medical officers; that one-half of the salaries of such medical officers and of the cost of medicines should be refunded by the Treasury; and that the Board of Supervision should frame rules and regulations for the administration of medical relief and for the distribution of the grant.

No further efforts to procure legislation were made until 1902, when the short Bill, the object of which we have explained in paragraph 1, was introduced into Parliament, but was ultimately withdrawn.

8. THE GENERAL RESULTS OF THE POOR LAW MEDICAL RELIEF SYSTEM.

37. Although much remains to be done to place Poor Law medical relief in Scotland on a satisfactory footing, there can be no doubt that much has been accomplished since the year 1846. The question of medical relief has been kept prominently and persistently under the notice of the local administrative bodies, and the Parliamentary grant in aid, or Local Taxation Contribution as it is now termed, has been steadily applied to promote the adequacy and efficiency of the system.

In regard to the influence of the grant, Mr W. A. Peterkin, late General Superintendent of Poor, after fifty years' experience, said,[1] 'The improvement in the medical 'relief service throughout the district' (Northern Highland District) 'has been very 'great, chiefly through the operation of the medical relief grant.' The grant has had a beneficial effect in the same direction in the other districts of Scotland. At the same time it is not unlikely that in these, which are the wealthier districts, the stimulus of the grant has been less marked than in the Northern Highland District. On the other hand its moral effect, in the obligation that its acceptance implies, has been equally great in all parishes, and we are satisfied that, with few exceptions, all have loyally endeavoured to administer, in the spirit as well as in the letter, the rules that have been framed for regulating its administration.

(*a*) *Increase in the Number of Participating Parishes.*

38. We have alluded to the fact that, prior to the passing of the Poor Law Act of 1845, the poor were mostly dependent on the charity of medical men for attendance and medicines, and that in 1848, after the Act had been in operation for three years, the Board of Supervision reported that the provision of medical relief in Scotland was generally inadequate.

In the first year after the grant was instituted, only 438 parishes, or slightly less than one-half of the parishes of Scotland, complied with the conditions of participation. Since then, as will be seen from the table in the Appendices, the number of participating parishes has steadily increased, until, in 1902, out of a total of 874 parishes, 795, or about 90 per cent., complied with the conditions and thereby earned a share of it.

ppendix LVI.

Briefly, the result is that in these parishes, which represent a population of 4,432,873, out of a total population of 4,472,103, according to the 1901 census, medical relief to the poor is administered systematically and under official regulations.

(*b*) *Number of Medical Officers in Different Parishes.*

39. The number of medical officers appointed to a particular parish varies of course with its area and population, but in sparsely-populated districts it may, to some extent, be determined by the number of medical practitioners resident in the district. Each one of the participating parishes has appointed at a fixed annual salary at least one medical officer to attend the sick poor, while the large city parishes have a large staff. Thus, in Glasgow there are twenty-five Poor Law medical officers, in Edinburgh fifteen, in Dundee seven, and in Aberdeen seven. The salaries vary considerably, the smallest being paid to medical officers of rural parishes, and the largest to poorhouse medical officers that devote their whole time to the duties of their office. The minimum salary of a medical officer of a participating parish is £1, 7s.; the maximum is £525.

[1] Forty-ninth Annual Report of Board of Supervision, 1893–4.

In many Highland parishes the parochial medical officer is the only medical man resident in the parish, or if not resident, is the only medical practitioner available to the inhabitants in cases of sickness. Further, in some of these parishes, practically the whole professional income of the medical practitioner is his salary as parochial medical officer, his fees from non-pauper patients being quite insignificant. It may thus with accuracy be said that, but for that salary, a little more than one-third of which only is refunded from the grant, the inhabitants of these parishes would not be able to procure the services of any medical practitioner. All this tends to show the great and beneficial effect of the grant in securing medical relief, not only to the poor but to the inhabitants generally, many of whom are on the verge of pauperism. We have received evidence showing that need exists for supplying the inhabitants of Highland parishes with still further medical relief, and to this we refer in a subsequent part of our report (paragraph 145). Millar, 5031, 5046.

(c) *The Non-Participating Parishes.*

40. While, therefore, the medical relief arrangements in particular parishes may be affected by physical or economic conditions peculiar to themselves, and may be more or less adequate according to circumstances, the general effect of the grant and its rules has been to place medical relief on a uniform basis throughout Scotland. There were, however, seventy-nine parishes that did not participate in the grant for the year ended 15th May 1902, and over whose medical relief arrangements the Local Government Board have therefore little or no control. Of these, seventeen have appointed a medical officer at a fixed salary, but their expenditure on medical relief being less than the 'minimum' they have no share in the grant; forty-three have appointed a medical officer whose services, as required, are remunerated by fees; while nineteen have appointed no medical officer, but call in any medical practitioner that may be available and pay for his services by fees.

The following statement shows how the non-participating parishes are distributed. A list of them will be found in the Appendices. Appendix LV.

County.	Parishes.	County.	Parishes.
Aberdeen,	7	Kincardine,	1
Argyll,	4	Kirkcudbright,	1
Ayr,	2	Lanark,	7
Berwick,	10	Orkney,	1
Edinburgh,	1	Peebles,	3
Elgin,	1	Perth,	13
Fife,	4	Roxburgh,	11
Forfar,	11	Selkirk,	2

In the north of Scotland, where the population is sparse, where the inhabitants are poor, and where, on account of the low valuation, any extra expenditure presses very heavily on the rates, one might have expected to find the greatest number of parishes that were unable to comply with the conditions attached to participation in the grant—one of the principal conditions being the expenditure of a fixed 'minimum' on medical relief annually. But instead of this, the reverse is the case. With the exception of Orphir[1] (Orkney) and Birnie[2] (Elgin), every parish in the counties of Zetland, Orkney, Caithness, Sutherland, Ross, Inverness, Banff, Elgin, and Nairn, which counties make up the 'Northern Highland District,' participates in the grant.

(d) *Increase in Expenditure.*

41. Simultaneously with the increase in the number of participating parishes there has been a gradual increase in the total expenditure on medical relief. In 1846 the expenditure amounted to £4056 only. During the next few years there was a marked increase in the expenditure, but this was due,[3] in a large measure, to the prevalence of fever in 1847, and of cholera in 1848–9, and also to the fact that the Inspectors' returns from which the figures were taken included under the head of 'medical relief' the cost of cordials and special diet—two items that, since 1848–9, have been included under Appendix LVI.

[1] The parish council of Orphir have appointed a medical officer at an annual salary of £10, but, as the expenditure on medical relief is less than the 'minimum,' they do not participate in the grant. There were twenty-two paupers and eight dependants chargeable to the parish at 15th May 1902.

[2] The parish council of Birnie have appointed a medical officer and pay him by fees. There were four paupers at 15th May 1902.

[3] Fourteenth Annual Report of Board of Supervision, 1859.

'maintenance.' Accordingly, in our review of the expenditure, we propose to start with the year 1851, which may be regarded as the first year that the system was in full working order under normal conditions.

In that year the medical relief expenditure amounted to £20,311, representing 3s. 5¼d. per pauper. Since then it has steadily increased, until, during the year ended 15th May 1902, it amounted to £56,742, representing 11s. 3d. per pauper. It will thus be observed that, while the actual expenditure has increased nearly 180 per cent., the expenditure per pauper has increased nearly 230 per cent. during the half century under review. This affords convincing proof, if proof be required, that medical relief to poor persons is now supplied on a much more liberal scale than was the case fifty years ago.

ppendix LVI. A table will be found in the Appendices showing the expenditure on medical relief for each of the years 1846–1902, together with the expenditure per pauper and per head of population.

One feature is that although the grant has always been a fixed sum, and every increase in the expenditure has therefore involved a relatively smaller grant, the expenditure has steadily increased. Thus, during the years from 1851 to 1882, while the grant remained fixed at an annual sum of £10,000 the expenditure rose steadily from £20,311 in 1851 to £40,224 in 1882. In the latter year, as we have mentioned (paragraph 20), the amount of the grant was increased to £20,000, a figure at which it has stood ever since. The expenditure has, however, moved steadily upwards, until, as already stated, it has reached £56,742 in 1902.

Since 1882 the grant has been distributed at a rate proportional to the vouched expenditure of each parish. Accordingly, as the expenditure increased, the rate per £ diminished. Thus, in 1883,[1] the year succeeding the first distribution of the increased grant, the rate was 10s. 9¼d., and, in 1902, it was 7s. 2d. per £ of vouched expenditure. It might, of course, be argued that this circumstance tends to discount the influence of the grant as a stimulus to parochial effort and to the improvement of the system generally. We are, however, inclined to the view which we have indicated in a previous paragraph (paragraph 37), that the assistance of Government towards furnishing systematic and efficient medical relief has been fully appreciated, and that the parochial authorities have cordially co-operated with the Central Department in carrying out the rules that have been framed with the object of placing that relief upon a uniform and satisfactory basis.

(*e*) *Analysis of Expenditure.*

ppendix LVII. 42. We find that between the years 1890[2] and 1902 the expenditure on indoor and outdoor medical relief increased as follows :—

	1890.	1902.	Increase per cent.
Indoor Medical Relief	£11,749	£18,091	54
Outdoor „ „	30,562	38,651	26

The increase in the indoor expenditure is largely due to the extension of trained sick nursing in poorhouse hospitals and sick wards. In 1890 the cost of such trained nursing was £1942, in 1902 it was £6737.

The expenditure per head relieved also increased during that period. Thus :—

	1890.	1902.	Increase per cent.
Indoor Medical Relief per head	£1 5 7	£1 10 2	18
Outdoor „ „ „	0 8 0	0 9 10	23

Appendix LI. „ LIV. „ LVII. „ LVIII. In a further analysis of the expenditure for the year ended 15th May 1902 we find that it is made up as follows :—

Indoor—		Per Indoor Pauper.
Medical Officers' Salaries, ...	£5,576	= £0 9 3
Trained Nursing (in poorhouses that earned a share of the trained nursing Grant), . .	6,737	= 0 11 3
Medicines and Medical Appliances, . .	5,778	= 0 9 8
Total, .	£18,091	= £1 10 2

[1] No information is available as to the rate per £ at which the Grant was distributed in 1882.
[2] This information is not available prior to the year 1890.

Outdoor—		Per Outdoor Pauper.
Medical Officers' Salaries, ...	£28,925	= £0 7 4
Medicines and Medical Appliances, Subscriptions to Hospitals and Nursing Institutions, etc., ...	9,726	= 0 2 6
Total, .	£38,651	= £0 9 10

The most striking features of the analyses are (*a*) the cost of trained nursing, and (*b*) the heavy charge for medicines and medical appliances in respect of each of the indoor poor as compared with the corresponding charge in respect of each of the outdoor. These facts would appear to indicate that the inmates of poorhouses are, on the average, more infirm and require more medical relief than those in receipt of outdoor relief.

If the expenditure be allocated between medical officers' salaries and other medical relief, the following is the result :—

Medical Officers' Salaries—			
Indoor, ...	£5,576		
Outdoor, ...	28,925		
		£34,501	= 61 per cent.
Other Medical Relief—			
Indoor, ...	£12,515		
Outdoor	9,726		
		22,241	= 39 per cent.
Total, . . .		£56,742	= 100 per cent.

In dealing with these percentages it must, however, be borne in mind that in 192 parishes (see paragraph 43) the medical officers' salaries cover any medicines, etc., that they may supply. We have no means of ascertaining how far the percentages would be affected by this factor, but, on the most liberal estimate, we think the difference would probably fall short of 5 per cent.

Of the total grant of £20,000, we estimate that, for the year ended 15th May 1902, about £7000 was paid in respect of indoor medical relief, and £13,000 in respect of outdoor medical relief, representing roughly 11s. 8d. per annum per indoor poor person and 3s. 4d. per outdoor poor person. Of the indoor grant, £3368 was paid in respect of trained sick nursing.

(*f*) *Methods of Providing Medicines.*

43. It appears from a special return called for by us that in 527 parishes the medical officer supplies medicines and medical appliances to the outdoor poor under some form of agreement with the parish council.[1] Thus, in 137 parishes his salary covers any medicines and medical appliances that he may supply ; in 55 parishes his salary covers medicines but not medical appliances ; in 105 parishes he is paid a fixed annual sum for medicines and medical appliances ; in 41 parishes he is paid a fixed annual sum for medicines but renders an account for any medical appliances that he may provide ; and in 189 parishes he renders an account for both medicines and medical appliances. Appendix LVII

In 303 parishes, medicines, etc., are supplied by druggists and accounts are rendered therefor.

In 31 parishes the parish councils have contracted with druggists for the supply of medicines, etc. The following are the chief forms of contract, as stated in the returns :—

(i) A percentage off the ordinary retail prices, the percentages varying from 5 to 55 per cent. This appears to be the most popular form of contract.

(ii) A fixed annual sum for the supply of any medicines that may be required. As a rule medical appliances are not included in the contract, but are specially charged for when supplied.

[1] Including sixteen parishes in which the medical officer supplies medicines in only one district of the parish, the medicines for the other district being supplied by a druggist.

(iii) A fixed rate per annum for each pauper on the roll, whether requiring medicines or not. As a rule medical appliances are not included in the contract.

(iv) A fixed charge per prescription—medical appliances being charged for separately.

(v) Schedules of medicines and the more common medical appliances are issued to wholesale druggists, etc., who quote prices for which they will supply the quantities stated in the schedules.

(vi) Retail druggists submit the price list of a wholesale firm or firms, and state for what sum or sums or percentage over and above the prices contained in the price list they will dispense medicines to the outdoor poor.

(vii) A price list is drawn up by the parish council, with the assistance of a pharmaceutist. Druggists are invited to supply medicines to the outdoor poor in terms of the price list. The medicines, etc., for the indoor poor are supplied by a firm of wholesale druggists, who allow a percentage off their wholesale price lists.

In thirteen small parishes the inspectors of poor did not state how medicines and medical appliances were provided.

In the parishes of Glasgow and Govan the parish councils have equipped and maintain dispensaries for supplying their outdoor poor with medicines and medical appliances instead of sending the prescriptions to a retail druggist to be dispensed.

hison, 4031–5.
, 5817–9.
nett, 4655–67.
s, 401–5.
hton, 3606–9.
ran, 4750–7.
ston, 739–51.
deman,
0–1.

We have no detailed information applicable to all poorhouses as to the manner in which medicines, etc., are supplied to the indoor poor. But in the large poorhouses there are laboratories, the drugs for which are supplied under one or other of the above-mentioned forms of contract. Some poorhouses have a resident dispenser; in others a druggist attends at stated intervals and dispenses any medicines that may be required. The most common practice appears to be to keep a small stock of medicines, which are dispensed by the medical officer. In other poorhouses, mostly small, the medical officer's prescriptions are dispensed by a druggist in his own shop.

(*g*) *Growth of Trained Sick Nursing in Poorhouses.*

44. We have already mentioned (paragraphs 33–5) the circumstances attending the introduction of trained sick nursing into poorhouse hospitals and sick wards, and the appropriation of a part of the grant of £20,000 in aid of its cost. The system thereby introduced was a purely voluntary one in respect that the Board had no power to insist on its adoption; its existence and gradual growth have been, to a larger extent than in the case of medical relief generally, the result of the monetary inducement of the grant in aid; and it might at any time be abandoned by a house committee, at a sacrifice of the grant, in favour of some cheaper form of trained nursing or (as has sometimes happened) in favour of a reversion to pauper nursing.

In 1880, prior to the institution of the grant, it appears[1] that arrangements were matured and adopted for the purpose of affording skilled nursing for the inmates of Barnhill Poorhouse (Glasgow), and that these arrangements were approved by the Board of Supervision. Making reference to this, the Board's report for that year further states that the subject was receiving careful consideration from the governing bodies of other poorhouses, and expresses the hope that, in a short time, the arrangements for the care of the sick would be everywhere improved. Unfortunately this hope was not realised to any appreciable extent for some years.

As we have already mentioned (paragraph 35), little progress was reported until a portion of the medical grant was specially devoted to trained nursing. The growth of the system has been very gradual. Thus in 1885, the first year of the grant, and five years after the Board had approved the nursing arrangements above referred to in Barnhill, three poorhouses—Barnhill, Campbeltown, and Cunninghame Combination—provided trained nursing in terms of the standard laid down by the regulations for participation in the grant. We have no information to show the number of nurses employed in these poorhouses at that time, but during the year ended 14th May 1885 their expenditure on trained nursing amounted to £528. Next year, a substantial advance was manifest. During that year seven poorhouses, having twenty-seven nurses, complied with the prescribed conditions, and earned a share of the grant, the amount of their

pendix LIV.

[1] Thirty-fifth Annual Report of Board of Supervision, 1880.

expenditure on trained nursing being £1001. Since then the system has steadily gained ground, until during the year ended 15th May 1902 twenty-nine poorhouses participated in the grant, the number of nurses employed at that date being 152, and the expenditure for the year being £6737.

This large increase in the expenditure, half of which is refunded from the grant, has necessarily been accompanied by a corresponding diminution of the sum available for medical relief other than nursing. The following statement shows the transference that has taken place in the portions of the grant allocated to these two purposes:—

	Trained Nursing.	Other than Trained Nursing.
1885 . . .	£264	£19,736
1902 . . .	3368	16,608

An outcome of the introduction of trained nursing and of the consequent necessity for the provision of an adequate supply of nurses is that certain of the large poorhouses have been induced to train probationers. In this respect Barnhill poorhouse again led the way. In his report to the Board of Supervision for the half-year ended 1st July 1891,[1] Mr M'Neill mentions that Barnhill was the only poorhouse that was training probationers, and that at least four other poorhouses might follow its example, and would probably do so, if adequate inducement could be offered. No pecuniary encouragement from Imperial sources has up to the present been granted for the training of probationers, but notwithstanding, and probably because of the necessity for maintaining a full complement of nurses, probationers are now received in the poorhouses of Glasgow (City), Govan, and Dundee, as well as in Glasgow (Barnhill).

There is still, we are glad to know, an increasing tendency to introduce and develop trained nursing in our poorhouses, and a further statement of the present position of matters and of our recommendations in regard thereto will be found in paragraphs 125-136.

(*h*) *Miscellaneous.*

45. In one or two other points the medical relief arrangements for the poor have improved during the past half century.

Since the passing of the Poor Law Act, 1845, it has been competent for parochial boards, and afterwards for parish councils, to contribute for the benefit of the poor, *inter alia*, to any public infirmary, dispensary, or lying-in hospital, and this privilege has been almost universally taken advantage of. Treatment in an infirmary or hospital being, without question, superior to treatment in the poor person's own home, an increase in the number of hospitals carries with it a corresponding increase in the facilities for the better treatment of the sick poor. Accordingly, the institution of cottage and other hospitals throughout the country has, we are satisfied, had a beneficial influence on the condition not only of the sick poor themselves, but of the poorer classes generally. In 1893 the Board of Supervision report,[2] as a new feature in the claims against the medical relief grant, subscriptions entitling poor persons to admission to cottage hospitals. Grant was allowed in respect of these subscriptions.

In 1894[3] the Board of Supervision sanctioned a subscription by a parochial board towards the maintenance of a public nurse, on the understanding that she was to attend pauper patients. Subscriptions to outdoor nursing associations are not, however, admissible in claims against the medical relief grant, but, nevertheless, parish councils, especially in country districts, have availed themselves pretty freely of the privilege of subscribing to these associations. The question of providing trained nursing for the outdoor sick poor is more fully discussed in paragraph 157.

In their report for 1899 the Local Government Board state[4] that they had given the question of the treatment of tuberculosis in poorhouses their special attention, and had called for a general report on the subject from Mr Barclay, their General Superintendent of Poorhouses, and had further instructed him to report periodically on the conditions

[1] Forty-sixth Annual Report of Board of Supervision, 1891.
[2] Forty-eighth Annual Report of Board of Supervision, 1893.
[3] Forty-ninth Annual Report of Board of Supervision, 1894.
[4] Fifth Annual Report of Local Government Board, 1899.

under which that disease is treated in the various poorhouses. This has had the effect of stimulating local interest in the question of tuberculosis, and in a subsequent part of our report we revert to the subject (see paragraphs 69–77).

Viewed from the standpoint of 1845, there can be no question that great improvements have been effected in the treatment and care of the sick poor, both indoor and outdoor. At the same time, although we cannot say that it has been shown that the system of Poor Law medical relief, now in operation, is theoretically open to very serious criticism, there can, we think, be no doubt that, if it be tested by modern standards and the light of experience, there is much in its administration that seems to demand attention and reform.

PART IV.

INDOOR RELIEF.

We now proceed to elaborate our statement of the conditions under which Poor Law medical relief in Scotland is at present administered, and to make suggestions for its improvement. In doing so, we propose to follow generally the various heads of the memorandum [1] we issued as a guide to the witnesses who gave evidence.

1. THE POORHOUSE RULES.

46. As already stated (paragraph 26), indoor medical relief is administered in terms of the provisions of section 66 of the Poor Law Act, 1845, and of the rules and regulations framed under section 64 of that Act.

In regard to indoor medical relief and poorhouse administration generally, we find that, in many respects, the existing practice is in advance of what was thought fitting and suitable fifty years ago, and that the strict letter of many of the poorhouse rules is now in abeyance. Originally they were framed on the same model as in England and Ireland, but while in England and Ireland they have been revised from time to time, in Scotland the old code remains. Accordingly, while the rules may have been sufficient for their purpose in 1850, they fall short of what is now requisite. This obviously appears from the large number of instructions and recommendations in the form of footnotes to the official print of the Board's rules, some of these footnotes being equal in importance to the rules themselves. It must be kept in view, however, that the rules are those of the House Committee, who, under section 64 of the Poor Law Act, are to submit them to the Local Government Board for approval. A House Committee may, therefore, adopt an instruction or recommendation of the Local Government Board or not as they choose. In several instances we find that supplementary rules have been drawn up to meet the deficiencies, and that these have not always been submitted to the Local Government Board for approval.

Johnston, 590. Haldane, 2804. Bennett, 4445-

Motion, 2019-2050, 2101. Bennett, 4649-

The extent to which we have inquired into the working of the poorhouse rules is stated in paragraph 8. Owing to the vast amount of detail in these rules, which provide for the entire management of the poorhouse, we felt that it would unduly lengthen our report, without serving any good purpose, if it contained a detailed discussion of every change that was suggested. Accordingly, as our inquiry is primarily an inquiry into Poor Law medical relief, we have thought it expedient to limit our discussion to those rules that relate directly or indirectly to the question of medical relief, *e.g.* the powers and duties of the medical officer. Our suggestions for amending the other rules, many of which are of importance although they do not deal with medical relief, will be found in the Supplement.

The changes we propose proceed on the assumption that, subject to our remarks in paragraph 53, a trained nurse will be employed in every poorhouse. Further, in suggesting improvements we have had in view poorhouses of a medium size.

2. TENDENCY TO CONVERT POORHOUSE HOSPITALS INTO GENERAL HOSPITALS.

47. We find that, for some years, the larger poorhouse hospitals have gradually been coming into line with the more advanced general hospitals or infirmaries. This tendency has developed until, at present, some of them are supplied with medical and surgical equipment, staff, and accommodation on a scale almost equal to that of the best general infirmaries of the country. Indeed, the main distinguishing feature, if not the only difference, in favour of the latter (which are usually clinical hospitals affiliated with a medical school) is that they have a large staff of visiting physicians and surgeons.

Thomson, 9–13. Core, 305–12. Johnston, 534–Sandeman, 1672–9. Whyte, 1757. Chisholm, 1837. Motion, 1963. Wallace, 2257, 2262.

[1] See Appendix LXXI.

Public opinion has, no doubt, had some effect in bringing this about. It is now generally recognised that, when a poor person becomes sick, he is at once thereby removed from the category of ordinary paupers and is entitled to preferential treatment in respect of his physical disability, and that the duty of the parish council, who are charged with his maintenance and support, is to make use of the best available means to have him restored to health. In other words, he is now held to deserve the same medical treatment as he would receive if he were not a pauper. Special medical treatment in the case of a wage-earner disabled through sickness must obviously be an economy to the rates if, thereby, he is more speedily restored to health and work. But, apart altogether from considerations of economy, the duty and the interest of the parochial authorities is clearly to provide the sick poor with the best possible means of relieving or of curing their ailments.

Other motives have also contributed to this end. In the care and treatment of the sick poor in the poorhouse hospital, it is obvious that nursing must play a very important part. Owing to difficulties in obtaining an adequate number of trained nurses, the house committees of three or four of the largest poorhouses have, as stated above (paragraph 44), been led to train probationers, and, in order to equip these probationers with a training similar to what they would have acquired in a general hospital, these house committees have carried out great improvements in the poorhouse hospitals under their charge.

omson, 117, 2–3. re, 304. hyte, 1750–4.

One result of this, at least in the large city parishes, has been to diminish the reluctance of poor persons to enter a poorhouse. They now begin to realise that the poorhouse hospital offers treatment as good as can be obtained within the walls of a general hospital.

Treatment in Poorhouse Hospitals of Cases that are not Destitute.

48. The poorhouse hospitals, equipped under modern conditions, also attract other sick poor persons, who, although not destitute, and therefore not objects of parochial relief, are unable to gain admission to a general infirmary. This result may be due to different reasons, either, *e.g.*, because the infirmary has no vacant beds when application for admission is made, or because the illness from which the applicant is suffering is such that the infirmary does not treat it. Cases of chronic rheumatism, bronchitis, cardiac trouble, ulcerated legs, phthisis, etc., are not as a rule received into a general hospital or infirmary.

omson, 6, 3–9. nston, 538–45. ndeman, 28–9. yte, 1754, 58–9. isholm, 1844. tion, 2089–95. allace, 2263–6. rrier, 2659–60. d, 3276–7. Innes, 3337.

Further, we have been informed by a number of witnesses that, for similar reasons, the general infirmary authorities not infrequently hand over to the parish authorities cases they have had under treatment that have become chronic, or cases that, from pressure on the accommodation, or from other good cause, they are unable to receive or retain. Thus, during the year ended 15th May 1902, the Dundee Royal Infirmary authority made application to the parish council of that city to take charge of fifty-four cases, thirty-five of which were sent to the poorhouse hospital for treatment.[1]

Recovery of Cost of Treatment in Poorhouse Hospitals.

nston, 550–5, 3–80. ndeman, 31–2. hyte, 1760–1. isholm, 1845–8. tion, 2076. allace, 2267–74, 81–3. rrier, 2705–12. d, 3273–9.

49. It also appears that the cost of medical treatment of poor persons, who are not wholly destitute, is sometimes recovered, in whole or in part, by the parochial authorities. In this way Dundee parish council recovered £55, 17s. 7d. in respect of twenty-eight cases during the year to 15th May 1902, while Glasgow parish council recovered £166, 18s. 4d. in respect of seventy-nine cases during the same period.

Review of the Situation.

50. The admission of non-destitute persons to poorhouse hospitals is contrary to the spirit, and at variance with the letter, of the law. But, while this is so, we feel that the poorhouse authorities have no alternative, and that, if they refused to admit such cases to their hospitals, a grave public scandal might at any time emerge. At the same time we cannot but view with some apprehension the tendency to convert poorhouse hospitals, which exist fundamentally for the destitute sick, into general hospitals where paying patients

[1] A statement showing how the fifty-four cases were disposed of, and a table showing the diseases from which the thirty-five cases were suffering, and the length of their residence in the Royal Infirmary, will be found in Appendix XXX.

are sometimes received and treated. It destroys the line that has hitherto been held to divide a voluntary from a rate-supported hospital.

On the one hand, the general hospitals, voluntarily supported, are obviously incapable of meeting the demands made upon them, and are compelled to hand over certain cases to be treated in the Poor Law hospitals, or to refuse admission to other cases that may ultimately drift into the poorhouse hospitals. On the other hand, the poorhouses receive certain sick patients who are not destitute, but who, under force of circumstances, have to enter a poorhouse for curative treatment. The result is that, although in some cases the whole cost is repaid to the parish authorities, these patients become paupers, and are subject to the disabilities implied in that term.

While, however, the inadequacy of the accommodation in the general hospitals and infirmaries of the country tends, as has been shown, to augment the recorded pauperism, it must be remembered that many persons relieved by these institutions are destitute, or would become paupers, did charitable organisations not exist for the treatment of the sick poor.

3. WHAT IMPROVEMENTS MAY BE EFFECTED IN HOSPITALS AND SICK WARDS OF POORHOUSES.

51. Before expressing our views regarding the improvement of poorhouses and poorhouse hospitals, it may be well to state generally the difficulties that lie in the way of improvement and how they have arisen.

(*a*) *The Existing Poorhouse Buildings.*

52. We find that, until of recent years, the plans of poorhouses submitted to the Board for their approval under section 63 of the Poor Law Act have not been critically examined. It is not clear that the Board have power to disapprove a site for a poorhouse on the grounds of inaccessibility; and we find that poorhouses have been erected in places remote from centres of population, to which it is difficult to remove a sick person, and where there is no resident medical man in the vicinity.

The accommodation for which the Board's approval must be given has been sanctioned on a gross capacity over the entire house. In some cases this sanction has been given apparently on the basis of the number of shares taken by the combining parishes and not on an estimate of the number of inmates for whom provision had to be made. Indeed, in some cases it has been given for a number of inmates greatly in excess of what the house will hold. In some instances this initial error has been rectified as the house became fully occupied, or overcrowded, or special attention was otherwise called to the matter. For instance, the sanctioned number in Wigtownshire poorhouse has been reduced from 352 to 134; in Kirkcudbright from 250 to 136; and in Skye from 75 to 40. But in other houses, which have never been more than partially filled, the question has not been raised, and the numbers remain as originally sanctioned. Henderson, 3770, Appendix I.

The accommodation was further sanctioned without reference to any classification of the inmates, even to the extent of distinguishing between men, women, boys, and girls. It was not ascertained that facilities existed for the separation of sick, infirm, and ordinary inmates, or of respectable persons from those who had formerly led dissolute lives, or for the isolation of contagious and offensive cases, or for the treatment of midwifery cases. Accommodation for a nurse convenient to the sick wards was rarely provided. It was not seen that sufficient day-room accommodation was provided.

It was understood that the dormitories should provide 400 cubic feet of space for ordinary adults and 600 for sick inmates—an allowance which was too small under the best conditions; but the plans were not measured to see that this condition was fulfilled. No inquiry was made as to the system of ventilation, and the cubic space provided was and is often wholly inadequate. Most of the poorhouses are built on what is termed the corridor system (*i.e.*, a central corridor with wards on each side), and apertures or open spaces for the purpose of cross ventilation were not insisted on. The means of heating, which was

universally by open fireplaces, were not considered, and wards allotted to sick inmates cannot be raised to a temperature for the proper treatment of the sick. No limit of space has ever been fixed for day rooms.

Except in the largest poorhouses, the sick are accommodated in the same building as the ordinary inmates, and the sick wards for the male and female sick are frequently at a distance from one another and from the nurses' or attendants' rooms. In a few of the larger poorhouses, a detached hospital is provided, but in some of these no provision is made for the accommodation of a nurse in the hospital, and, even where there is provision, it is sometimes of the most meagre description.

With regard to the general improvement of poorhouse hospitals, the following appear to us to be matters that require serious consideration :—

(*b*) *The Amalgamation of certain Poorhouse Combinations.*

53. In suggesting a scheme for a better organised system of medical relief in poorhouses, including the introduction of trained nursing in those poorhouses where it does not at present exist, we are at once confronted with the fact that many of the poorhouses in country districts contain comparatively few inmates.[1] Each of these poorhouses must maintain a certain administrative staff—the minimum being a governor, a matron, a medical officer, and possibly a porter and one or more female servants—whose salaries relatively to the total cost of the poorhouse are much higher than would be the case if the inmates were more numerous. Accordingly, we are not prepared to recommend that, in addition to these officials, the employment of a trained nurse should in every case be insisted on, although we think it highly desirable. But where there is no trained nurse, apart from the matron, it appears indispensable that the matron should always be a trained nurse.[2]

The additional labour which would be imposed on a governor and a matron if they had to look after, say, forty inmates instead of, perhaps, twenty as at present, would be comparatively slight. Accordingly, we think that some of the small poorhouse combinations might with advantage be amalgamated. If this were done, it would, we feel certain, result in an appreciable reduction in expenses, and be accompanied at the same time by more efficient administration. Further, if such a system of amalgamation were sanctioned, one or more trained nurses might then be introduced into every poorhouse without misgivings on the score of expense, or fear that the work would be insufficient to occupy their full time.

rran, 4737–46. If power were obtained to amalgamate poorhouse combinations, it should also, we think, be made possible to accommodate different classes of poor in different poorhouses, *e.g.*, the 'test class' in one and the sick in another. At one time there might have been serious objections to this proposal, but now, with improved methods of locomotion, sick persons can readily be conveyed long distances without injury to health. The difficulties in the way are not, therefore, insuperable.

If it were found necessary to close any poorhouse on the ground that it was no longer required, it might be possible to adapt it to some other public object, such as an infectious diseases hospital, or an asylum for harmless lunatics.

If the above recommendation be approved, it will be for the Board to consider to which of the existing poorhouses it can be applied and how that can best be done.

A proposal to amalgamate certain poorhouse combinations was, we find, made to the Board of Supervision by Mr M'Neill in a report dated 1st July 1891, to which we refer.[3]

(*c*) *Separate Hospitals for the Sick.*

54. We find that in some poorhouses the sick sleep in and use the same wards as the ordinary healthy inmates. In others, the sick and the infirm occupy the same wards, while the ordinary inmates are located in another part of the house.

[1] In one poorhouse (Long Island) there were only eight inmates at 31st December 1902 ; in eleven poorhouses (Black Isle, Islay, Jedburgh, Kirkpatrick-Fleming, Latheron, Mull, Orkney, Skye, Sutherland, Thurso, and Upper Nithsdale) there were only from eleven to nineteen inmates ; while in eight others (East Lothian, Galashiels, Kelso, Kirkcudbright, Lewis, Lochgilphead, Nairn, and Peebles) there were only from twenty-three to forty inmates.

[2] The Board have, through the medium of the Grant, induced some of the small poorhouses to appoint a matron who is a trained nurse.

[3] Forty-sixth Annual Report of Board of Supervision, 1891, Appendix A, page 34.

In our opinion, the sick should be accommodated in a building detached from the rest of the house. Provision should be made for this in any poorhouses hereafter erected, and also in existing poorhouses, if the cost be not too great. Where, in the case of an existing poorhouse, such a proposal would be too costly, means should be taken to isolate the sick. It appears that most of the small poorhouses have enough vacant space to make this possible. If such a change were made, we are satisfied that it would result in a better classification of the inmates, and it would also greatly assist in removing the friction that at present is known to exist in some poorhouses between the matron and the trained nurse where the former is not a trained nurse.

(*d*) *Smaller Wards for the Sick.*

55. It has been represented to us that a better distribution of the patients might be secured if, instead of having a few large wards in a poorhouse hospital, a greater number of smaller wards were provided. By such a method it would be possible to separate more completely the noisy and offensive cases, which are apt to disturb other patients. We are aware that small wards, even if they accommodate the same number of patients, necessitate more household and administrative work than large wards. But we would be inclined to waive considerations of this nature, if by introducing smaller wards the comfort of the sick poor would be increased. Accordingly, we recommend that this matter be considered when plans for new poorhouse hospitals are submitted for the Board's approval. Aitchison, 3856.

(*e*) *Wards for Nervous Cases with symptoms of threatening Insanity.*

56. One witness spoke to the necessity for having an observation ward, or wards, attached to poorhouses, for cases of threatening insanity or temporary mental derangement, which, under the Lunacy Acts, would not be taken into the poorhouse. If placed in an observation ward, it might not be necessary to send them to an asylum. To quote the witness's words: 'It is my experience that once a person has been in an asylum, people 'have a strong objection to employing him or her afterwards. I have seen that occurring 'in the cases of females who have been out of an asylum for some time and who were 'quite well; they get into service, but the moment their employer finds out about the 'asylum they are dismissed.' In support of this suggestion, we have ascertained that, during the year ended 15th May 1903, 242 cases with symptoms of insanity were treated in the observation wards of Glasgow (Barnhill) poorhouse, of which only 36 were ultimately certified as insane, and removed to the asylum.[1] McInnes, 3318–32.

As the taint of an asylum appears to be a factor that tends to produce pauperism, we beg to direct the attention of the Board to the expediency of provision being made by poorhouse authorities for the treatment of such cases in observation wards. By such a course the cost of removal to an asylum would also be saved in many cases.

(*f*) *Wards for Infectious Diseases.*

57. We are glad to be able to say that it is now generally recognised by public health authorities throughout Scotland that they have a duty to isolate and provide in infectious diseases hospitals, or elsewhere, suitable accommodation for any person who is 'without 'proper lodging or accommodation, or is so lodged that proper precautions cannot be 'taken for preventing the spread of the disease.' Any case of infectious disease occurring within a poorhouse usually falls within that category, and although we thought it right to inquire whether any difficulties had been experienced in dealing with infectious disease occurring in poorhouses, it appears that in cases of scarlet, enteric, and typhus fever, and the like, local authorities generally are ready to accept their responsibilities. On the other hand, such diseases as measles, whooping cough, chickenpox, ringworm, favus, ophthalmia, and erysipelas are treated in the poorhouse. We were told of two instances where local authorities do not appear to deem it to be their duty to admit to their infectious diseases hospital any cases from a combination poorhouse situated within their district. But these are, we believe, isolated instances. Crichton, 3536–45. Campbell (Dunstaffnage), 5419–20.

We suggest, for the consideration of the Board, that, in almost every poorhouse, provision should be made (1) for the isolation of cases of infectious disease pending their removal to hospital, and (2) for the treatment of such cases of infectious disease as cannot be safely removed and dealt with by the local authority. Hunt, 1362–4. Aitchison, 3869–73.

[1] Annual Report to Glasgow Parish Council, for the year ended 15th May 1903, by Dr Carswell, Certifying Physician in Lunacy to the Council. In referring to the figures, Dr Carswell states: 'We are looking 'forward to the early opening of the new Mental Hospital for an extension of the usefulness of this provision 'for the care of patients suffering from unconfirmed and incipient insanity.'

(g) *Operating Rooms.*

Campbell (Dr), 3865. Aitchison, 3868.

58. It has been represented to us that, in many poorhouse hospitals, no separate room exists for the performance of any surgical operations that may be necessary, and that this should be provided. In one poorhouse, we were told, an operation (reducing a dislocation) had to be performed on the floor of a general ward. In another (a large poorhouse), operations also appear to be performed in a general ward after putting the other beds in the ward close together and erecting a screen.

An operating room in small and even in moderately-sized poorhouses would be seldom used, and the necessity for providing it with special equipment would scarcely justify the cost. We are not disposed to encourage the performance of major operations in these poorhouses. Where a major surgical operation is necessary in such a poorhouse, the patient should, if possible, be sent to a general hospital. When this is impossible it would, we think, be practicable, looking to the fact that much vacant accommodation exists in the smaller poorhouses, to secure an empty room in which to perform the operation. We prefer, therefore, to leave it to the discretion of the house committee and the medical officer to make such arrangements for emergency cases as they may think fit.

Johnston, 836 Sandeman, 1679. Haldane, 2920.

The case is, however, different with large poorhouses, where operations are frequently necessary. Further, if poorhouse hospitals are to be recognised as training schools for nurses, it is essential that the nurses should gain experience in surgical work. Accordingly, we are inclined to regard an operating room as part of the necessary equipment of every poorhouse that trains probationers. In other large poorhouses, we consider it expedient that such rooms should be provided—especially if there are no general hospitals in the neighbourhood.

It is proper to add that, in one or two of the poorhouse hospitals that we visited, there were operating rooms furnished in accordance with the principles of aseptic surgery.

(h) *Balconies and Outside Iron Stairs.*

59. We find that, in many poorhouses, the sick are accommodated in rooms on the first or even on the second floor. Wherever the sick wards are above the ground level, we think that the Board should recommend that balconies and outside iron stairs be erected. We have observed these balconies and stairs in English workhouses, where they are, we understand, erected, almost without exception, in such circumstances. Not being unsightly, they do not detract from the appearance of the buildings, and their cost is comparatively little. In addition to providing a means of escape in the event of an outbreak of fire, we find that the balconies are used and greatly appreciated by the patients in good weather. Those who can leave their beds are enabled to sit outside, and the bedridden are wheeled out. Incidentally, it may be remarked that the balconies are used in the open-air treatment of phthisical patients. Beds are placed there, with canvas sheeting round them to keep off the wind and rain, and the open-air treatment is thus carried out at practically no additional cost.

(i) *Ventilation.*

60. In the large poorhouse hospitals, the ventilation of the sick wards is, on the whole, very satisfactory. In most of the smaller poorhouses, however, much room exists for improvement. We accordingly recommend the Board to direct the attention of house committees to this most important matter.

As already explained, most of the poorhouses are built on the corridor system. The partitions between the wards and the central corridor contain, as a rule, no efficient outlets or inlets for air. There is thus no proper through ventilation of any of the wards in this type of poorhouse, and there is necessarily an absence of that freshness and sweetness which are found where free cross ventilation exists.

In certain workhouses in England and Ireland, which have been built according to the above system, we found that through ventilation had been very satisfactorily provided by breaking out window-shaped apertures in the partitions. In Whitechapel Workhouse Infirmary, these were circular at the top and were carried down to within about five feet of the floor. They detracted in no way from the appearance of the wards, and, while the

partitions were sufficiently high to screen off one ward from another, the openings enabled the nurse, in passing along the corridor, to view the ward without actually going into it. Further, there was a complete absence of draughts.

The benefit of fresh air in the treatment of disease is now well recognised. We think that, in the class of poorhouses indicated, the method above described supplies the cheapest and, at the same time, the most effective method of securing through ventilation of the sick wards.

(*j*) *Heating.*

61. When we consider the character of the ailments of the sick poor—chiefly bronchitis and other chronic affections of the air passages and lungs—their debilitated constitutions, and their ages,[1] the question of heating is seen to be of primary importance.

In 1889 the Board of Supervision recommended that 'the temperature of an ordinary 'sick ward in an hospital in the colder season of the year should never be under 60° Fahr., 'and when the cold is severe in winter, 65° and 70° would be preferable temperatures. '* * * To keep the temperature of pauper sick wards under 60° Fahr. at this season of 'the year would be to lower the vitality of the patients, and seriously to interfere with 'their chances of recovery.'[2]

Except in a few of the larger and more modern poorhouses, the means of heating is by open fireplaces. As already indicated, when the poorhouses were being erected, no steps were taken to ascertain that the number of fireplaces in the wards was sufficient to maintain a proper ward temperature. Accordingly, in some of the smaller and older poorhouses the heating arrangements, especially of the sick wards, are very defective. For example, in one poorhouse that we visited in the month of January the temperature of the female ward at 2 o'clock in the afternoon was only 46° Fahr., and in the male ward 50° Fahr.

It is also to be remarked that the poorhouse rules provide that 'all fires and 'lights' are to be extinguished 'at or before nine o'clock every night.' In poorhouses heated with hot air or with hot water pipes, practically no discomfort would be caused by a strict compliance with this rule. Where, however, as is the case in most poorhouses, the only method of heating is by open fireplaces, it is obvious that the sick and infirm inmates would suffer if in winter the fires were extinguished at 9 o'clock. Rules XVIII. (25) and XIX. (19).

While we are satisfied that the temperature of poorhouse sick wards is often much below that recommended by the Board, and may, owing to structural deficiencies, occasionally be so low as to be prejudicial to the well-being of the sick, we are glad to record that the rule providing for the extinction of all fires at 9 o'clock is practically in desuetude; at least, as far as the sick wards are concerned. And in some poorhouses, the fires in the sick wards are kept burning all night. Thomson, 217. Laird, 1569–74. Bennett, 4447.

As aged, infirm, and sick people feel cold very readily, and as the maintenance of a proper temperature materially assists their vitality, we recommend (*a*) that, where necessary, house committees should be called upon to provide suitable arrangements for the adequate heating of poorhouse sick wards and dormitories, and (*b*) that the rule regarding the extinguishing of fires should be amended so as to exempt the sick and infirm wards.

We further recommend that each sick ward be furnished with a registering thermometer, and that a record of the maximum and minimum temperatures be kept.

(*k*) *Lighting of Sick Wards, etc., during the Night.*

62. The sick wards and dormitories, when occupied, ought not to be left in darkness during the night, and the corridors and staircases should be lighted so as to facilitate access to the lavatories. We recommend that a glazed fanlight be placed over the dormitory door, and that a light be kept burning in the corridor.

[1] At 15th May 1899, out of 9965 indoor paupers (ex. lunatics) in Scotland, 4142 were 65 years of age and upwards. (See Report of Departmental Committee on Aged Deserving Poor, 1900 (C. 67), p. xii.)

[2] Extract from Report to Board of Supervision by Sir Henry Littlejohn, M.D., dated 9th December 1889.

(*l*) *Baths.*

rd, 1629–31. ldane, 2813–5.

63. It has been represented to us, and we have personally observed that, in some poorhouses, the bathrooms are not within the same building as the dormitories, and that the inmates must traverse a courtyard in going to and from the bathrooms. This arrangement appears to be particularly objectionable. It exposes the inmates—many of whom are aged and infirm—to unnecessary risks, and possibly it may strengthen the antipathy that many inmates have to being bathed. In some cases the result, no doubt, is, that the regular bathing of the inmates is neglected. We accordingly recommend that the bathrooms should, in all poorhouses, be placed within the same building as, and be adjacent or convenient to, the dormitories. This recommendation affects more particularly the ordinary inmates, but, as it has so much bearing on their health, we think it right to bring it under the notice of the Board. Care should be taken that the supply of hot water and other essentials is adequate, and strict provision should, we think, be made for the regular bathing of the inmates, as recommended in paragraph 101.

re, 295. ichton, 3483.

It should be seen that the lavatory accommodation for the sick wards is convenient to these wards, and sufficient to meet the demands upon it. We further recommend that the bathrooms for the sick and infirm inmates should be capable of being warmed in cold weather.

(*m*) *Beds.*

64. In some poorhouses we found that the sick were accommodated in wooden bedsteads with straw mattresses. Where such a practice obtains it should, in our opinion, be discontinued. Iron bedsteads and spring mattresses are now so cheap that we have no hesitation in recommending their general adoption in poorhouse sick wards. They would, we think, be found to be more comfortable, more cleanly, and probably also more economical than those now often used.

mpbell (Dr), 52.

4. THE SUFFICIENCY OF THE ACCOMMODATION PROVIDED FOR THE SICK POOR.

65. We have stated (paragraph 52) that 600 cubic feet of space appear to have been originally considered sufficient for each sick bed in a poorhouse hospital or sick ward, but even this minimum does not, in all cases, seem to have been insisted on.

The Board now insist on a standard of 800 cubic feet. Even this is less than what was recommended by the committee appointed to consider the cubic space of Metropolitan Workhouses. That committee recommended[1] that the following cubic space should be provided, viz :—

For each sick bed,	. . . . .	850 cubic feet per bed.	
For lying-in women,	. . . . .	1200 „ „	
For sick cases of an unusually offensive character,	. .	1200 „ „	[2]

(*a*) *Cubic space at present provided.*

ppendix L.

66. According to the special reports of the accommodation for the various classes of inmates at 31st December 1901 transmitted by governors of poorhouses, it appears that, taking the proportion allocated to the sick by the house committees of the 65 poorhouses in Scotland,[3]

18 provide 800 cubic feet and over for their sick.
17 „ 700 „ „ —but less than 800 cubic feet.
14 „ 600 „ „ —but less than 700 cubic feet.
11 „ 500 „ „ —but less than 600 cubic feet.
5 „ less than 500 cubic feet, their actual figures ranging from 456 to 485 cubic feet.

[1] Report of Committee on Cubic Space of Metropolitan Workhouses, 1867.
[2] The following cubic space was recommended for inmates that are not sick :—
Infirm persons in wards partially occupied by day and by night, 500 cubic feet.
Healthy persons in wards occupied by night only, 300 cubic feet.
[3] The number is now 67.

It has been represented to us, and we have noticed a tendency in some of the smaller poorhouses to crowd the inmates into one or two of the rooms notwithstanding that the house may be one-half or three-fourths empty. The only apparent reason for this practice is that the poorhouse authorities or their officials are desirous of minimising as far as possible the household work, and consequently the number of attendants. It also saves firing and lighting. This is no doubt laudable, but, at the same time, it should not be pursued to such an extent as to operate prejudicially to the health of the inmates. For example, in one poorhouse, which, when visiting, we found to be only half occupied, an attic with sloping ceilings was in use as a male dormitory. It contained a fireplace, which was, however, boarded up, and the only light was from one or two skylights. It was occupied at the time of our visit by four feeble old men and two boys—the cubic space to each bed being only 260 cubic feet. This is less than the minimum cubic space insisted on in a common lodging-house. As there was no fire or other means of heating the attic, it must necessarily be a very cold place in the winter season. The fireplace being boarded up, there was no ventilation whatever. Accordingly, all things considered, the dormitory was most objectionable. This state of matters was found in a part of the poorhouse occupied by inmates who were not sick. We have, however, noticed the same tendency to overcrowding in the sick wards. Thus, in the same poorhouse, an average of only 455 cubic feet was allowed to each sick bed. Haldane, 285

The five poorhouses with under 500 cubic feet per sick bed have comparatively few inmates; indeed, at the date of the above return, none of the five was much more than half-filled; in one, the house, though sanctioned for 149, had only 15 inmates, of whom two were sick.

In the eleven poorhouses with from 500 to 600 cubic feet per sick bed, there is ample vacant accommodation in all but three. As regards two of these, the house committees are building new poorhouses; the third house is overcrowded, and more hospital accommodation should be provided.

In the poorhouses with from 600 to 800 cubic feet per sick bed, similar conditions prevail; in only a few cases is the poorhouse filled to its sanctioned capacity.

We are aware that the fixing of an absolute standard of cubic space will not secure adequate accommodation for the sick, if such essentials as floor space, ventilation, and height of ceilings be disregarded. At the same time, a fixed minimum cubic space will generally obviate overcrowding, and, in all cases, will be a guide in estimating the adequacy of the accommodation.

Accordingly, we are of opinion that little or no hardship would be entailed if house committees were required to bring their sick accommodation up to a standard of 800 cubic feet per bed. This could be done in most cases by administrative re-arrangement of the house, involving, of course, a reduction of the total number of beds at present sanctioned. If this proposal were carried out, it is obvious that, as it affects nearly fifty poorhouses, it would mark a distinct improvement in the standard of accommodation provided for the sick indoor poor.

(b) Sanctioning of Wards for Occupation by a Certain Number of Inmates.

67. At present the Board, as stated above (paragraph 52), sanction the occupation of each poorhouse as a whole by a definite number of inmates. This prevents the house from being overcrowded, but it provides no check in cases—which, we learn, often occur—where a portion of the poorhouse in daily occupation by a certain class is overcrowded.

To obviate such overcrowding we suggest that the Board should revise the approved accommodation for each poorhouse, and that they should at the same time sanction the individual wards for occupation by a stated number of inmates, the number of inmates and the cubic space of the room to be painted on or over the door of each dormitory. The governor should also notify the Chairman of the House Committee and the Board whenever the number of inmates in any ward exceeds the sanctioned number. Haldane, 2852 Downes, 5553-

But while the above suggestion, if adopted, would keep the Board informed of the existence of every case of overcrowding, we feel that, should a House Committee refuse, or neglect, to remove the overcrowding, the Board's only power of remedy—viz., to close the poorhouse—is too unwieldy and calls for revision. It is obvious that that power would only be exercised in cases of exceptional gravity, and, in actual practice, it has very seldom been threatened. On the other hand, if the Board had powers somewhat similar to the
ies, 5553-62. powers of the Commissioners in Lunacy, or of the English Local Government Board, and were to license each ward for occupation, they could, if the circumstances demanded it, withdraw their licence from any ward that was overcrowded or otherwise defective ; in other words, the penalty would be proportionate to the offence. We find that this question was, on more than one occasion, brought under the notice of the Board of Supervision by Mr M'Neill, when a visiting officer—notably in a report dated 1st July 1884, to which we refer. In that report the matter is fully discussed, and instances are given showing the need for such a power.[1]

(c) *Number of Sick Beds provided.*

ston, 517–22.
nes, 5667.
ndix LII.

68. We find that no standard of accommodation for the sick, in relation to the total accommodation in poorhouses, appears to exist. We also find that, taken over a series of years, the proportion of sick to the total number of inmates is fairly constant, being slightly under 30 per cent.[2] Accordingly we recommend that such a percentage of the total accommodation should be set apart in one form or another for sick inmates, or, in any case, that the accommodation provided should be sufficient for those requiring hospital treatment.

In this respect also, the distribution of the sick accommodation requires revision. In proportion to the total number of beds in daily use, we find that, speaking roughly, in about twenty-six poorhouses (some of which provide over 800 cubic feet per sick inmate) the number of beds set apart for the sick is insufficient. This fact necessarily tends to keep down artificially the number of inmates classed as sick, and so militates against a proper classification.

Accordingly, it should be seen that an adequate proportion of the total accommodation of the poorhouse is reserved for sick inmates. This proportion could, we think, also be provided in most cases by a re-arrangement of the poorhouse. Where this is not practicable, we recommend the erection of additional hospital or sick ward accommodation, separate, if possible, from the main buildings.

Where a house is practically empty, it would, of course, serve no good purpose to set aside permanently for the sick one-third or some other specific part of its total accommodation. In such a case, subject to our suggestion (paragraph 53), with regard to the amalgamation of certain poorhouse combinations, we recommend that whatever part of the house is occupied, the sick accommodation should be allocated at a minimum of 800 cubic feet per bed.

It must be borne in mind that in many poorhouses where the nominal cubic space per bed is low, the actual space is much higher owing to the fact that the wards are in many cases only partially filled. But, while this is so, there is always a tendency to occupy to the limit the sick wards in daily use and to leave other wards empty with a view to saving household work. Accordingly, we must repeat (see paragraph 67) that each sick ward should be sanctioned for occupation by a certain number of inmates—the standard of accommodation being fixed at not less than 800 cubic feet of air space per bed.

hison,
9–63, 3866.
nett, 4408.

It has been represented to us, and we further recommend, that an extra ward should be provided in each building, whether poorhouse proper or hospital, for the accommodation of patients during cleaning and painting operations, and that dormitories should be provided in the hospital buildings for warders and workers in those poorhouses that possess hospitals detached from the main buildings.

[1] See Thirty-ninth Annual Report of Board of Supervision, 1884, App. A, pp. 15 and 16. See also Thirty-seventh Annual Report, 1882, App. A, p. 14.

[2] *Cf.* Remarks by Dr Edward Smith, in Report of Committee on Cubic Space of Metropolitan Workhouses, 1867, p. 85.

5. THE TREATMENT OF TUBERCULOSIS, ETC., IN POORHOUSES.

(a) Number of Tubercular Cases in Poorhouses.

69. For four years the Board have been collecting information on the number of tubercular cases in the poorhouses. In the year 1899, Mr Barclay, General Superintendent of Poorhouses, was instructed to make 'a special inquiry regarding the treatment of 'tuberculous disease in poorhouses, on lines suggested by the Medical Member of the 'Board.' In order to show the nature of the investigation, we append the Form of Return[1] used then and since at every poorhouse inspection.

In his first report, dated 31st March 1899, Mr Barclay states that there were treated in poorhouses in the course of a year, 1239 cases of pulmonary phthisis and 331 of other tuberculous diseases. There is no reason to suppose that the number of cases has decreased since 1899. On the contrary, there has probably been an increase.

(b) Special Accommodation for Phthisis.

70. The primary purpose of the inquiry was to ascertain how the various poorhouses had proceeded in the isolation of phthisical cases. It was found that, although the treatment of cases indicated that modern ideas of the infectivity of advanced phthisis were fully appreciated, the treatment in separate wards was not to any great extent carried out. Mr Barclay reported that:—'In five poorhouses only are patients suffering from phthisis re-'ported to be treated in separate wards and in wards reserved exclusively for such cases.'

As regards the city poorhouse of Glasgow, in which nearly 500 cases of phthisis were treated in a year, Dr Johnston, the chief medical officer, wrote:—'Two wards are set 'apart for phthisis only (one male and one female), but additional cases have to find accom-'modation in other wards. Our hospital space is so inadequate, and the air space at our 'disposal so limited, that I am of opinion any further segregation of these cases would 'prove harmful to the patients themselves and to the nurses.'

In the Board's report for 1900, it is recorded that, except in Govan poorhouse, 'where two wards of the hospital have been set apart and are used exclusively for patients 'suffering from phthisis, no progress has been made in the direction of providing separate 'wards for tuberculous diseases in poorhouses since the issue of our last report' (page xxviii).

In the Board's report for 1901, it is recorded that no progress has been made, but that 'in the plans of the improved hospital accommodation now being provided by the 'Parish Council of Aberdeen,' proper provision is shown for the separate treatment of phthisical cases. Further, it is stated:—'Our opinion was asked by a Parish Council as to 'whether, in the event of a sanatorium for the treatment of consumptive patients being 'erected for the County, it would be competent for them to subscribe towards it. We 'replied that, in our view, it would be competent for the Parish Council to do so, and to 'pay for cases which they might send there. We added that the proposal was one which 'we approved' (pages xxii–xxiii).

In the Board's report for 1902, it is recorded:—'In several cases where accommoda-'tion in the poorhouse was available, isolation and special treatment of the cases were 'afforded. In two cases wooden sheds have been erected in the grounds of poorhouses for

[1] *Form of Return.*

I. 1. Number of cases during the year of—
(*a*) Phthisis.
(*b*) Tuberculous diseases which are discharging, *e.g.*, glands, sinuses of bone, lupus, etc.
2. Number of above cases in—

(*c*) Sick or hospital wards—	(*d*) Ordinary Wards—
Phthisis.	Phthisis,
Other tuberculous diseases.	Other tuberculous diseases.

II. What precautions are adopted in regard to—Phthisis. Other Tuberculous Diseases.
Are they treated in separate wards?
Are these wards reserved exclusively for

What precautions are taken as regards—

Feeding Utensils?	Dressings?
Spittoons?	Washings, etc.?

Any other information which may be thought of use.

'phthisical patients. Several poorhouses in course of erection provide special wards for 'tuberculous diseases. In consequence of our representations, special precautions have 'been taken to prevent the spread of disease (in cases where isolation wards were not 'available) by the use of separate feeding utensils and disinfection of clothing, etc.'

ier, 2511.
ett, 4413–4.
ion, 1966–76.

Recently, the parish council of Edinburgh have prepared at Craiglockhart poorhouse a shed for the open-air treatment of phthisis. The parish council of Glasgow have not only provided for the accommodation of phthisis in their new hospital at Stobhill, but have also made special provision at Lenzie and Woodilee Asylums for phthisical pauper lunatics. The Govan combination poorhouse authorities are preparing a sanatorium. These facts are sufficient to indicate that steady progress is being made in the segregation and treatment of phthisical cases in poorhouses.

an, 4759–64.
ar, 5020–2.
, 5343–7.
ier, 2673–90
3–8.

71. We have found it more difficult to discover the precise facts as to phthisis among the outdoor poor. That there exists a considerable number of cases among the outdoor poor is undoubted, but the mode of administering relief varies considerably in different places. In the City parish of Edinburgh, when a phthisical patient applies for relief, every effort is made to procure his removal to the poorhouse hospital. Usually, the advantages of treatment in hospital are so obvious that patients willingly enter. Sometimes persuasion is of no avail, and it is supplemented by the threat to withhold outdoor aliment. In a certain number of cases aliment has even been withheld. This procedure was so striking that we asked for a return of the actual number of cases of phthisis where outdoor relief had not been granted on account of refusal to enter the poorhouse. This return is printed in the Appendices. It appears that some forty-two cases were refused outdoor aliment during the year ended 1st November 1902. We consider this mode of procedure objectionable from every point of view.[1] In Dundee, the evidence adduced bears that phthisical cases among the outdoor poor were, as far as possible, removed to hospital, but when the patients refused to enter the poorhouse the aliment was continued and in some cases even increased.

endix XXIX.
, 3248–56.

As we have said, it is difficult to estimate the full extent of phthisis among the outdoor poor, and we recommend that measures should be taken to secure exact information.

(c) *Special Treatment.*

nson, 146–9.
, 314–21.
hison, 3892.
pbell (Dr),
3–8.

72. In some poorhouses, even where no separate accommodation is provided for phthisis, efforts have been made to apply the sanatorium treatment, which means essentially fresh air and abundance of suitable food.

These efforts have been attended by satisfactory and encouraging results, and, as an instance, we quote the latest report on the subject from the medical officers of Leith poorhouse.[2]

[1] *Cf.* Excerpt from letter from Local Government Board to Parish Council of Glasgow, dated 17th May 1899 :—
'I am directed to say for the information of your Council that you are correct in your statement that the Board have 'advised that, where the refusal to accept relief in the poorhouse involves risk to the pauper, the mere offer of such relief, 'if obstinately refused, could not be held to free the Parish Council or Inspector from responsibility. The cases in which 'the Board have so advised have generally been those of old or bedridden paupers living in remote districts, who, in the 'Board's opinion, must be carefully watched even to the extent of providing nursing, if necessary. The Board are not 'prepared to say that similar cases, occurring in a large and populous city like Glasgow, are in the same category as 'those above referred to, and they must leave each case to be judged on its merits by the Parochial authorities concerned. 'Every effort, of course, short of compulsion, may be used to induce a pauper to enter the poorhouse, and for your own 'protection the Board would suggest that the offer of the poorhouse should be made in the presence of witnesses; if, how-'ever, the offer be not accepted, the subsequent treatment of the case must be left to the discretion of the Parish Council or 'Inspector of Poor, which will no doubt continue to be exercised as soundly in the future as, generally speaking, it has been 'in the past.'

[2] Report on Outdoor Treatment of Phthisical Patients in Leith Poorhouse.

1. *Extra Diet.*—These patients are put on a special diet; five meals daily.

2. *Open Air.*—All patients able to leave their beds are kept out in the open or in the shelters from 7 A.M. to 6 P.M. and longer in warm weather; they take their meals there also. Several patients unable to walk lie all day in bed in the shelters.

3. *Medicinal Treatment.*—This is reduced to a minimum and bears a very strong contrast to the former treatment pursued in the wards.

4. *Conclusions.*—We have come to the conclusion that the present line of treatment is a great advance on the former system: we mean open air along with increased supply of food, as against lying in bed in the ward and soothed by means of medicines. We have had a great many examples of marked improvement, and several patients who have remained under treatment for a few months have been able to leave the house in a condition fit to resume work and become self-supporting. When the cost of medicines is deducted and placed against the extra diet, we question if the cost of the open-air treatment is much more than the medicinal treatment, while the results are very much better, both from a curative and economical point of view.

15*th April* 1903.

(Signed) George Donald, M.D., *Medical Officer.*
(") Geo. M. Johnston, M.D., F.R.C.P.

(*d*) *Parochial Sanatoria for Consumptives.*

73. Experience has abundantly shown that, by treatment similar to what a sanatorium affords, certain patients may be cured completely, others may be so improved as to be able to resume their ordinary employment, and all cases may in some degree benefit. Further, phthisis is an acknowledged cause of pauperism. The returns tabulated by Mr Barclay show that, of the total sick inmates of poorhouses for the year 1899, the phthisical cases constituted over 6 per cent. Among these, it is certain that some might have been cured and some improved. If, by two, three, or four months of treatment in a poorhouse hospital, the patient can be restored to working efficiency, the Poor Law authorities are to that extent relieved of the burden both of patient and family. On these grounds alone, apart from the question of infectivity, parish councils are, we think, justified in undertaking the treatment of patients on sanatorium lines.

The main difficulties in the organisation of such treatment are three :—

(i) The provision of special accommodation ;

(ii) The provision of adequate diet ;

(iii) Difficulty of detention.

(i) PROVISION OF SPECIAL ACCOMMODATION.

74. This difficulty, which has, doubtless, deterred many poorhouse authorities, is not so great as it is usually made to appear. We have shown (paragraph 66) that many of the small poorhouses have a large amount of unoccupied space, and with practically no alteration, a great many of their unused wards could be applied to the purposes of sanatorium treatment. In many cases, all that is wanted is that the windows should be made to open as a whole, and be provided with louvred shutters for protection against storm. Further, where the sick in any poorhouse are few, arrangements might be made for boarding the phthisical patients of other parishes.

For the out-of-door treatment, the necessary provision is of the simplest nature. Wooden sheds in the open are sufficient. In other cases, balconies may be used, as at the Royal Infirmary of Edinburgh. In the Marylebone Workhouse Infirmary, we found that the upper storeys of the pavilions were connected by service bridges. These were broad enough both to accommodate several patients and to permit free passage between the pavilions. Canvas curtains were arranged so as to protect the patients from the wind, the curtains on the lee side being always open. Thus, with no more expense than the provision of curtains, it was possible to get all the advantages of open-air treatment. Results in this particular case, we were assured, were eminently satisfactory. In the larger poorhouses in Scotland, special accommodation for phthisical cases is certainly called for. In Glasgow and Edinburgh, as we have noted above, such accommodation has been provided. In Dundee East Poorhouse, a part of the hospital is specially allocated for sanatorium treatment. The sanatoria provided by the Glasgow parish council at Lenzie and Woodilee show that, even when special provision on the most modern lines is made, the expense is relatively small. The sanatoria in question (wood and iron structures) have been erected at a cost of about £90 per bed. For the purposes of parochial sanatoria, we consider that buildings of wood and iron are eminently suitable, provided adequate precautions against fire are introduced. Motion, 1966.

These facts are enough to show that the unoccupied space in poorhouses might be profitably used in the treatment of phthisis, and that the provision of accommodation for such cases need not involve any serious financial outlay.

(ii) PROVISION OF ADEQUATE DIET.

75. In the treatment of phthisis, diet must be under the absolute direction of the medical officer of the poorhouse. In many cases, a largely increased diet is essential to success. According to the present poorhouse rules, the necessary increase of the diet is within the discretion of the medical officer ; but two witnesses pointed out to us the desirability of having a special maximum diet for phthisical cases. This matter has been Sandeman, 1641–2. Mackie Whyte, 1748–9.

specially dealt with by the Board, their view being that, where special provision is made for the treatment of such cases, the medical officer should,[1]

> 'In the important matter of food, * * * select food stuffs with a view to 'the greatest economy consistent with nutritive value.' * * * * 'They are especially anxious to make it clear to the parish council and medical 'officer that the responsibility which presently rests with the medical officer as to 'the dietary of the sick in general is, in the case of consumptives selected for 'special treatment, to be freely exercised, subject to the considerations expressed 'above as to nutritive value and economy.'

deman, 1651

The main difficulty, however, is one of administration. One of the witnesses pointed out that the 'phthisis cases' could not be fed along with ordinary patients without the risk of 'endless jealousies.' This constitutes an additional reason for segregating such cases.

(iii) DIFFICULTY OF DETENTION.

76. The fresh-air and food treatment similar to that given in a sanatorium is practically of little use unless it is continued over several months. But in many cases, this would involve compulsory detention of the patients, who naturally wish to leave the poorhouse as soon as they feel themselves reasonably fit for work. The result of the too early return to occupation, and to an unsuitable home, is that the disease rapidly grows worse, and treatment has to be begun afresh. Further, as one of the witnesses pointed out, the persistence in the open-air treatment involves a certain amount of 'downright pluck,' which is frequently wanting in poorhouse subjects. Accordingly, the efforts of parish councils to treat phthisis may in some measure be expended without permanent results.

chison, 92–6.

77. The difficulty of detention, however, is a real one. Two solutions of it have been suggested :—

(1) Such amendment of the law as will enable parish councils to obtain a detention order on conditions specified.
(2) The transference of selected poorhouse cases to fully-equipped sanatoria.

Unquestionably, the first solution has much in its favour, but the implied interference with the liberty of the subject appears to us to require further justification than the evidence before us offers. Further, it is to be remembered that character counts for something in the open-air treatment; that where the disposition is weak, compulsory detention will not, in all cases, be an adequate substitute, and, accordingly, that such patients as cannot, by ordinary persuasion, be induced to remain under treatment are not so likely to benefit by it.

The second solution appears to us more practical. A sanatorium, dissociated from the poorhouse organisation, is more likely to induce patients to remain under treatment until a cure is effected or their conditions reasonably improved than are the sick wards of a poorhouse. No administrative difficulty can arise out of the difference in diet, and the patients have the moral support of their fellow-sufferers in various stages of the disease. The results are more likely to be satisfactory, and there is the further consideration that those of them who are fit for it can be given some light work there, which would not be possible in the ordinary sick wards.

ndeman, 1646.

(e) *Malignant and Offensive Diseases.*

hnston, 556–7. hyte, 1779. mpbell (Miss), 93–4. ichton, 88–95. enderson, 68, 3673.

78. All the evidence we have been able to gather goes to show the desirability of making arrangements for the separate treatment of malignant and offensive diseases. In several poorhouses such arrangements have already been made. In the small houses, where such cases are few, difficulty has sometimes been felt in treating such patients apart, in view of the drawbacks which attend an existence of more or less solitude which such isolation must involve. In the larger poorhouses there is not the same difficulty. On the whole, however, present administrative methods appear satisfactory.

6. THE CLASSIFICATION OF THE INMATES.

79. The existing poorhouse rules contain no direct definition of the physical condition of the inmates that are designated by the terms 'sick,' 'infirm,' and 'ordinary.' But a

[1] Excerpt from letter to Parish Council of Edinburgh, dated 8th Jan., 1903.

fairly accurate idea of the terms may be arrived at by implication. Thus, a 'sick' inmate appears to be one who is 'under medical treatment.' An 'infirm' inmate appears to be an aged person who is not sick but suffers from some physical ailment and is not working; and an 'ordinary' inmate would, therefore, appear to be any adult inmate other than those classed as sick and infirm. Rules LXVII. (15), XLVIII. (4) (9) (10).

(*a*) *Classification not uniform.*

80. We observe that considerable diversity of classification obtains in different poorhouses. In one poorhouse, an inmate might be put upon the sick list and receive both medical attendance and nursing, while in another poorhouse the same person might be classified as an ordinary inmate and receive neither medical attendance nor nursing. There is no universal standard of destitution entitling a person to parochial relief; neither is there a universal standard for classifying him when admitted to a poorhouse.

So much must always be left to the individual judgment of the officer making the classification that it is difficult to suggest a system whereby uniformity could be absolutely, or even approximately, attained. We are of opinion, however, that much can be done to improve present conditions. Johnston, 766–

(*b*) *Criticism of present method of Classification.*

81. Bearing in mind the fact that in Scotland no able-bodied person is entitled to relief, it appears to be a primary weakness of the system of classifying inmates in poorhouses that too little power is vested in the medical officer. When an inmate is admitted, he is examined by the medical officer. If, upon such examination, he is found to be 'labouring under any disease of body or mind' he is placed in the 'sick ward, or 'in such other ward as the medical officer shall direct.' If, on the other hand, he is found to be 'free from any disease,' he is placed 'in the part of the poorhouse assigned 'to the class to which he belongs.' Here the duty of the medical officer in regard to classification ends, and in a note to No. XXV. of the poorhouse rules, it is stated, 'with 'reference to the power of the medical officer to classify the infirm and other inmates of 'a poorhouse, the Board have always held that the medical officer has no right to inter-'fere with the arrangements which the house committee or the governor may make for the 'purpose of securing the due classification of the inmates.'[1] Once admitted to the poorhouse, therefore, an inmate, unless sick, is lost sight of by the medical officer. In course of time his physical condition may have changed. With better housing and feeding, he may have improved to such an extent as to warrant his discharge from the poorhouse, or he may have developed symptoms of an illness calling for medical treatment. In either event, we should prefer to be guided by the medical officer in the subsequent diagnosis and disposal of the case rather than leave it to the untrained eyes of the governor and his subordinates. Rule XXIV. Rule XXV. Johnston, 810–

(*c*) *Medical Officer should classify Inmates.*

82. We, therefore, recommend, as part of the permanent routine of poorhouse administration, that, as regards the physical condition and fitness of the inmates for employment generally, or for employment at work of a particular kind, the classification should rest with the medical officer. The classification should also be reviewed from time to time, and, for this purpose, the medical officer should, as suggested by the Board in the circular[2] issued by them after our appointment,[3] periodically examine all the inmates.[4] A permanent record of each periodical inspection should be kept in a book provided for the purpose. The medical officer should also have power to revise the classification of any inmate on an application being made to him by such inmate, or by the governor.[5] Thomson, 29–3(Johnston, 497–502, 504–7, 64(Chisholm, 1893–4. Haldane, 2857, 2898. Campbell (Miss 2985. Kyd, 3257–60. McInnes, 3340– Bennett, 4418– Campbell (Dr), 5923, 5940. Bigger, 6103, 6106–9. Thomson, 124–33.

We find that a system of classification,—practically the same as we have recommended, —has been in operation for a number of years in at least one of the large poorhouses, and has been attended by satisfactory results. Accordingly, if such a system were made general, we are convinced that it would tend to more efficient administration. In the

[1] Letter of Board of Supervision, dated 26th Feb. 1886.
[2] Dated 25th July 1902.
[3] 16th July 1902.
[4] *Cf.* No. 219 of Prison Rules (Scotland).
[5] *Cf.* English Dietaries and Accounts Order, 1900, Art. X.

words of one witness it would 'mitigate such dangers as chronic heart cases being made 'to break stones, or chronic bronchitics being compelled to work in the open in cold 'weather.' Further, it might tend to a slight reduction of pauperism; it might, and probably would, lead to the discovery among the inmates of able-bodied persons who ought not to be in receipt of parochial relief. This subject is more fully dealt with in paragraph 100.

(*d*) *Sick not properly segregated from Ordinary Inmates.*

83. Another matter that calls for attention is the want of a proper method of isolating one class of inmates from another. This applies especially to the sick. In most poorhouses no separate hospital has been provided for the sick inmates, the usual practice being to set apart one or two wards and designate them 'sick wards'; in some, a distinction of this nature is not even attempted, and sick and healthy inmates occupy the same wards indiscriminately. The difficulties of administration are thereby aggravated, and efficient classification is rendered almost impossible. As has been indicated (paragraph 54), we consider that separate hospitals should, as far as possible, be provided for the sick, and that, where this is impracticable, a section of the house should be set apart for, and exclusively used by, the sick.

(*e*) *Change in Definition of Terms Recommended.*

84. We now proceed to consider whether any change should be made in the definition of the classes. Evidence on the subject has been submitted by various witnesses. It appears to us that if the 'test class,' who require a rigid discipline,[1] and the children be excluded, the other inmates could in most instances—especially in the small poorhouses—be divided into two classes, viz., 'sick' and 'ordinary.' The term 'sick,' now inferentially defined by the rules as being those 'under medical treatment,' appears to us to be rather wide. An inmate might be suffering from some slight ailment, *e.g.*, a cold or a cut finger, necessitating the attention of the medical officer, but not sufficient to entitle him or her to hospital treatment, or to be classed as 'sick,' as that term is understood in everyday life.

Accordingly, we recommend that the term 'sick' should be applied only to those who require nursing as well as medical attention; in other words, we would limit the definition of 'sick' to those placed by the medical officer in the hospital or sick wards.

In a large poorhouse, it might be necessary, for purposes of administration, to differentiate between the acutely sick and the chronic sick, and perhaps to provide separate buildings for each of these classes, but the term 'sick,' as we propose to define it, would embrace all inmates requiring hospital treatment by the medical officer and nurse, and would include all bedridden cases.[2]

We consider, therefore, that, except in the large poorhouses, which have special wards and other means of special classification, no necessity exists for maintaining a distinct class of inmates to whom the appellation 'infirm' should be applied. We would include the more infirm inmates, *i.e.*, those requiring hospital treatment, under the term 'sick' and the less infirm we would class along with the other ordinary inmates.

If this recommendation be adopted, we consider that it will conduce to greater uniformity in classification of the inmates and efficiency in the administration of the poorhouse. In particular, it will tend to establish a basis for dissociating the matron (as such) from the control of the sick,—a practice which remains as a relic of the days antecedent to trained nursing, and which leads to friction between the nurses and the matron when she is not also a trained nurse.

85. Our detailed amendments on the rules as to the classification of inmates will be found in the Supplement. In addition to what we have recommended above, we suggest that provision should be made in the rules for the inmates being classified according to

[1] *Cf.* Circular of Local Government Board (Scotland), dated 30th Oct. 1895.
[2] *Cf.* Remarks by Miss Nightingale on necessity for nursing aged and infirm bedridden cases by trained nurses. (Report of Committee on Cubic Space of Metropolitan Workhouses, 1867, p. 75.)

character where such a course is practicable, and for respectable aged married couples being allowed to live together if suitable accommodation can be provided for them. Further, we are of opinion that the rule which requires the absolute separation of children from adults should be amended so as to allow parents to have access to their children at reasonable times. Rule XIV. (10)

7. THE POWERS AND DUTIES OF THE MEDICAL OFFICER.

86. According to the provisions of the Act of 1845, so far as they relate to poorhouses, the only official whom the parish council are required to nominate and appoint is 'a properly-qualified medical man who shall give regular attendance at such poorhouse.' It seems also to be recognised that he holds his appointment on the same terms as an inspector of poor (see paragraph 173). And yet, while he is the only poorhouse official that holds a direct statutory appointment, the rules and regulations, as now drawn up, do not give him the position, as one of the official staff of the poorhouse, to which he seems to be entitled. We are, therefore, not surprised to find that, as a rule, the medical officer scarcely realises the importance of his position as an executive officer under the statute. He is too apt to regard himself as a mere medical attendant on the poorhouse sick, with no right or title to advise or take part in the general administration of the house. In more than one of the smaller poorhouses, we found that the time devoted to the poorhouse was of the shortest possible duration to enable him to visit the sick inmates.

Looking to the fact that a large proportion of poorhouse inmates are aged or infirm or sick, and that, as stated by one witness, 'the class of inmates altogether is of a 'very much more infirm type than they used to be,' we are of opinion that the status and position of the medical officer of a poorhouse and the importance of the duties that he is called upon to discharge are very insufficiently recognised. Accordingly, in framing our recommendations for a revision of the poorhouse rules, we have endeavoured to invest the office with a larger responsibility and a more intimate supervision of the general administration than apparently at present attach to it. In short, we are led to suggest that the medical officer should be entrusted with the care of the health of all inmates, whether on the sick list or not.[1] Johnston, 531. Haldane, 2880.

In regard to (a) the Sick.

87. The existing rules restrict the powers of the medical officer, even as regards the treatment of the sick inmates. He is to give all necessary directions as to their 'classification, diet, and treatment,' but the governor and matron, subject to the directions of the house committee, are to fix their hours of rising and going to bed, and to determine the occupation and employment of which they may be capable, and to regulate their food and other details of their daily life. Rule XLVIII. (Rule XXXIV.

It is satisfactory to find that in many poorhouses everything connected with the treatment of the sick is left to the medical officer. In others, again, the rules above mentioned are still in full operation. Thomson, 27–9 Laird, 1486. Chisholm, 1925–8. Bennett, 4438.

Although we do not suggest that these rules are worked to the detriment of the interests of the sick, it seems to be a short-sighted policy to arm lay officials, however capable, with the power of undoing, in ignorance, such good as may result from the medical officer's treatment. Campbell (Dr), 5923. Bigger, 6118–9

We recommend, therefore, that the medical officer should be the chief executive officer of the hospital or sick wards, and that he should be responsible to the house committee for their management.

Where he resides in the poorhouse, the sick should be entirely under his charge as regards treatment and discipline. His disciplinary control should, in our opinion, include such matters as (*a*) the heating and ventilation of the wards, (*b*) the supervision of the nursing arrangements, (*c*) the suspension from office, if necessary, of any paid official employed in the hospital or sick wards, for unfitness, incompetency, or neglect of duty (every such suspension to be reported to the chairman of the house committee and to the

[1] *Cf.* No. 205 of Prison Rules (Scotland).

governor), and (*d*) the general management of the sick wards. He should also be asked to advise on the qualifications of applicants for the appointment of trained sick nurse.

In poorhouses where there is no resident medical officer—which are a large majority—it is scarcely possible or practicable to expect the medical officer to be responsible for such disciplinary duty. We propose, therefore, that in such poorhouses the governor should have power to supervise the discipline of the sick wards in the absence of the medical officer. Any report that he may have to make should be submitted to the medical officer, to deal with as he sees fit, the governor entering in his journal, for the information of the house committee, anything of importance that he may thus report.

We also recommend that, where there is no resident medical superintendent, the governor should keep and be responsible for all stores of provisions, clothing, and utensils, and that these should be given out by him to the lady superintendent or head nurse for consumption or use in the sick wards as requisitioned. We also think that the governor should be empowered to carry out any ordinary repairs in the buildings, fittings, or furniture of the hospital or sick wards.

nt, 1191.
nderson, 3663.
rran, 4673.
mpbell (Dr),
33–4.
ll, 5712.
ldane, 2892–4.

The general practice appears to be for the medical officer to visit the poorhouse daily, but, in cases where he lives at a distance, the visits are not so frequent. It has been urged, and we recommend that he should be required to attend daily whenever, in the opinion of the Board, the number of inmates is sufficiently large to make this necessary.[1] He should also enter in a book the date of each visit to the poorhouse, together with the time of his arrival and a short statement of the duties performed.

leXLVIII.(10).

The medical officer's sick register, which we have examined at every opportunity, does not, as now framed, appear to meet its purpose, nor, in the majority of cases, is it regularly and systematically kept. In a few poorhouses, following the practice of general infirmaries, the register is supplemented by cards affixed to the bed of each patient.

npbell (Dr),
)9–14.

We suggest that a system of bed-cards be adopted in every poorhouse. Each card should contain the name, age, religious persuasion, and address of the nearest relative (if any) of the sick person. On this card the medical officer should enter the name of the disease, together with all necessary directions as to medicines, diet, and any other treatment that he may prescribe. The temperature, etc., of the patient should also be recorded on the card by the trained nurse. All bed-cards should, we think, be filed and kept for purposes of reference for a period of three years. In addition, we propose that a new register of sick be issued containing the following particulars with regard to each patient, viz.:—name, age, sex, date of admission to sick wards, disease, result, date of discharge from sick wards, or date of death, and any further remarks that may be necessary. This book might be kept by the lady superintendent, but the medical officer should be responsible for seeing that it is kept, and it should be periodically submitted to the house committee.

(*b*) *The Infirm, and Other Adult Inmates.*

omson, 21–2.
e, 330–3.
nston, 508–11.
nett, 4440.
rran, 4727–9.
npbell (Dr),
33–4.

88. At present the medical officer has no duty or power of supervision with regard to the infirm and ordinary inmates. We find, however, that in some poorhouses he visits the infirm daily, while in others his visits are periodical, in one case twice, in another five times, a week.

As already stated (paragraph 84), we consider that, except in large poorhouses having special wards or other means of separate classification, no necessity exists for maintaining a distinct class designated by the term 'infirm.' Under the system of classification now proposed, the more infirm inmates would, in all poorhouses, be included among the 'sick,' and would thus be under the immediate supervision of the medical officer. The less infirm inmates, whether treated as a separate class or not, would receive the same medical attention as the 'ordinary' inmates, who, we consider, need not be visited by the medical officer every day. The additional powers to be given, as we suggest (paragraphs 82 and 110), to the medical officer, placing him in direct touch with any inmate that complains of illness, will, in our opinion, provide a sufficient guarantee that medical advice and attention will be at hand whenever they are required, and we see no reason to recommend more for the ordinary inmates.

[1] *Cf.* No. 13 of Conditions for Lunatic Wards of Poorhouses, approved by the Secretary for Scotland on 19th November 1902.

(c) *Children.*

89. We find that the word 'children' is used indiscriminately throughout the poorhouse rules. In one rule it means those under two years of age; in another it includes all under the age of fifteen; in a third it includes all between the ages of two and fifteen, but excludes those under two years; while in most instances it is not defined, nor is there any indication in the context as to the meaning to be attached to it. As difficulties have sometimes arisen in interpreting the term, we recommend that it should be defined, and we propose in our detailed amendments of the poorhouse rules (see Supplement to Report) that, unless there is something in the text or context to the contrary, the term 'infants' should be applied to all under two years of age and the term 'children' to all between the ages of two and fifteen. Rules XXVIII., LXIII., LXVII. (2), XI., XIV. (10) XVIII. (31), XI (4) (10) (11) (13 (19), XXXI., XXXIII., XLVIII. (7), XLIX. (3), and LI.

The medical officer's duties with regard to children are, under the present rules, confined to giving directions about their diet and to vaccinating such as require vaccination. In paragraphs 92–95 we deal with his duties in relation to diet. In regard to vaccination, we consider that the existing rule, as supplemented by the circular of 5th April 1882, makes sufficient provision, and that the terms of the circular should be incorporated with the rule accordingly. Rule XLVIII. (7

The medical officer should also, we think, pay special attention to the health of the children and infants. Those on the sick list are, of course, under his immediate care. But, as the healthy children are now almost universally boarded out in private dwellings, the physical condition of the others that remain in the poorhouse (except those that are there temporarily) may be such as to necessitate special care and attention. We recommend, therefore, that the medical officer should inspect all children and infants and prescribe in any case where the appearance indicates failing health. In one poorhouse (Craiglockhart, Edinburgh), we were told that the medical officer visits the children's ward every morning, and while we are not prepared to recommend, as a general rule, that the medical officer should pay it a daily visit, we think he should do so at least once a week. It may also be for consideration whether, as was suggested by one witness, the children and infants should not be systematically weighed and a record kept of the result. Wallace, 2294. Bennett, 4491. Campbell (Dr), 5926.

We also suggest that, when asked to do so, the medical officer should certify whether a child is fit to be boarded out in the district to which it is proposed to send it.

(d) *The General Health of the Inmates.*

90. The only duty imposed by the rules on the medical officer in connection with the general health of the inmates is, that he is to report 'to the chairman, or acting chairman, 'of the house committee, any defect in the diet, drainage, ventilation, warmth, or other 'arrangements of the poorhouse, or any excess in the number of any class of inmates which 'he may deem to be detrimental to the health of the inmates.' Rule XLVIII. (

No periodical inspection by the medical officer of the sanitary and other arrangements of the poorhouse seems to be contemplated by the rule: he is asked to do no more than report what has come under his notice casually, or what has been pointed out to him by the governor under Rule XVIII. (15).

One medical officer who had held office for eleven years informed us that he had never made an exhaustive inspection of the sanitary arrangements since his appointment. Another stated that the present rule, whereby he is to report directly to the chairman or acting chairman of the house committee, often deterred him from having defects rectified, as it looked like 'going behind the back of the governor.' Hunt, 1331–3. Johnston, 823.

The rule appears to be, to a large extent, a dead letter. We have already indicated that the medical officer should have the care of the general health of the inmates, and we propose that it should be his duty to inspect quarterly every part of the poorhouse, and note anything therein likely to be injurious to the health of the inmates,[1] especially whether the ventilation, heating, and sanitary arrangements are sufficiently provided for and properly attended to, and whether there is overcrowding. The medical officer should record the result of this inspection in his journal, and, if necessary, report to the governor and to the chairman or acting chairman of the house committee any defect or insufficiency. Haldane, 2857. Campbell (Dunstaffnage), 5417. Campbell (Dr), 5929, 5937–9.

[1] *Cf.* No. 214 of Prison Rules (Scotland).

(e) *The Cleanliness of their Persons and of their Beds and Bedding.*

91. The medical officer has at present no duty in connection with these matters. We propose that, as chief executive officer of the hospital or sick wards, he should be responsible, through the lady superintendent (or head nurse, as the case may be), for the cleanliness of the persons and of the beds and bedding of the sick.

(f) *Their Food.*

92. As already stated (paragraph 8), we have thought it right to bring the subject of the constitution and sufficiency of the existing dietaries directly under the notice of the Board for consideration, its importance, in our view, justifying this step. But, looking to the body of evidence on the question of the administration of the dietaries, we think it right that we should deal more in detail with that phase of the subject, which must always be an important factor as affecting the condition and wellbeing of poorhouse inmates.

le LXVII.
le XLVIII. (4).
le XXXV.
le XLVIII. (7).
le LXVII. (14).

The various classes of inmates, excluding the sick, are dieted in accordance with a dietary scale prescribed by the poorhouse rules. There are no prescribed diets for the sick, but the medical officer may prescribe a special diet for any sick inmate, and he has also power to direct a special diet for any lunatic or infant inmate. He is to give all necessary directions as to the diet of the children, and the house committee may, under his written advice, vary the constituents of the dietary whenever the scarcity of any article, the season of the year, or any circumstances affecting the sanitary condition of the inmates are thought to justify a change.

We are led to the conclusion that the present rules regulating diet are somewhat conflicting, and we find that different opinions exist as to the power of the medical officer to alter the prescribed dietary, and that the practice varies in different poorhouses.

nston, 886–

It has been represented by Dr Johnston, Medical Officer of Glasgow City Poorhouse, that the prescribed dietaries are too monotonous, that the monotony spoils the appetite of the inmates, that this leads to a great waste of food, and also causes indigestion. As Dr Johnston put it, 'it is shameful to see the amount of porridge and milk that goes to the 'piggeries.' We have also observed this waste in poorhouses that we have visited.

e Appendix

We have further learned that, recently, four cases of scurvy occurred in one of the larger poorhouses, resulting in one death. The outbreak was attributed to the use of tinned meat and want of fresh vegetables. The diet was corrected by the medical officer immediately on his attention being called to it.

chison,
38–40.

One result seems clear. To begin with, as the dietaries are calculated on the basis of the *minimum* amount of food on which the various classes of inmates can subsist, it must follow that, if, from the monotony of the daily diet or from any other cause, considerable quantities of food are left unconsumed, the amount of nourishment taken must be correspondingly insufficient. Further, we think that a system of administering diet that makes an outbreak of scurvy possible requires to be thoroughly sifted, but we are informed that, in the constitution of the diets recommended by the Board, ample precaution has been taken against the possibility of scurvy.

nston, 895.
wnes, 5595–7.

In addition to the beneficial effects of a more varied diet on the health of the inmates, we are impressed with the fact that such a diet can be given without any additional cost. Moreover, Dr Downes assured us that, by allowing a more varied diet in English workhouses, waste has been checked, a result much to be desiderated in many of our poorhouses.

omson, 177.

Something has already been done in this direction in several poorhouses, and we find that in Govan the diet of the children has been varied with satisfactory results. We quote from the evidence of Mr Thomson, the governor:—

> 'It used to be that the children got porridge night and morning. We only give it to 'them now two nights a week; on other two nights we give them cocoa, and 'one night coffee. Some years ago we thought we might make use of a large 'amount of the waste that there is in cutting the loaves, and which was sent to 'the pigs, but now on two nights a week we make it up with three-quarters of a

'pint of sweet milk and sugar for the children. It is very excellent, and we 'have not so much trouble now with the eczema or poorhouse itch, which seemed 'never to be absent before.'

93. Apart altogether, therefore, from the question of the theoretical sufficiency of the dietary recently issued by the Board,[1] we are of opinion that a good case is made out in favour of a more varied dietary, and as the first duty of poorhouse authorities in the matter of diets 'unquestionably is to endeavour to maintain, as far as possible, the health 'of the inmates,'[2] we think that the medical officer should have fuller powers to vary or alter the diet as occasion arises.

Accordingly, we recommend that, in addition to the prescribed dietary, the Board should draw up alternative and equivalent dietaries for each class of poorhouse inmates, and that house committees should, with the advice of their medical officer, select therefrom a dietary suitable for use in the poorhouse according to the season of the year or condition of the inmates.[3] It is, we think, a mistake to fix a standard dietary for general use throughout Scotland. The habits and callings of the people and the climate vary materially, and different diets suit different conditions. For example, in one poorhouse complaint was made to us that, although fish and potatoes are the staple articles of food of the labouring classes in the district, the Board's dietary scale allowed very little fish, and the inmates, accordingly, did not take kindly to broth, bread, and butcher meat, to which they had not been accustomed in their past life. Again, oatcakes would be relished when porridge was refused, and that without affecting the nutritive value. It ought to be added, however, that the Board have usually sanctioned a modification of their scale when a representation was made to them in this sense.

94. In the course of our inquiry, we ascertained that in one poorhouse a number of the inmates, who worked for six hours a day, were supplied with a diet prescribed for *non-workers*. We have already alluded to the fact that the diets are 'minimum' diets. Accordingly, these inmates were deprived of a portion of the food to which the dietary scale entitled them. The situation was made the more striking by the fact that side by side with them were a number of lunatics doing precisely the same work (bundling sticks), but receiving a more liberal diet because, as the governor stated, 'the Lunacy Board insist on it.' We believe that this practice is not confined to one poorhouse, and we think that the Board should impress upon house committees the necessity of seeing that the inmates are supplied with *not less* food than the dietary allows. Laird, 1439–70. Laird, 1459.

95. We also suggest that the medical officer should have the following additional powers and duties with regard to :—

(i) THE DIET OF THE SICK INMATES.

For the purposes of administration it may be convenient to have a number of standard house diets for the sick, but the medical officer should have full power to vary these when necessary, either in individual cases or for classes of the sick.

Further, looking to the important part diet now plays in the medical treatment of sickness, we consider that there should be a revision by the medical officer of the diet of each sick inmate at least once in every four weeks.[4]

(ii) THE DIET OF THE OTHER INMATES.

We think that the medical officer should inspect frequently the food, cooked and uncooked, and report thereon in writing to the governor when necessary.[5] Haldane, 2857, 2885–91.

He should have power to prescribe a special diet for *any* inmate, and especially for women advanced in pregnancy, women suckling infants, and infants,—if, in any individual case, he considers the ordinary dietary of the poorhouse unsuitable.[6] Downes, 5598.

He should certify to the house committee if, at any time, he deems a temporary change in the diet essential to the health of the inmates, or to any class of

[1] A revised dietary was issued by the Board in 1898, and it, or an equivalent, is now in operation in every poorhouse. See Paragraph 8.
[2] Circular of Board of Supervision, dated 18th November 1869.
[3] *Cf.* English Dietaries and Accounts Order, 1900, Art. II.
[4] *Cf.* English Dietaries and Accounts Order, 1900, Art. IV.
[5] *Cf.* Prison Rules (Scotland), No. 216.
[6] *Cf.* English Dietaries and Accounts Order, 1900, Art. VII.

them. A copy of this certificate, together with the resolution of the house committee thereon, should be sent to the Local Government Board.[1]

(iii) THE USE OF STIMULANTS.

At present, stimulants can be given only on the prescription of the medical officer. This is, we think, a most important rule, and ought to be continued. Under the present system, however, we find that, not infrequently, stimulants are supplied for an indefinite period, and are sometimes continued for months without a renewal of the orders. We deprecate this routine use of stimulants, and we propose that no stimulant shall in any case be continued for more than eight days unless, before the expiration of that time, the medical officer shall, by a direction in writing, renew it for a further period not exceeding eight days.[2]

COOKING, ETC.

nston, 903.
dan, 2832–6, 7.
ran, 4767–71.

96. Poorhouse cooking appears to call for the special attention of house committees. Many poorhouses are not furnished with adequate appliances. We are of opinion that in all cases the food should be prepared by a skilled cook, and that the cooking should never be entrusted to inmates, who rarely have had any training, and who cannot be depended on either in respect of cleanliness or honesty. House committees would probably find that the additional cost would be more than counterbalanced by the reduction of waste effected through the food being rendered more palatable. We think that the habit of paying inmates for assisting in cooking and other household work is highly pernicious. We found that, in one case, these inmates, when paid, took their discharge and returned after having misused the money given to them.

dane, 2917.

97. We condemn the system of allowing poorhouse inmates—especially the children—to eat their dinner without knives and forks, and we recommend that these articles be universally supplied and their use insisted on. The objections to their use, as represented by the governor of one of the poorhouses we visited, did not appear to have any weight. The children should also be taught to use crockery.

(*g*) *The Admission of Inmates.*

98. We have already (paragraph 81) briefly described the duty of the medical officer regarding the admission of poor persons to the poorhouse, and have recommended, *inter alia*, that he should determine the class into which the physical condition of each inmate requires that he should be put.

The poorhouse rules contain no instruction as to the interval that may elapse between the admission of a poor person to the poorhouse and his examination by the medical officer, but the Board of Supervision recommended[3] that, 'in those poorhouses 'in which the medical officer is either resident in the house or in the town in which 'the house is situated, every newly-admitted pauper shall be examined by the medical 'officer before being shut up for the first time at night in the probationary ward. In 'other poorhouses it will be the governor's duty to send for the medical officer before the 'pauper is so shut up, whenever, in the medical certificate accompanying the pauper, or 'in the appearance of the pauper or any of his or her dependants, there seems to be 'urgent need for medical advice.'

ion, 2045–8.

It has been represented by Mr Motion, Inspector of Poor, Glasgow, that there is need for 'a more immediate and a more thorough examination' on admission.

The point is one which deeply affects the efficiency of poorhouse administration, and we incline to agree with Mr Motion. Where there is a resident medical officer, it should, we think, be practicable for the house committee to arrange that the medical examination take place immediately after admission. In poorhouses where there is no resident medical officer, the recommendation we have quoted above should be adhered to. And, as a further safeguard, especially in rural poorhouses where the medical officer does not visit daily, we suggest that more than twenty-four hours should in no case be allowed to elapse between the time of admission and the time of examination.

[1] *Cf.* English Dietaries and Accounts Order, 1900, Art. IX.; Irish Workhouse Rules, Art. 19.
[2] *Cf.* English Dietaries and Accounts Order, 1900, Art. IV.
[3] Minute of Board of Supervision of 1st February 1871.

To enable the indoor officials to carry out smoothly and successfully a system such as we have indicated, we feel that the medical certificate accompanying the pauper should always contain sufficient information to enable the Governor to judge whether it is necessary to call in the medical officer specially. Thus it should, we think, contain answers to the following questions :—

(*a*) Whether or not the poor person may be bathed prior to being examined by the medical officer of the poorhouse, and

(*b*) Whether the poor person should be removed direct to the hospital without being detained in the probationary wards.

Thomson, 240–
Hunt, 1355–8.
Laird, 1603–4.
Henderson, 36
91.
Aitchison, 398
99.
Campbell (Dr)
5943.

The certifying outdoor medical officer should always make a careful examination of the physical condition of each person he proposes to send to the poorhouse. In many places there are, no doubt, practical difficulties preventing outdoor medical officers from making as careful an examination of an applicant as is desirable, there being no suitable place for conducting it, and we recommend that, in places where the parish council possess offices or chambers, a room should be provided for the purpose.

The existing practice is to send a copy of the medical certificate to the governor; but we think it would not only be more regular, but is also in strictness essential, that the original certificate should be sent to the governor and the copy retained by the inspector. As all such certificates are preserved by the governor, they will be always available for purposes of reference.

99. Some improvement might, we think, be effected in the arrangments for removing sick persons to the poorhouse. The outdoor medical officer will, we hope, not only be required to say whether special precautions are necessary in removing a patient, but also, and particularly, whether a nurse should accompany him. In practice, it is the exception for an attendant to accompany the patient in a case of removal by ambulance, but we think that this ought to be made the rule where removal by ambulance is certified as necessary. The attendant need not necessarily be a trained nurse, but should have a knowledge of 'first 'aid' principles. The outdoor medical officer should, however, have power, as at present, to requisition a trained nurse for the more serious cases.

Thomson, 245
Johnston, 916
Hunt, 1346.
Motion, 2228–
Wallace, 2446
Ferrier, 2719–
Kyd, 3280–91
M'Innes, 3474
Downes, 5664
Campbell (Dr)
6018–21.

(*h*) *The Discharge of Inmates.*

100. No provision is made in the rules for the discharge of an inmate that may have become able-bodied.[1] In poorhouses belonging to a single parish, the practice appears to be for the medical officer, on a list being submitted to him by the governor, to examine those named in it, with a view to their being discharged.

Thomson, 31–
140–5.
Core, 343–5,
481–4.
Johnston, 512
Hunt, 1371–2.

We were informed by Mr Thomson, Governor of Govan Poorhouse, that, at one such examination, about twenty inmates were discharged. But, in combination poorhouses, this practice does not seem general, and parishes are accordingly burdened with cases which should be self-supporting. Thus, we were informed by Mr Henderson, governor of Kyle Combination Poorhouse, 'It would do a great deal of good if the governor and the doctor 'could put a man out when he is fit to go. I don't think you would require to do it very 'often once they knew that you had this power, but at present they turn round and say, '"You cannot put me out."'

Thomson, 141
Henderson, 36
Campbell (Mis
3015–22.

To remedy this obvious defect, we recommend a rule providing that, if the medical officer, in the proposed periodical examination of the inmates (see paragraph 82), or at any other time, is able to certify that an inmate is able-bodied, it shall be his duty to grant a certificate to that effect, and to hand it to the governor for transmission to the inspector of poor of the parish to which the inmate is chargeable. The inspector would thereafter send instructions regarding the disposal of the case.

Haldane, 2778
Aitchison, 395

(*i*) *The Bathing of Inmates.*

101. On admission to the poorhouse each poor person is to be 'thoroughly cleansed,' but the rules make no direct provision for any subsequent bathing beyond what may be implied in rules XVIII. (19) and XIX. (14). In a circular, dated 26th July 1872, the Board of Supervision recommended that 'all children shall be bathed once a week.' They

Rule XXVI.

[1] *Cf.* Article 14 (7) of General Order of Irish Local Government Board, dated 18th December 1882, according to which, on the report of the master, the Guardians may order the discharge of such persons as appear to be no longer proper objects of relief.

further recommended (38th Annual Report) that 'the bathing of the inmates should be 'regulated by the written instructions of the medical officer as to the several classes of 'inmates, the temperature of baths, and the time of bathing,' and (circular, dated 29th July 1889) that when the poor person appeared to be exhausted or to require immediate medical attention, the bathing should not be carried out until after the arrival of the medical officer.

The bathing of inmates on admission is, we find, a universal practice, but, as already indicated (paragraph 63), after admission, it is not always regularly and systematically attended to, especially in the small rural poorhouses, and in many cases we fear that the recommendation that the medical officer should give written instructions for regulating the bathing of the inmates has not been observed.

mson, 34.
rd, 1623.

In the larger poorhouses, where the inmates are regularly bathed, the practice appears to vary; in one an inmate may be bathed once a week, in another only once a fortnight.

We think it is highly desirable in the interests of cleanliness and of poorhouse discipline that the inmates should be regularly bathed at stated intervals—say once a week, or at least once a fortnight. The existing rules and recommendations have been insufficient to accomplish this end, and we suggest the incorporation in the poorhouse rules of a simple set of bathing regulations somewhat similar to those in use in English workhouses.[1] Under these regulations, the sick will be bathed in accordance with the instructions of the medical officer, and he will be consulted where the health or condition of the inmate may suggest a doubt regarding the expediency of bathing him.

dane, 2809.
pbell (Miss), 3–33.

We also recommend that, as has been urged by more than one witness, paid officials only, and not inmates, should superintend and assist at the bathing and cleansing of the inmates.

(*j*) *The Treatment of Infectious Disease.*

102. When a case of infectious disease occurs within the poorhouse, it is notified to the Local Authority by the medical officer, and the provisions of the Public Health Act regarding isolation and removal apply as set forth in paragraph 57. Where, from any cause, removal from the poorhouse is impracticable, it is the duty of the medical officer to attend, and he should, we think, have power to requisition a special nurse where necessary. It should further be the duty of the governor, on receiving such a requisition, to give effect to it, and to intimate the fact to the chairman of the house committee.

As regards the expediency of providing special wards for infectious diseases, see paragraph 57.

(*k*) *The calling in of extra Nurses or of another Medical Practitioner in an Emergency.*

103. The existing rules give no power to the medical officer to call in another medical practitioner to assist at an operation or for purposes of consultation. Neither has he any duty to requisition the services of an extra nurse or nurses if, in an emergency, additional nursing is required.

mson, 44–7, –61.
e, 353–6, –7.
nston, 671–3 –38.
ir, 1154–9.
rd, 1538.
deman, 4–9.
llace, 2294.
rier, 2702–3.
ldane, 2857.
mpbell (Miss), 34–8.
ichton, 3546–8.
nderson, 3754–

But, in practice, medical officers appear to experience no difficulty in obtaining such assistance, frequently as a matter of courtesy on the part of a brother practitioner, and the evidence also showed that neither governors nor poorhouse committees place any obstacle in the way either on the ground of cost or otherwise.

The evidence is altogether in favour of provision being made both for extra medical advice and extra nursing when necessary, but one or two witnesses were of opinion that the chairman of the house committee should previously be consulted in all such cases. This seems reasonable, and we accordingly recommend that, whenever, in the opinion of the medical officer, the surgical or medical treatment of any case necessitates the assistance of another medical practitioner, or whenever, in his opinion, an additional nurse is requisite for the proper treatment of any patient,[2] he should so intimate in writing to the governor, who should then, in ordinary circumstances, apply to the chairman of the house committee for his sanction, the extra cost being chargeable against the parish of settlement. If, how-

[1] Minute of Local Government Board (England), dated 2nd February 1886.
[2] *Cf.* English Nursing Order, 1897, Art. V.; also Irish Nursing Order, 1901, Art. 4 (*f*); and Irish Workhouse Order, 1896, Art. II.

ever, the circumstances are urgent, the governor should be empowered to obtain the help he wants forthwith, reporting to the chairman of the house committee. Aitchison, 3905–4010. Bennett, 4561–

We further recommend that provision should be made for sending to a special hospital any inmate who cannot receive proper treatment in the poorhouse. We are led to make this suggestion from our own observation in some of the country poorhouses. As an example, we saw some men and women totally blind from cataract, for whom nothing was being done. Being otherwise in good health, these inmates might, under proper treatment, have again become wage-earners, or, at any rate, might thereby have been enabled to spend the remainder of their days more comfortably and contentedly than seemed possible in their actual condition. Campbell (Dunstaffnage), 5423–7A. Bell, 5782–7.

(*l*) *The Deaths of Inmates.*

104. The only duty that the rules impose on the medical officer under this head is to enter in his weekly or monthly return of sickness the apparent cause of death of every poor person dying in the poorhouse. Rule XLVIII. (8).

There is, however, a supplementary recommendation,[1] that 'in every case of death 'by accident, sudden or unexpected death, or death under circumstances of apparent or 'alleged suspicion,' the medical officer shall specially report the cause of death, and the governor shall intimate it to the Procurator-Fiscal and the Local Government Board respectively. The medical officer may also, in certain circumstances, make a post-mortem examination of the body.[2]

105. There appears to be some laxity in reporting cases of 'sudden or unexpected' deaths in poorhouses. Some governors consider it their duty to report every death which is unexpected, and the cause of which is not clear. Others consider that they should report only deaths that occur in the ordinary wards, and any that occur in the sick wards, however sudden or unexpected, are not reported. As one witness admitted, 'No cases, 'either transferred to the hospital, or admitted direct to the hospital, are ever reported as 'sudden deaths, even if they are moribund on admission.' Another witness stated that he interpreted the words 'sudden or unexpected' as meaning 'undiagnosed sudden 'deaths,' and that he would not report a death occurring in the sick wards if he had seen the patient in life and could certify the cause of death, although it might have occurred within an hour or half an hour of admission to the poorhouse. Thomson, 48–5 234–9. Core, 357–70, 441–4. Johnston, 682– Hunt, 1223–32 1311–27. Crichton, 3556. Aitchison, 3954 67. Bennett, 4583–

The reporting of sudden deaths appears to us to be a matter of some importance. Each report places the Procurator-Fiscal and the Local Government Board in possession of the circumstances attending the death. It enables the one to institute an inquiry from the criminal standpoint, and the other from the administrative, but, in addition, it provides a useful protection to the poorhouse officials. As one witness put it, 'A man 'or a woman may die suddenly, and while it may be easily explained and be simple 'enough, if no inquiry is held there may be trouble with friends, and you have no 'safeguard, whereas if you put the onus on the Procurator-Fiscal you are quite safe.' Thomson, 239.

While the existing practice is, as will have been observed, far from uniform, and is in some respects unsatisfactory, it does not appear to be for us to suggest any hard and fast rule on the subject of reporting deaths to the Procurator-Fiscal. We propose, therefore, that the matter should be left, as at present, to the discretion of the various officials, but we think that it might tend to smoother working if, as was suggested by two witnesses, the rule were made to read 'sudden *and* unexpected,' instead of 'sudden '*or* unexpected.' For example, under the existing rule, if an inmate is known to be suffering from heart disease and dies suddenly, his death would be reported, whereas under the rule, as amended on the lines we suggest, the seizure that results in death, although sudden, would not be unexpected and the death would not therefore fall to be reported. Downes, 5661. Thomson, 236. Johnston, 909–

Every sudden and unexpected death reported to the Procurator-Fiscal should, we think, also be reported to the Local Government Board, as at present. But it might add to the efficiency of the administration of the poorhouse if every death occurring within, say, twenty-four hours after admission to the poorhouse or after removal from the Aitchison, 3954, 3963.

[1] Circular of Board of Supervision, dated 28th March 1866.

[2] See 48th Annual Report, Board of Supervision, 1893, page xviii.; and 1st Annual Report, Local Government Board, 1894–5, p. xxx.

ordinary wards to the sick wards, were reported to the Board. In the case of deaths occurring within twenty-four hours after admission, the Board would be furnished with the certificate and cause of death, and would know whether the deceased had been seen by the poorhouse medical officer, and would thus be able to judge both of the adequacy of the medical relief in the parish from which he was sent and in the poorhouse. And in the other case, if it should appear that a large proportion of the deaths occurred very shortly after removal from the ordinary wards, there would, we think, be good grounds for suspecting that cases of illness were not transferred early enough to the sick list. In any case these reports would put the Board in possession of first-hand information of importance, and the knowledge that they had to be supplied would tend to make the officials careful and assiduous in dealing with illness among the inmates.

aldane, 57, 2882–4.

We further recommend that the medical officer should keep a register of deaths, with full particulars as to the nature and course of the deceased's illness, and any other data that may appear to him of importance.[1]

ichton, 3549–
.
mpbell (Dr), 54–8.

106. Exception was taken by some of the witnesses to the existing regulations dealing with post-mortem examinations. It was urged that the period which is allowed to elapse between the time of death and the time at which the body may be removed for interment is too long. This question appears to have been recently under consideration of the Board and of the Crown Office, with the result that on 1st July 1895, a circular was issued by the Crown Office intimating that where, in compliance with the existing rules, intimation of a death within the poorhouse is made immediately on its occurrence by the governor to the procurator-fiscal, and such intimation is accompanied by the report of the medical officer, it would be advantageous that the decision of the procurator-fiscal regarding the necessity of a post-mortem examination at the instance of the Crown 'should be immediately communicated to the poorhouse officials.' That circular, as we have stated, proceeds upon the assumption that the governor's intimation is accompanied by a report from the medical officer giving such history of the case and of the cause of death as he is able to afford. We think that the provisions of this circular may not be as widely known as they ought to be, and that, when they become known, it will be found that they sufficiently meet the criticisms that have been urged against the existing system. It is to the general interest that no unnecessary delay should occur in removing bodies for interment so long as the reasonable requirements with regard to sudden or suspicious deaths are not overlooked, and we think that the provisions of the circular above referred to, if observed, adequately meet the situation.

re, 363–77.
hnston, 694–
1.
ndeman, 1695–

nnett, 4599–
3.

107. We may here incidentally point out that considerable misunderstanding prevails among poorhouse governors in regard to the deaths to be entered in their half-yearly returns to the Board. These returns call for, *inter alia*,

(*a*) The total deaths in the poorhouse in the course of the half-year.

(*b*) The number of inmates who die while on the sick list.

The general practice appears to be to regard these two headings as synonymous, or, rather, although there may be cases of deaths in the ordinary or infirm wards, to include these as occurring in the sick wards as if they had been removed there before death. This is not the intention of the return, and it should in future be made clear that inmates who die without being on the sick list should not be entered under head (*b*).

(*m*) *The Punishment of Inmates.*

108. Subject to our views on the general question of punishment of poorhouse inmates (see paragraphs 116–124), we recommend that, under no circumstances, shall any inmate receive corporal punishment or be subjected to alteration of diet, or confinement, or extra work, unless the medical officer previously certifies that he is fit to bear it. When an inmate becomes refractory or threatens to assault another inmate, it may perhaps be necessary that he should be at once confined pending the arrival of the medical officer. If the governor sees it to be fit or necessary to take such a course, he should enter the particulars in his journal.

(*n*) *Making an Annual Report.*

109. Medical officers of health are required by statute[2] to prepare and submit annual reports regarding the sanitary condition of the area under their jurisdiction. These reports

[1] *Cf.* Prison Rules (Scotland), No. 236.

[2] Regulations of Local Government Board in terms of sec. 15 of the Public Health (Scotland) Act, 1897.

have been found to stimulate local interest in public health matters, and they have not infrequently led to local sanitary reforms. The poorhouse rules impose no obligation on the medical officer to make a periodical report, but we were informed that it is the practice for the medical officers of the two Glasgow poorhouses to submit half-yearly reports to their parish council. Motion, 2098.

Looking to the excellent results attending the annual reports of medical officers of health, we think it very desirable that similar reports should be made by poorhouse medical officers. These reports should be made to the house committee and a copy sent to the Local Government Board, and we suggest that provision be made for this on the same lines as in England.[1] (See also paragraph 156.) Wallace, 2294. Campbell (Dr), 5967.

(o) Complaints of Illness by Inmates.

110. It has been brought under our notice in the course of the inquiry that poor persons who are not classed as 'sick,' but are either in the infirm or ordinary wards of the poorhouse, have not such full opportunity of obtaining medical advice and attention as seems desirable.

As has been indicated (paragraphs 81–2), the powers of the medical officer regarding the classification of the inmates were, until recently, very much restricted. He had no means of personally ascertaining whether an inmate in the ordinary or infirm wards had developed symptoms of illness, but was entirely dependent on the lay officials, through the governor, for his information. Under the existing rules, the governor has a duty to see that the sick are visited by the medical officer, and to send for him when an inmate is taken ill. But it does not appear to be incumbent on him to bring every complaint of illness under the notice of the medical officer, nor is there any obligation on the subordinate officials to report all such complaints to the governor. Rule XVIII. (28

In many poorhouses, we are pleased to record that the practice is in advance of the rules. In these, the inmates have the means of direct access to the medical officer, and, as an instance, we may refer to the case of one of the largest poorhouses, where the infirm as well as the sick wards are visited by the medical officer, and the working inmates are paraded in front of him, or his assistants, daily. Every inmate has thus an opportunity of consulting the medical officer without the intervention of any of the lay officials. The system has been in operation for seven or eight years, and, in the words of the governor, 'it works splendidly.' Thomson, 21–3, 124–38. Whyte, 1825. Chisholm, 1899–1902. Crichton, 3526. Durran, 4727–9. Campbell (Dr), 5936.

In other poorhouses we find, however, that the rules dealing with this department of poorhouse administration are literally adhered to, that complaints of illness are made through the governor, and that there is no guarantee that an inmate who ought to see the medical officer will be brought before him. In support of such a system it may, of course, be argued that in every poorhouse there are always a number of discontented inmates and malingerers who lose no opportunity of endeavouring to secure the better treatment that residence in the sick wards affords. They doubtless make many complaints to the lay officials which, for disciplinary reasons, are suppressed. But, on the other hand, it must be borne in mind that the lay officials thus armed with power to suppress a complaint, may, and will, occasionally fail to detect in a complaint a case of genuine illness. Further, there may be inmates who do not complain but whose condition is such as to require medical attention. For example we may quote from the evidence of Mr Bennett, Governor of Edinburgh (Craiglockhart) Poorhouse:— Core, 419–23, 463–6. Johnston, 759–6 Hunt, 1243, 1267 71, 1342. Laird, 1530–7. Motion, 2099. Bennett, 4423. Haldane, 2825–6

> '. . . . I have picked up cases myself in going round the workshops where there was 'no complaint at all. I have gone up and spoken to a man, and have told 'the labour master to take him to the medical officer.' Bennett, 4430.

When, therefore, we consider the physical condition of poorhouse inmates, a large proportion of whom, as has been stated, are aged, or infirm, or sick, it seems to us desirable that every inmate should have access to the medical officer on any occasion that he may desire it, and that the rules should be so amended as to remove the possibility of a case of illness being unreported to the medical officer. The balance of discipline should be in favour of the sick, and, accordingly, we would leave to the medical officer rather than to the lay officials the detection of malingering, which under the existing rules is punishable as a 'disorderly' offence. Chisholm, 1901–6. Haldane, 2857, 2878–80. Campbell (Miss), 3041–4. Kyd, 3263. Bennett, 4428–3 Bigger, 6110–2.

[1] *Cf.* English Workhouse Medical Officers' Orders, 1868 and 1869.

There is the further argument that a privilege which is now secured to every prisoner[1] should no longer, we think, be withheld from the poorhouse inmate. Accordingly, we recommend that it should be incumbent on the lay officials, through the governor, to direct the attention of the medical officer to every inmate that may complain of illness, and to every inmate that may appear to be out of health, although no complaint may be made. The medical officer will thereupon give the necessary directions regarding the case.

(*p*) *Naming a Substitute who shall act in his Absence.*

ldane, 2857. mpbell (Miss), 45–6.

111. It is eminently necessary that a distinct duty should be placed upon the medical officer to name and provide a substitute who shall take his place in the event of his being either absent on holiday or unable from any other cause to attend to his duties, and that the same rule should be applied to him as to medical officers of health under the 15th section of the Public Health Act of 1897.

(*q*) *Resident Medical Officers.*

112. There is no rule or standard requiring that a poorhouse of and above a certain size shall have a resident medical officer. Thus, we find that Greenock poorhouse, with sanctioned accommodation for 410, and with an average daily number of 321 inmates during the year 1901–1902, has a visiting and a resident medical officer, while Paisley, sanctioned for 635, and with an average daily number of 518 inmates, has a visiting medical officer only. We are of opinion that a resident medical officer is a necessity in a large poorhouse. We accordingly recommend that the Board should determine what poorhouses come within this category, and having so determined, should insist on the appointment of such an officer.[2]

8. THE DUTIES OF THE GOVERNOR, MATRON, AND SUBORDINATE OFFICIALS.

(*a*) *The Governor.*

113. Although the office of governor is, and has been found to be, essential to the work of poorhouse administration, it is not an office that is recognised by Statute. It is a creation of the rules framed under section 64 of the Poor Law Act, 1845, and the powers and duties that a governor exercises are only those conferred upon him by these rules.

Under these rules he has, subject to the orders of the house committee, entire responsibility for the management and control of the poorhouse. The other officers employed therein are, one and all, subordinate to him. He is thus in the anomalous position of having among his subordinates the medical officer, who (see paragraph 86) is the only poorhouse official whose appointment is required and sanctioned by the Statute.

Looking to the importance that attaches to a sound administration of indoor relief, it appears to us that the position of the governor of a poorhouse does not stand upon a satisfactory footing. In some respects, his duties are more onerous and more responsible than those of an inspector of poor. But, while the Board have power under the Statute to dismiss an inspector of poor for unfitness, incompetence, or neglect of duty, they have no similar power with regard to a governor. On the other hand, while an inspector of poor can be removed from office only by the Board, a governor may be removed by the local body that appoints him.

The status of a governor was fully discussed by the Board of Supervision in their 34th Annual Report (1879), page 31, from which we make the following extract:—

> 'The position of a governor under the existing law is anomalous and unsatis-
> 'factory. When a governor, acting under the instructions of his house committee,

[1] *Cf.* Prison Rules (Scotland), Nos. 220, 262–3.

[2] The General Board of Lunacy insist on the appointment of a resident medical officer to the licensed wards of a poorhouse whenever the number of inmates for which the wards are sanctioned exceeds 100. (No. 13 of Conditions for Lunatic Wards of Poorhouses, approved by the Secretary for Scotland on 19th Nov. 1902.)

'fails to carry out the rules and regulations of this Board, to the detriment of 'order and discipline, the Board have no means of enforcing the statutory require- 'ments, as the Board have been advised that the power of dismissal is vested in, 'and can be exercised by, the house committee only. On the other hand, when a 'governor, in spite of the opposition of the house committee, faithfully endeavours 'to do his duty as prescribed by the statutory rules, he is liable to be dismissed 'by the local board. It is hardly to be expected that governors should ultimately 'be able to resist the pressure brought to bear upon them by those who have the 'power of terminating their appointments, and the result is that in too many 'cases the rules have been disregarded and disobeyed.

'The Board regard this state of affairs with great anxiety. At any moment 'a scandal may occur which would shake the public confidence in poorhouse 'management.

'In such a case the Board are practically powerless, and cannot be fairly 'held responsible for its occurrence, so long as the official in charge of the poor- 'house holds his appointment at the pleasure of the local board.'

We entirely concur in these views, and we have received a representation on the subject from the Poorhouse Governors' Association (see paragraph 5). We recommend that poorhouse governors be made statutory officials with the same tenure of office as inspectors of poor. Such a tenure was recommended by a Select Committee of the House of Commons as far back as 1871,[1] and the following quotation—also from the Report of the Board of Supervision of 1879—applies with much greater force now. Alluding to a bill that had been introduced into Parliament in 1876, which proposed that governors should be removable from office only at the instance of that Board, the report proceeded: 'There is now still more reason than there was at that time for rendering 'these officers, so long as they discharge their duty faithfully, independent of the local 'boards, in the same manner as masters of workhouses in England are.'

Campbell (Miss), 3089–92. Henderson, 3767–70.

Our detailed criticisms and proposed amendments on the rules relating to the duties of the governor will be found in the Supplement to our Report.

Shortly, we propose that, where the medical officer is not resident, the governor shall have control over the management and discipline of the whole house—the matron being his immediate subordinate as regards the ordinary wards, and the lady superintendent, or head nurse, or nurse, as regards the sick wards. Any matter connected with the discipline of the sick wards that may call for attention will be reported to the medical officer by the governor (see paragraph 87).

Where the medical officer is resident, we think it will conduce to smoothness and efficiency of working if the governor's sphere of duty be strictly confined to the ordinary wards, and the management and discipline of the sick wards be transferred to the medical officer. These are the general lines on which we have proceeded in our suggestions for amending the rules relating to the office and duties of the governor, and it seems only necessary to refer to the Supplement for further details (see also paragraph 87).

(*b*) *The Matron.*

114. All that has been said in favour of the governor being made a statutory official applies with almost equal force to the matron, and the Select Committee of 1871 recommended that she should receive a statutory appointment and be given the same tenure as was suggested in the case of the governor.

Under the poorhouse rules the matron has specific duties to perform, but, speaking generally, she assists the governor in the management and superintendence of the poorhouse. Her control extends, *inter alia*, to a supervision of the nurses and nursing in those poorhouses in which no lady superintendent has been appointed under the rules for the distribution of the trained sick nursing grant.[2] Where she is not a trained nurse, the result of placing her in charge of the sick wards has almost invariably been friction between her and the nurses; it has also caused difficulty in retaining the nurses for any length of time. On the other hand, in those poorhouses in which the nursing has been placed under the charge of a lady superintendent the same friction has not arisen, and the conditions have been more favourable to efficiency.

[1] Report from the Select Committee on Poor Law (Scotland), 1871, page xiii.

[2] Every poorhouse having over 60 sick inmates that complies with the regulations for distributing the trained sick nursing grant must appoint a lady superintendent, and in these the matron has no jurisdiction in the sick wards. (See paragraphs 34 and 35.)

Our detailed amendments on the rules relating to the matron will be found in the Supplement to our Report. But we think it right to indicate here the position that, in our opinion, the matron should occupy in the poorhouse. Bearing in mind the two facts above mentioned, that friction has arisen under certain conditions and has been obviated under others, we are forced to the conclusion that the best method of promoting the efficiency and practical working of poorhouse administration as regards the nursing department is to relieve the matron, as such, from any duty she may at present have in connection with the sick wards. Accordingly, we recommend that, in every poorhouse, an imaginary, or it may be a real, partition should be placed between the ordinary wards and the sick wards, and that the management of these wards should be in separate hands. Over the former we should place the matron and over the latter the head nurse (or nurse, as the case may be).[1]

The matron would be responsible to the governor for the management and discipline of the ordinary wards. In the sick wards, the head nurse would be responsible to the medical officer. Where, however, the medical officer is non-resident, it would be the duty of the governor to supervise the discipline of the sick wards (see paragraphs 87 and 113).

In short, we should entirely dissociate the matron, as such, from the sick wards, except that we think it should be her duty to see to the cooking of the food and the washing of the clothes for these wards. She should also, on a requisition in writing by the head nurse, select from among the ordinary female inmates such fit persons as may be required for scrubbing or otherwise assisting in the sick wards.

Our proposed amendments on the rules have been framed with the above object in view.

(*c*) *Subordinate Officials.*

115. We think it should be the duty of the subordinate officials, *i.e.* porter, labour master, servants, etc., to report to the governor any defect that they may observe in the sanitary arrangements of the poorhouse. It should also be incumbent on them to bring before the governor any inmate that desires to see him, or to make any complaint or to prefer any request to the governor or to any superior authority; and also to direct the attention of the governor to any inmate that may appear to them to be out of health although he may not complain. We suggest, therefore, the incorporation in the poorhouse rules of a few general rules for subordinate officials, which we have taken from the rules for corresponding officials in prisons.[2]

9. DISCIPLINE AND PUNISHMENT OF INMATES.

116. This subject merits special attention and consideration, as the powers given to governors may be open to abuse in the hands of unscrupulous officials.

Section 64 of the Poor Law Act, 1845, provides that rules and regulations shall be framed 'for the management of such poorhouse and for the discipline and treatment of 'the inmates thereof,' but beyond this the statutes are silent on the question of discipline and punishment of poorhouse inmates.

When the poorhouse rules were first drawn up, Scotland adopted generally those which had been previously framed for England, as well in regard to discipline and punishment as in other matters. Ireland took the same course.

(*a*) *Discipline.*

u'ɜɜ XXXI.–LVII.

117. Poorhouse discipline, as defined by the rules, consists, *inter alia*, in the inmates being required to go to bed and rise at fixed hours; in their being set to work according to their capacity and ability; in their being allowed certain intervals for meals, which are, with certain exceptions, to be taken in the dining-hall; in their having to attend the daily roll-call, and be inspected for the purpose of seeing that they are clean; in their having to conform to certain regulations before they are allowed to quit the poorhouse; in their

[1] Where more than one nurse is employed in a poorhouse not having a lady superintendent, one of them should be designated "head nurse." Where only one nurse is employed, she should exercise the powers of the head nurse.
[2] Prison Rules (Scotland), Nos. 237–271.

having to wear the poorhouse clothing; in their being prohibited (*a*) from playing at cards or games of chance, (*b*) from smoking in any of the poorhouse premises, and (*c*) from reading or possessing any book or paper of an improper tendency. Restrictions are also placed upon visits to the inmates by relatives and friends.

(*b*) *Punishment.*

118. Breaches of poorhouse discipline are subject to punishment. In all three countries the punishable offences are practically the same, but, as regards punishment, the practice in England and in Ireland seems to have been different, even at the outset, from that adopted in Scotland. The causes of this will be afterwards alluded to.

In all three countries a distinction is drawn between the 'disorderly' and the 'refractory' inmate.

119. The following extracts will serve to indicate the nature and the extent of the punishment that may be inflicted under the rules for the management of poorhouses in Scotland.

In the case of the 'disorderly' inmate, who is the lesser offender, the punishment consists in the deprivation of certain articles of food which the inmate would otherwise receive, or perhaps in his being required to perform one or two extra hours of work each day. Rule LV.

In the case of the 'refractory' inmate, the punishment is solitary confinement with or without an increase in the time of work or an alteration of diet, 'as the house committee 'shall direct': it being further provided that no inmate shall be confined for a longer period than twenty-four hours, and that, if it be deemed right that he should be 'carried 'before a magistrate and twenty-four hours should not be sufficient for that purpose, then 'for such further time as may be necessary for such purpose.' Rule LVI.

There is a further provision whereby any 'disorderly' or 'refractory' inmate may be obliged by the governor to wear a distinctive dress. Rule LVII

When the offence committed by a 'refractory' inmate is accompanied by certain 'circumstances of aggravation,' the governor has power in such a case to order solitary confinement for any time, not exceeding twelve hours, without any special order of the house committee. In other cases of confinement he is obliged to have such special order. Rule LVIII.

In some cases no punishment is permitted, whether by alteration of diet or by confinement, unless the medical officer shall have previously certified in writing that no injury to health may be apprehended. Rule LIX.

There are further provisions that no inmate shall be confined between eight o'clock in the evening and six o'clock in the morning without being furnished with bed, bedding, etc., suitable to the season, and that any place of confinement shall previously have been certified to be a place in which inmates may be confined without injury to health. Rules LX.–LX

Further, while corporal punishment to children is permissible, it may be inflicted only by the schoolmaster, the schoolmistress, the governor, or the matron, and only 'with a 'rod or other instrument such as shall be seen and approved by the house committee,' and not until two hours have expired from the time of the child's being convicted of the offence. Such punishment may not be inflicted 'on any child whose age may reasonably be supposed 'to exceed fifteen years.' Anyone punishing a child with corporal correction has to report to the governor the particulars of the offence and punishment. Rules LXIII.–LXV.

The governor is further required to keep and submit to the house committee a book called 'Report Book of Offences and Punishments.' Rule LXVI.

120. We have been enabled to compile from the half-yearly returns made to the Local Government Board by poorhouse governors a table showing the amount of punishment—(1) by confinement, (2) by corporal punishment, and (3) by other punishments—in poorhouses in Scotland during each year from 1894 to 1902. That table is printed in the Appendices, to which we refer. On reference to it, it will be found that in 1902, throughout Scottish poorhouses, 140 males and 90 females were punished by solitary confinement; 27 boys and 5 girls received corporal punishment—the figures under this head being considerably under the average of the previous eight years; and 84 males and 57 females were Appendix LIII

subjected to other forms of punishment, such as extra work or deprivation of certain articles of diet. The total figures accordingly show that 251 males and 152 females were punished in conformity with the existing rules.

121. This leads us to deal with the evidence on the question. It is clear that, although the rules regarding discipline and punishment, as originally framed, still subsist and are enforced in some poorhouses, in others many of them are in desuetude. They cannot, therefore, be relied upon as indicating an actually operative system.

omson, 55–8.

One witness, Mr Thomson, the governor of one of our largest poorhouses, says :—The Rules 'are modified, particularly as regards children. I don't like to punish a child. If 'I take a child to my room and keep it there for two hours, then that is looked on as a 'disgrace. The inspector of poor and I work very well together, and he gives me a 'perfectly free hand, and I find that the most effective form of punishment is that, if a man 'or woman does not work or do what they are told, then I get the medical officer to 'examine them, and, if able-bodied, I simply put them outside the gate, and, at the same 'time, inform the inspector of what I have done.' . . . . 'I very often find an absolute 'strike amongst many of the able-bodied women as to going to the hospital as warders. 'If they don't go, and are perfectly able to work, then they should not be in the poorhouse, 'as they are not obeying orders, and I therefore send them out. If they come back, then 'they are sent direct from the gate to the hospital as warders.'

Again, he says that he never subjects a 'disorderly' inmate to any punishment for more than twelve hours.

omson, 66.
re, 451–7.
hnston, 620.
ant, 1281–88.
ird, 1487–91, 39–41.
isholm, 1907–

In some poorhouses we find that the medical officer is always consulted before punishment of any kind is inflicted. In others, again, it is otherwise.

As a result of the evidence, we find that corporal punishment is seldom inflicted, and that confinement of adults in cells throughout the night is not frequent.

tion, 2096.
ichton, 3557–, 3567–71.
nderson, 3759–
nnett, 4605–17.
mpbell (Dunfillnage), 5428–
ll, 5788–96.
ird, 1487–91.

Cases in which an appeal had been made to the police were brought to our notice. The governor of Kyle combination poorhouse told us that he did not believe in punishment by confinement, and that an inmate who required such punishment ought, in his view, to be removed from the poorhouse as not a fit subject for relief. He instanced several cases where inmates had been handed over to the police—one where a man left the poorhouse taking some clothing with him, and was sentenced to twenty days' imprisonment, and another where a woman who often came into the poorhouse the worse for drink and created a disturbance was sentenced to forty days' imprisonment. There is other testimony approving of the introduction into Scotland of the English and Irish system, and removing from the hands of the governor the somewhat plenary powers of punishment with which he is at present armed.

(*c*) *English Statutory Enactments regulating Workhouse Offences.*

owns, 5619–25.

122. We made it a special duty to ascertain the present practice in England and Ireland, with this general result, that it appears to be very rarely that solitary confinement is ordered or inflicted in an English workhouse ; any punishment which is inflicted usually being deprivation of leave or privileges, such as, *e.g.*, tobacco or tea. Various circumstances may account for this. One, no doubt, is that there are special statutory provisions in both these countries dealing with workhouse offences. For instance, under Section 92 of the Poor Law Amendment Act, 1834 (4 and 5 Will. IV. Cap. 76), persons carrying spirituous liquors into a workhouse, without the order in writing of the master of the workhouse, are liable to a fine not exceeding £10, with imprisonment in default of payment. There is also the Act of 55 Geo. III. Cap. 137 (1815), which makes it a criminal offence for anyone to abscond with workhouse property, or for any inmate of a workhouse to refuse to work or be 'guilty of drunkenness, or other misbehaviour.'

The Poor Law Amendment Act, 1834, places the administration of Poor Relief under the control of a Government Department,—now the Local Government Board,—who are empowered to issue orders, *inter alia*, for the administration of workhouses, and large powers are given to them to frame Rules for—

(*a*) The government of the workhouse,
(*b*) The amount of relief to be given,
(*c*) The labour to be exacted from the persons relieved, and
(*d*) The preservation of good order.

Section 93 of that act also imposes penalties upon the master of any workhouse who shall, *inter alia*, punish with corporal punishment any adult person, or who shall confine any such person for any offence or misbehaviour for more than twenty-four hours (unless where a longer period of confinement is necessary in order to take the person before a Justice), or who shall abuse or ill-treat or misconduct himself towards any inmate.

By Section 6 of the Pauper Inmates Discharge and Regulation Act, 1871 (34 and 35 Vict. Cap. 108), the Local Government Board are empowered to prescribe the task of work for casual paupers, and, under Section 7 of that Act, any pauper who refuses or neglects while an inmate of any casual ward or workhouse to do the work or observe the regulations prescribed by the Board, is liable to imprisonment for a term not exceeding one month on conviction before a Justice. Any pauper who wilfully destroys or injures his own clothes, or damages the property of the Guardians, is liable to imprisonment on conviction for a term not exceeding three months. Section 8 of the Act also provides that workhouse officials may, in certain circumstances, take a pauper before a Justice without a warrant.

(*d*) *Irish Statutory Enactments regulating Workhouse Offences.*

123. In Ireland the result of our inquiries was somewhat similar. Section 58 of the Poor Relief (Ireland) Act, 1838, imposes a penalty of imprisonment, on conviction before a Justice in Petty Sessions, upon any person (*a*) who refuses to be maintained in a workhouse while his wife or child shall be relieved therein, (*b*) who absconds from the workhouse while any of his dependants are relieved therein, (*c*) who refuses to work while in a workhouse, (*d*) who is guilty of drunkenness, of insubordination to the officials, of disobedience to the workhouse rules, or of any other misbehaviour in the workhouse, and (*e*) who introduces, or attempts to introduce, spirituous or fermented liquors contrary to orders. Punishment inside the workhouse, we were told, is rare, and inmates have, in certain cases, a right of appeal to the Guardians against the master. Bigger, 6114, 6120–1.

(*e*) *Recommendations as to Poorhouse Discipline and Punishment.*

124. This comparison at first sight seems very startling, but the explanation is not far to seek. In England and in Ireland, whether because the powers with which the masters of workhouses were invested were felt to be too arbitrary and drastic, and accordingly open to abuse, or because of a fundamental difference of system, it is certainly the fact that, from times even prior to 1845, serious offences occurring in a workhouse were dealt with in the ordinary police or criminal courts of the district, and in terms of the statutory provisions above quoted.

We are of opinion that the whole subject of the discipline and punishment of inmates in Scottish poorhouses requires reconsideration and amendment. Many of the existing rules, as has been stated, are now obsolete. Others are only partially in use, and the practice of governors and house committees differs very materially from the letter of the rules. The question is too large for complete treatment here, and we suggest that it be taken up by the Board and dealt with exhaustively, as in the case of the dietaries of the inmates. Haldane, 2848–

Shortly, our views are, that in dealing with certain classes of inmates, it is absolutely necessary, for purposes of discipline, that the house committee and the governor should have powers to impose or inflict punishment; that a reward for good behaviour should be held out in the form of certain privileges, such as an occasional permission to leave the poorhouse to visit friends,[1] or an allowance of tobacco or tea; that for minor offences the punishment should be limited to a withdrawal of these privileges; that where an offence merits more severe punishment, such as deprivation of diet or confinement or corporal punishment, a written medical certificate should be procured to the effect that the inmate is physically fit for such punishment; that wherever it is possible, and where the offence is of a serious nature, the inmate should be handed over to the police, as in England and Ireland.

We think that Rule LVII., under which a certain form of dress is enforced as a punishment, should be formally abolished; it does not appear to be any longer used. Haldane, 2841–

[1] *Cf.* Recommendations of Aged Poor Commission, 1895 [C—7684], p. xxxv.

Haldane, 2848.

We think that Rule LXIII. should be abrogated so far as it allows corporal punishment of girls; this has been prohibited in English and Irish workhouses for over fifty years.

Johnston, 632–3.
Henderson, 3764.
Campbell (Dunfermline), 5432–.
Downes, 5623–6.

We think that the Board should direct the attention of house committees to the expediency of seeing that the confinement cells are so constructed and kept as not to injure the health of the person confined. In one poorhouse we found an inmate undergoing twelve hours' confinement in a cell that was not provided with a seat. It was absolutely dark,[1] and without ventilation or heating of any kind. The temperature at the time of our visit was only a few degrees above freezing-point. Other cells that we examined were in much the same condition.[2]

Haldane, 2857.

We think that Rule XLVII., which prohibits smoking in the poorhouse or any building belonging thereto, and which, we find, is practically in desuetude, should be abrogated. We suggest that power should be given to house committees to determine in what rooms and at what times smoking shall be allowed—provided always that no smoking be permitted in any probationary ward, or test ward, or dormitory.

Further, we have made provision in the suggested amendments of the poorhouse rules (*a*) for the regular bathing of the inmates; (*b*) for the admission of visitors; (*c*) for temporary leave of absence and other slight relaxation of discipline to well-behaved inmates; (*d*) for the searching, on their return, of those who have had temporary leave of absence; and (*e*) for directions by the medical officer in all cases as to the fitness of an inmate for any special kind of work. But to these we need not further refer here.

10. TRAINED SICK NURSING.

125. We have already (paragraph 44) traced the progress that has been made in connection with the supply of trained nurses for the sick poor in poorhouses.

Briefly, the present situation is as follows:—In thirty-three poorhouses trained nursing has been provided on a scale sufficient to comply with the regulations for participation in the Local Taxation Contribution[3]; in nine poorhouses there is paid nursing—not necessarily trained; and in the remaining twenty-five poorhouses the nursing is done by the matron (untrained) with the assistance of inmates.[4]

Thomson, 69.
Johnston, 719, 748–51.
Sandeman, 1716.
Whyte, 1772–8.
Haldane, 2920, 2947–53.
Aitchison, 4018.
Campbell (Dr), 5853–5, 5865–7.

The drawbacks and objections to the employment of poorhouse inmates as nurses are well known and now universally admitted. We do not, therefore, propose to advert to them further, but shall confine our remarks to a discussion of the methods to be adopted for introducing a system of trained nursing into all poorhouses and for improving the conditions attending the working of the existing system in some of them.

(1) The Methods of Introducing a General System of Trained Nursing.

126. It has to be kept in mind that, as regards the administration of medical relief, no power of initiative has been conferred on the Central Department. In no respect has the want of this power been more acutely felt than in dealing with the question of introducing a system of trained nursing for the poorhouse sick. For over twenty years the Central Department have urged house committees to adopt such a system, but local prejudices die slowly, and, as will have been observed, these efforts have not been generally successful; for, while in all large poorhouses the nursing is now done by trained officials, in about one-half of the sixty-seven[4] poorhouses of Scotland untrained nursing, with the help of pauper inmates, is still the rule. This is much to be regretted, especially in view of the fact that, although the Central Department have no direct powers to enforce the introduction of trained nursing, they have been enabled, since 1885, to repay from Imperial Funds to each poorhouse that complies with certain prescribed regulations (see paragraph 35) a sum almost equal to one-half of the cost of every trained nurse so employed. This sum, as has been explained (paragraph 22), forms a first charge against the grant of £20,000 for medical relief purposes generally.

[1] *Cf.* No. 449 of Prison Rules (Scotland).
[2] *Cf.* Specification for a Refractory Cell in an English Workhouse, contained in Memorandum of Local Government Board, dated September 1891. *Cf.* also Memo. on the construction of Police Stations in Scotland, issued by the Prison Commissioners for Scotland on 4th July 1896.
[3] Four poorhouses have complied with the regulations since 15th May 1902.
[4] Sixty-seven poorhouses are here referred to, as compared with sixty-five in paragraph 66: the difference is due to the erection of two new poorhouses since 31st December 1901,—the date of the special reports dealt with in that paragraph.

In England and in Ireland, on the other hand, the administration of medical relief is regulated under Orders emanating from the respective Local Government Boards, and, by that simple and direct method, pauper nursing was prohibited under two General Orders, issued on 6th August and 11th September 1897 respectively. Downes, 5581, 5618. Bigger, 6079–83.

It is now seven years since the issue of these Orders, yet we find that pauper nursing is still permissible in all Scottish poorhouses. It is unfortunate, we think, that the Local Government Board for Scotland should have less control of the nursing of the sick indoor poor than the corresponding Boards in England and Ireland, and we submit that the time has come when pauper nursing should be no longer tolerated. Some further and more direct power would appear to be necessary to accomplish the desired end, and we feel that the natural and the only satisfactory method of doing so is that the aid of Parliament should be invoked to prohibit pauper nursing, by investing the Board with powers similar to those possessed by the Local Government Boards in England and Ireland.

With a view to introducing trained nursing into the small rural poorhouses with as little expense as possible, we have suggested for consideration (paragraph 53) that some of the small poorhouse combinations should be amalgamated. Where such a course is impracticable, and arrangements cannot be made for removing the sick to a general hospital or infirmary, we recommend that, in poorhouses with less than, say, twenty inmates, a trained nurse should be appointed as matron on the occurrence of a vacancy in the matronship. With some paid assistance, she might be able to undertake the duties of matron and any nursing that might be required. Pending the occurrence of a vacancy, however, we think that a trained nurse should be engaged. We again refer to the question of nurse-matrons in paragraph 135.

As, in our estimation, indoor medical relief without trained nursing cannot be considered adequate, we have recommended (paragraph 180) that no grant whatever should be paid in respect of medical relief expenditure in any poorhouse unless nursing is provided to the satisfaction of the Local Government Board.

(2) Whether the Present Standard of Training should be Altered.

127. The standard of training that entitles a nurse to have her name placed on the register of nurses kept by the Local Government Board is 'not less than two years 'in a public hospital being a training school for nurses, and maintaining a resident 'physician or house surgeon.'

From our official experience, and the evidence that we have heard, we know nothing that justifies a suggestion that the standard of training should be lowered. Nurses with the requisite training can, as a rule, be obtained for poorhouse work if sufficient salary be offered, and, except at a very unusual time (*e.g.* the time of the late South African War), without much difficulty. It must also be borne in mind that, while a large number of poorhouses have, at present, no trained nursing, nearly all of these are small poorhouses, and, on that account, relatively few nurses would be required to staff them in accordance with the existing regulations. Further, as will be seen from the table in the Appendices, the number of nurses that return to poorhouse work, after having temporarily left it, is gradually increasing. This would appear to indicate that service in a poorhouse is becoming more popular among nurses than formerly. Johnston, 724–3 839. Sandeman, 1702–6. Whyte, 1765–7. Motion, 2103. Haldane, 2955. Walker, 3820–7 Aitchison, 4021–3. Bennett, 4632–3 4640–1. Campbell (Dr), 5988. Appendix LIV. Core, 448–53. Johnston, 594, 870–2. Laird, 1497–500 Whyte, 1788–9 1794. Haldane, 2920, 2934–42.

We are prepared to recommend (see paragraph 136) that the status of the head nurse (or nurse where only one nurse is employed) should be raised, and that more time and facilities for recreation should be provided for the nurses generally; further, that in most poorhouses, an improvement might be effected in the accommodation set apart for the nurses. These concessions will, we think, tend to make poorhouse nursing more popular than at present, and thereby attract a larger number of nurses to it. But, even under the existing conditions, we are satisfied that a two years' training should be maintained as a minimum, and that, if any alteration is called for, it should be in the direction of raising the standard of training rather than of lowering it. In this connection, it may be remarked that, in the poorhouses that train probationers, the authorities themselves have instituted a three years' course of instruction—the full certificate being given only at the expiry of the third year of training.

Current opinion appears to be in favour of a longer training than two years, and, in the best general hospitals, a three or even a four years' course of instruction is quite

common. We are agreed that poorhouse nursing should be as efficient as possible, and that every endeavour should be made to secure the services of nurses with adequate training. If, therefore, we were satisfied that, without unduly burdening the rates, a sufficient supply of nurses could be obtained for poorhouse work, we would recommend that the Board's standard of training should be one of three years. But the time for such a step has, we think, scarcely arrived, and, in the meantime at least, it would be inexpedient to raise the minimum training of two years, required for purposes of registration. But while this is so, no effort should, we think, be spared to encourage the employment of nurses with a three years' certificate. We recommend, therefore, that house committees be urged to employ, where possible, the better trained nurses—the remainder to be nurses with a two years' certificate. An endeavour should be made to have, in each poorhouse, at least one nurse with a three years' certificate.

The funds at present at the Board's disposal appear to be too meagre to justify the suggestion of an increased grant where the more highly-trained nurse is employed, but, if Parliament should decide to increase the grant from the £20,000 now given to a sum approximately the same in proportion as England and Ireland now receive, then we think a portion of it would be well bestowed towards the furtherance of this object.

(3) How the Supply of Nurses may be Regulated and Maintained.

128. The question of the supply of nurses has recently been much under discussion. In England it has been the subject of an inquiry by a Departmental Committee appointed by the President of the Local Government Board, whose report[1] we have had under consideration. The difficulty of securing nurses for Poor Law work has not, however, been so much felt in Scotland as appears to have been the case in England. This may be due to various causes—one being, no doubt, the fact that the system of poor relief in Scotland is largely an outdoor system, and, the poorhouse population being therefore relatively smaller, the number of nurses required is also proportionally less and the supply more adequate to the requirements.

Apart altogether from the question of the period of a nurse's training—whether it should be for two, three, or four years—there seems to be a consensus of opinion among those who have had practical experience that the best nurses for poorhouse work are those
ston, 842–7. trained in poorhouse hospitals. The evidence submitted, which was corroborated by what
te, 1818–21. we saw on our visits to certain poorhouses, shows that the course of instruction in poor-
e, 6158–60. house training schools is both systematic and thorough,[2] and, without depreciating in the least the value of a training in a general hospital, we are inclined to place much weight
nson, 69. on evidence based upon practical experience. We agree with Mr Thomson, Governor of Govan poorhouse, who told us, 'We always find that a nurse trained in our own hospital, 'or in a poorhouse hospital, gives better satisfaction than a nurse trained in an infirmary.'[3]

Besides, the conditions of a general hospital or infirmary differ materially from those
leman, 1697– of a poorhouse hospital. Thus Dr Sandeman, resident medical officer of Dundee poor-
. house, stated that—'Nurses who have been trained in Poor Law work are best fitted to 'occupy the position of trained nurses in poorhouse hospitals, as they have learned the 'tact necessary to deal with the patients found in such hospitals. I find that they require 'much more tact than they do in general hospitals. They also understand working with '"pauper" assistance. It is in these respects that a parochial hospital differs from a 'general infirmary. We have several excellent nurses from general hospitals, but there 'has sometimes been a difficulty in getting them to adapt themselves to the changed 'circumstances.' . . . . 'They have to learn to control their tempers and to treat their 'patients in a way that nurses are not obliged to do in a general hospital.' All this emphasises the words of Sir Henry Burdett, to the effect that 'whereas in a general 'hospital any patient who may be guilty of gross breach of rules or may otherwise be 'found objectionable can be dismissed from the hospital, patients in the Poor Law 'infirmary must still be retained and dealt with as the circumstances best permit.'[4]

Further, it has to be observed that chronic and also midwifery cases are more frequently
e, 6158–60. found in poorhouse wards than in the wards of a general hospital, and that a satisfactory

[1] Report of Departmental Committee on Workhouse Nursing, 1902 (Cd. 1366).
[2] *Cf.* Report of Departmental Committee on Workhouse Nursing, 1902 (Cd. 1366), paragraph 80.
[3] The word 'infirmary,' as here used, refers to an institution supported by voluntary subscriptions. The word is seldom or never applied in Scotland to a poorhouse hospital.
[4] *Hospitals and Asylums of the World*, vol. iii. p. 86.

training in the nursing of such cases cannot always be obtained in the latter. The circumstances would appear to point, therefore, to the expediency of specialising the training of a poorhouse nurse both as regards the manner in which she is to treat her patients and the types of disease to be dealt with. In other words, if a high standard of efficient nursing is the aim, the best method of securing it is to employ, as far as possible, nurses that have been trained in poorhouse hospitals properly equipped as training schools. This will involve the development of the system of training probationers in poorhouse hospitals.

The idea of a special Poor Law Nursing Organisation is not new. It was recommended by Miss Nightingale as far back as 1867,[1] also recently by some of the General Inspectors of the Local Government Board (England) in their Reports to the Departmental Committee on Nursing,[2] and by a number of witnesses who gave evidence before that Committee. It has further been recommended to us by one witness — Miss Haldane. Haldane, 292

As has been pointed out (paragraph 44), a few of the largest poorhouses have found it necessary to train probationers in order to maintain a supply of nurses for their own requirements. Other large poorhouses, again, although equipped and adapted for it, do not train probationers. As one witness put it:—

> 'I think that the supply of nurses might be maintained and regulated by the training of probationers in our larger poorhouses where there are resident medical officers; but in order to induce Parish Councils to adopt this plan, it would be necessary to allow these probationers a share in the medical grant, as at present it is cheaper to employ a regular trained nurse with the Government allowance than a probationer without it.' Ferrier, 2482–2486.
>
> '. . . . It was considered some years ago by the Parish Council when the question of trained nursing was first suggested, but the question of the cost simply put a stop to it. They said it was far better to get in trained nurses and to get the Government Grant than to have probationers without it.'

Probationers are at present trained in the poorhouses belonging to the parish councils of Glasgow, Dundee and Govan, the actual number undergoing training being about 100. That number is, however, little more than sufficient to fill the vacancies periodically occurring in the nursing staff of these poorhouses. If, then, they could be induced to train a larger number of probationers (which some at least are, we think, capable of doing), and if other large poorhouses could also be induced to commence training, we estimate that the number of probationers might be raised to about 150, or an increase of 50 per cent. This would not only mean a material increase in the annual output of nurses specially qualified to undertake poorhouse work, but, after the wants of the training institutions themselves had been supplied, there would also, we think, be a surplus that would very nearly, if not quite, be sufficient to supply the demands of the other poorhouses. Indoor relief, as we have pointed out above, is much less common in Scotland than outdoor relief.[3] Further, the greatest aggregation of indoor paupers occurs in the large centres of population. Thus, we find that nearly two-thirds of the total indoor poor are inmates of the poorhouses that train probationers or that might train probationers,—if sufficient inducement could be offered to do so. All this leads us to the conclusion that a special effort should be made in the direction above indicated.

The evidence we have received and the information we have gathered on the subject, when visiting certain workhouses in England and Ireland, are to the effect that the supply of suitable young women desirous of entering Poor Law Institutions to undergo a course of instruction in nursing largely exceeds the demand.[4] No difficulty need therefore be apprehended on this point. Thomson, 69. Core, 382–4. Johnston, 715. Sandeman, 1721–2. Walker, 3838. Downes, 5617.

129. With these circumstances in view, we now submit for the consideration of the Board the outlines of a scheme for the supply of trained nurses to poorhouses by means of training probationers on a more extensive scale than at present exists. To make such a scheme a success, it seems to us that certain essentials are requisite; these are that inducements should be held out—

(*a*) To young women to enter the poorhouse nursing service;

[1] See Report of Committee on Cubic Space of Metropolitan Workhouses, 1867, pp. 64–76.
[2] See Report of Departmental Committee on Workhouse Nursing, 1902 (Cd. 1366), Part II. Appendix 1.
[3] The actual numbers of ordinary poor, excluding lunatics, at 15th May 1903, were 11,711 indoor, and 77,112 outdoor.
[4] *Cf.* Report of Departmental Committee on Workhouse Nursing, 1902 (Cd. 1366), paragraph 17.

(*b*) To house committees of the large poorhouses, that maintain resident medical officers (which, we think, is an essential requirement) to train probationers, and

(*c*) To other poorhouses to co-operate with the training schools, and, as far as possible, to employ the nurses so trained.

(*a*) *Inducements to Probationers.*

on, 3580. 6182–4.

130. We propose that, on the production of evidence as to health and character, and on passing a qualifying literary examination, each probationer should be taken on trial for, say, a month, and thereafter sign an agreement binding herself to undergo three years' training. Further, looking to the value of her training as a means of earning a livelihood in after life and to the fact that she would be paid a salary and receive board and lodging during the period of training, we think it would not be unreasonable that the agreement should require her, if called upon, to serve for another year (*i.e.* four years altogether), either in the poorhouse in which she was trained or in any other poorhouse to which she might be sent.[1]

ie, 2920. 6149–55, 6207.

The salaries during the period of training would, of course, vary with the supply of probationers, but, looking to existing conditions,[2] and to the benefits that the scheme presents, we think probationers could be secured at the following salaries :—

First Year	£10
Second Year	£15
Third Year	£20
Fourth Year (as a nurse)	£30

No definite standard of training exists at present, either in Poor Law or in General Hospitals. Each hospital has its own standard, and the value of a certificate of training is measured according to the particular hospital from which it is obtained. We propose, therefore, with a view to rectifying this so far as poorhouse training is concerned, that the Local Government Board should outline a syllabus of training and hold half-yearly examinations at such centres as, say, Edinburgh and Glasgow.

These examinations would entail a comparatively trifling expenditure, and might be defrayed out of the vote of the Local Government Board, if Treasury sanction were obtained. Another, though less preferable way, would be to charge each nurse an examination fee, and make the examination self-supporting.

After the completion of her third year of training, a probationer would be eligible for her final examination, and, on passing it, would receive a parchment certificate from the Local Government Board. This certificate would be a hall-mark of efficiency, and would, we feel sure, be much prized by the nurses.

We further propose that, on gaining her certificate, the nurse should receive a bonus of, say, £5 from the House Committee. This, with her salary, would bring the total remuneration for the third year up to £25.

To sum up, the inducements to probationers would be these :—

(i) A training that will fit them for earning a livelihood ;
(ii) Payment for services during training ; and
(iii) A Government certificate of efficiency.

(*b*) *Inducements to Poorhouses to become Training Institutions.*

son, 80, 4. r, 2482, 7, 2502–9.

131. We have received evidence in favour of the payment of a portion of the Medical Relief Grant towards the cost of probationers, and we have already (paragraph 128) alluded to the fact that one Parish Council having two large poorhouses is deterred from training probationers by the fact that no portion of the grant is available for such service. Looking to the

[1] Nurses trained in St Marylebone Infirmary bind themselves to continue in the service of that infirmary or of some other Poor Law infirmary for two years after the completion of their training. If, under the proposed scheme, it were found that the applications were very numerous, the period of service might be increased to five years. (*Cf.* Haldane, 2920.)

[2] The following salaries are at present offered to probationers by Glasgow Parish Council :—**First year, £10 ; second year, £15 ;** third year, £25 ; fourth year (as Nurse), £30.

importance of providing suitably-trained nurses for employment in poorhouse hospitals and sick wards, and to the benefits to be derived therefrom, we are of opinion that it would not be unreasonable or inequitable to apply a small portion of the grant to that object, more especially if the training schools become the source from which other poorhouses throughout Scotland will obtain their chief supply of nurses. Accordingly, in respect of every probationer who passes her examination, and thereby earns a certificate from the Local Government Board, we propose that a sum of, say, £20 be paid from the Medical Relief Grant to the house committee. We have the greater confidence in recommending this step because, at the present time, in the poorhouses that train probationers, the training extends over a period of three years, and, as a probationer is registered by the Board after two years' training, grant is now paid in respect of her cost during the third year of training. Bennett, 4643–4. Campbell (Dunstaffna 5448–9.

The proposed grant for probationers, which should, we think, form a first charge against the grant of £20,000, would entail a reduction in the amount available for purposes of medical relief other than nursing. But on this and on other grounds (see paragraph 183), we have recommended that a slightly smaller grant per head should be paid in respect of each trained nurse. We estimate that by this method little or no disturbance would take place in the proportions of the £20,000 distributed (1) to trained sick nursing, and (2) to other medical relief. In short, the savings on the trained nursing grant would be sufficient to meet the proposed outlay on probationers.

As a further inducement to the house committee to undertake the training of probationers, we propose that, if a probationer obtains a satisfactory certificate from the medical officer and lady superintendent, on the completion of two years' training, grant might be paid in respect of her salary and rations for the third year, as at present, but at the proposed reduced rate (see paragraph 183). Sandeman, Whyte, 176 Haldane, 29 Kyd, 3163–

After her training is completed, the nurse would, as has been indicated, be bound, if required, to serve for a year either in the poorhouse in which she was trained or in another. Where a training school supplies a certificated nurse to another poorhouse, we would propose that, in respect of every nurse so supplied, the house committee of the latter house should pay to the former a bonus, or fee, of, say, £5.

So far, therefore, as the training institution is concerned, the outlays in connection with the training of each probationer would be materially diminished under the proposed scheme.

The following statement may be taken to represent roughly the present outlays in connection with the training of a probationer, and what these outlays would be in future :—

Present Outlays.		*Proposed Scheme.*	
Salary: First year,	£10	Salary: First year,	£10
Second year,	15	Second year,	15
Third year,	25	Third year,	20
		Bonus on passing examination,	5
	£50[1]		£50[1]
Less.		*Less.*	
Grant at present given for third year as a nurse (being practically equivalent to half the salary and cost of rations),	£20	(*a*) Proposed reduced grant for third year of training (see above and paragraph 183), say,	£12
		(*b*) Proposed grant on passing examination,	20
		(*c*) Bonus from country poorhouse,	5[2]
			37
Net,	£30	Net,	£13

This proposal is, we think, sufficiently liberal to induce House Committees to undertake the training of as many probationers as their circumstances will allow. The number

[1] Exclusive of rations, etc.
[2] This would, of course, only be received in the circumstances mentioned.

of probationers in each training school would, of course, have to be subject to the review of the Board.

(c) *Inducements to Other Poorhouses to Co-operate with the Training Schools.*

132. Subject to what we shall subsequently propose (paragraph 135) as to the staffing of the various poorhouses, we think that, under the conditions above indicated, a sufficient supply of nurses could be obtained to meet the demands of the other poorhouses throughout Scotland. If this be so, these poorhouses would be able to secure the services of a well-trained nurse, specially qualified for the duties she might be called upon to perform, at a cost less than if she were engaged through the ordinary channels.

son, 71,
5.
nan, 1720.
r, 2482,
-6, 2488.

The cost would be somewhat as follows:—

Bonus to training school, . .	£5
Salary, ...	30
[1] Rail fare of nurse (say), . .	2
Total, . . .	£37, plus rations, etc.

At present a nurse with a three years' qualification can scarcely be obtained by the House Committee of a rural poorhouse except at a very high salary. Even a nurse with only two years' training can hardly be obtained under £35. If to this be added the cost of advertising the vacancy, which in some cases amounts to a few pounds, it will be observed that, under the proposed scheme, the House Committee would secure a better and more suitably-trained nurse for practically the same expenditure as they at present incur for one with an inferior training. The nurse would, under her agreement, be free to resign at the end of a year, and if she did so it would then be for the house committee to apply for another from a training school. If, however, at the end of one year of service in the country poorhouse the nurse liked her work, but considered that she should get a larger salary, the house committee could afford to increase it by about £5 without incurring any more expenditure than they would incur if they obtained another nurse from a training school.

Apart, therefore, from the question of efficiency, we think that, from a pecuniary point of view, the proposed scheme would not be disadvantageous to the rural poorhouses.

(4) The Proportion of Nurses required for Efficient Nursing.

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133. Under the existing regulations, when the number of sick is under sixty, one nurse is required for every twenty patients; when the number exceeds sixty, a lady superintendent should be appointed, but the proportion of nurses to patients may then be as one to thirty. These regulations indicate, of course, the minimum numbers, and house committees may, if they choose, staff their poorhouses on a more liberal scale. But, in actual practice, the tendency is, we find, to work the poorhouse on the minimum staff allowed—especially in the smaller houses.

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e, 1768–71.
ane, 2906–8,
er, 3790–1,
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lerson, 3742.
ane, 2942.
bell (Miss),

In our opinion the rules allow too many sick to each nurse. Taking night nursing and intervals for recreation into account, there is, we think, little doubt that it is impossible for one nurse adequately to look after twenty, or it may be thirty, patients. The number of sick is considerably above what would be entrusted to a single nurse in a general hospital.

Night nursing is, we find, very insufficiently provided for—indeed, it may be regarded as the weakest spot in the poorhouse nursing system. Even in the largest and best-equipped poorhouse hospitals, the practice of employing inmates to assist the night nurses, if not actually to do the nursing itself, is almost general. In the small poorhouses, especially where only one nurse is employed, it is obvious that, as she cannot be on duty for twenty-four hours each day, someone must act as her substitute during her hours of relaxation and sleep. As a rule the substitute is an inmate. Indeed, it may be said that in those poorhouses the night nursing, if it can be so designated, is almost entirely performed by inmates. In some poorhouses, an inmate is on duty during the night. In others, the inmate nurse sleeps in the ward, and has to be wakened when her attention or assistance is required. In a case of the serious illness of an inmate, it is clear, therefore, that, under these latter

[1] It would be reasonable that the country poorhouse should pay this fare.

conditions, it must frequently happen that help is not forthcoming when wanted. In England, it is provided by a rule of the Local Government Board that 'no pauper at the 'approach of death shall be left unattended either during the day or the night.'[1] In Scotland, no similar rule exists, and while we are satisfied that, in most poorhouses, adequate provision is made to attend those in their last extremity, we should like to see it provided for by strict regulation. We recommend, therefore, that the Board should specially consider (1) the question of improving the night nursing in all poorhouses, and (2) the expediency of making specific provision against the possibility of a dying inmate being left unattended either during the day or night. Campbell (Dr), 5852, 5973–7. Crichton, 3575.

134. One result of our enquiry has been to convince us that the Board's present method of determining the necessary nursing staff, by taking the numbers of sick as returned to them by house committees, is defective, and that the result is, in some instances, most unsatisfactory.

In the first place, as the amount of labour involved in nursing depends largely upon the type and character of the illness and the structural arrangements of the poorhouse, it is obvious that nursing, which might be sufficient in one case, would be altogether insufficient in another. This being so, the needs of different poorhouses must differ according to the circumstances of each. For example, the Glasgow Parish Council have at present three new poorhouse hospitals in course of erection—two being for acute cases and the third for chronic cases. We think it would be necessary to provide a larger nursing staff in the two former than in the latter, for which the minimum required by the scale might suffice. Yet, under the present rules, a universal and rigid standard is followed for all houses and cases. Sandeman, 1687.

In the second place, in fixing such a standard, or, indeed, any other standard based simply upon the numbers of sick, it is necessary to fix it so that the average number of sick actually receiving nursing is not more than a nurse can attend to—in other words, any standard must bear reference to the fact that some sick cases will require much attention, while others will require little or none. It therefore becomes a matter of importance for the Board to have a guarantee that the numbers of sick, as returned to them, are a correct index of the amount of sickness in the poorhouse. At present no such guarantee exists.

To begin with, as we have already pointed out (paragraph 80), there is a lack of uniformity in the classification of the inmates. Laird, 1408–10. Sandeman, 1657–9. Chisholm, 1861–7.

Further, we find that considerable diversity prevails as to the principles on which the returns of sickness are made up. According to the poorhouse rules, the sick are those 'under medical treatment,' but it is doubtful whether every case receiving the medical officer's attention is included as 'sick' in the returns made to the Board. Some poorhouses, we find, include only those in the sick wards; others, those receiving nursing. Thus, one poorhouse, which returns about twenty sick for purposes of the nursing grant, has, the governor admitted, 'at least fifty on the sick list.' This would appear to point to a tendency similar to that which we find in other poorhouses, viz., to keep the nominal 'sick' within the number allowed by the rules for the nursing staff employed. If a larger number of sick were returned, the house committee would have to add to the nursing staff, and in order to save the cost that such addition would entail, they prefer to reduce the number of inmates classed as sick. In large poorhouses, one or more additional nurses are appointed at a time of pressure by house committees as a matter of course. In small poorhouses, however, the employment of an additional nurse is a more serious question, and is always avoided if possible. For example, if a poorhouse contains, say, twenty sick, one nurse would be required, but, if the numbers rose by one, that is, if twenty-one inmates were sick, two nurses would be required under the existing rules. There is, therefore, a great temptation to keep the twenty-first person off the sick list rather than appoint a second nurse, and in actual practice this course is frequently much easier of accomplishment than the other. We know from our official experience that cases have occurred in which the numbers of sick in a small poorhouse have risen as much as 50 per cent. immediately after the appointment of a second nurse, and have remained at the increased figure. We may refer also to the case of a poorhouse which at one time employed two nurses, but now has only one, and in which the average numbers of sick for the five years previous to and succeeding the change were thirty-one and fifteen respectively. These facts may be coincidences, but, in our opinion, they point to a strong presumption in support of the view that the returns of sick are sometimes far from reliable Henderson, 3732–40. Henderson, 3721–41. Haldane, 2906–8. Hunt, 1368–70. Laird, 1545–55. Henderson, 3733–41. Hunt, 1203–16, 1334–42. Laird, 1400–27, 1545–64.

[1] Art. 208 (15) General Consolidated Order, 1847.

and, at best, are insufficient as a basis on which to judge of the nursing requirements of any particular poorhouse.

All things considered, we recommend that the present practice be departed from, and that the number of all classes of inmates in the poorhouse be taken as the dominating factor in determining the nursing staff required for efficient nursing. We have already pointed out (paragraph 68) that, over a series of years, the proportion of sick is fairly constant, being slightly under 30 per cent. of the total inmates. Accordingly, there should be little difficulty in arriving at a satisfactory estimate of the nursing requirements of each poorhouse, but, as has been indicated above, we are not in favour of an inflexible rule for all poorhouses in view of the fact that their conditions vary considerably.[1] The Board should, we think, have power to take the whole circumstances of the poorhouse into consideration in determining the necessary nursing staff. In other words, each house committee should be required to appoint as many nurses as the Board consider necessary. In support of this recommendation, we cite the practice in Ireland, where, as Dr Bigger informed us, the Local Government Board have power to fix not only the number of nurses for a particular workhouse, but also the number of ward attendants and ward maids.

Johnston, 517–30. Downes, 5667. App. LII.

Sandeman, 1687. Kyd, 3243–6. M'Innes, 3347–8, 3354.

Bigger, 6084–91.

135. The following is an indication of our views on the staffing of the various poorhouses :—

(i) *In Poorhouses that train Probationers.*—A lady superintendent of nurses; charge nurses, possessing three years' training and one year's nursing experience; probationers in their third year of training; first and second year probationers; paid (untrained) assistants; inmate assistance for scrubbing, etc. The number of charge nurses, etc., would depend on the size of the hospital, and the type of cases (surgical and medical) treated therein. But, roughly, the proportion of nurses (including probationers) to sick should be about one to ten. The nurses might be apportioned somewhat as follows:—One charge nurse and one third year probationer to every two first and second year probationers. The lady superintendent should not be allowed to act as matron of the poorhouse.

(ii) *In Town and Combination Poorhouses.*—At least one nurse with three years' training, who would be lady superintendent, or head nurse, as the case may be. The remainder to be nurses with not less than two years' training. In a number of these poorhouses the matron, if trained, might act as lady superintendent or head nurse. Paid assistants.

(iii) *In the Smallest Poorhouses* (with, say, less than twenty inmates). In these an effort should be made to secure the services of a matron who is also a trained nurse. Preference should be given to those possessing a three years' certificate. Paid assistants.

(iv) Where there are more than five nurses, one of them should be designated by the term 'Lady Superintendent'; where there are from two to five nurses, one of them should be the 'Head Nurse.'

(5) Whether Rules specifying a Nurse's Duties should be Drawn up.

Sandeman, 1637–8. Motion, 2019–23. Bennett, 4649–50. Campbell (Dr), 5994.

136. At present, the only general nursing rules issued by the Board are those defining the position of the lady superintendent (see paragraph 34). Local rules are in existence in certain poorhouses—notably Dundee— but they do not appear to have been submitted to the Board for approval in every case. It is, we think, desirable that nursing rules should be drawn up by the Board.

Chisholm, 1947–9. Motion, 2105–9.

We are not in favour of including in general rules, applicable to all poorhouses, a detailed list of the duties that nurses may be called on to perform. Their circumstances being different, each poorhouse should, we think, be allowed to elaborate its own rules and submit them to the Board for approval. Accordingly, in framing suggested rules for nurses, we have practically confined them within the limit of defining the position of the nurses in relation to (*a*) the medical officer, (*b*) the governor, and (*c*) the matron.

Briefly, we propose to extend to every poorhouse the principles set forth in the Board's rules for lady superintendents. Under these rules the matron has no jurisdiction

[1] *Cf.* Report of Departmental Committee on Workhouse Nursing, 1902 (Cd. 1366), paragraph 40.

in the sick wards, and in actual practice the result has been satisfactory. We recommend, therefore, that in every poorhouse the matron, as such, should be relieved of any duty she may at present have in connection with the sick wards. For further remarks on this subject, see paragraphs 87, 113–4.

11. VISITATION OF THE POORHOUSE.

137. The rules provide that 'the poorhouse shall be visited at least once in every week 'by a committee of two or more members of the Parish Council.' The visiting committee possess no administrative powers, but are to examine the poorhouse and enter their remarks in the 'Visitors' Report Book'; they may also report to the chairman of the house committee any observations 'which may appear to them to require the immediate 'attention of that Committee.' Rule XIV. Rule XV.

It has been represented to us, and we have observed, that visiting committees do not visit with the regularity that the fulfilment of their duty requires. Motion, 2110–3. Haldane, 2779–85.

This refers specially to combination poorhouses in rural districts, where the members may reside at a distance from the poorhouse and a visit may entail some personal inconvenience and expense. It has also been pointed out that the rules seem to require that the Committee must visit collectively, and that it would be an advantage if the visits could be made by members singly. We recommend that it be made clear that, subject to the approval of the house committee, the members of the visiting committee may visit either conjointly or separately. Campbell (Dunstaffnage), 5461–2.

Visitors who were not members of the parish council or house committee have been appointed for some poorhouses, and this arrangement has met with success. But we are not prepared to recommend that provision be made for this in the rules, without further consideration. The objections to such a proposal are obvious. It is true that, under an Order issued in 1893,[1] committees of ladies may be appoined by Boards of Guardians in England to look after the female inmates and children, but we have not sufficient information before us to enable us to say how far that provision is in operation or how it works. Motion, 2111–4. Haldane, 2790–8. Campbell (Dr), 5874–9.

At the same time, we see no reason to question the pronouncement made by the Board in 1895,[2] that, under suitable conditions, they would not object 'to the visitation 'of inmates of poorhouses by ladies,' provided

'(1) that the hours selected should be convenient;

'(2) that reading, singing, etc., should not be so conducted as to annoy any of the inmates; and

'(3) that presents should not be given to the inmates otherwise than through the governor, and subject to his discretion.'

Provision should also, we think, be made in the rules that, if an inmate desires to make a complaint in the absence of the officials, the visiting committee shall afford him an opportunity of doing so.[3] Haldane, 2779.

We have proposed certain slight amendments in the rules detailing the matters to be reported on by the visiting committee. These will be found in the Supplement.

Brabazon Society.

138. We cannot close this part of our report without expressing our approval of the efforts now being made to provide some light employment for the sick and infirm inmates of our poorhouses. Anything that tends to lessen the tedium of the poorhouse life and to lighten the existence, or that attracts and secures the interest and attention of the suffering and the old, must appeal to those charged with the work of Poor Law administration. In some of the larger poorhouses, voluntary agencies are now engaged in such work. For instance, we find that associations of lady workers—organised in accordance with the scheme of the Brabazon Society—visit these houses, and personally instruct Thomson, 285–91. Motion, 2255. Campbell (Dr), 5878–83.

[1] General Order of English Local Government Board, dated 26th January 1893.
[2] Second Annual Report, 1895–96.
[3] *Cf.* Remarks by Aged Poor Commission in their Report (1895-C. 7684), page xxxvi.

inmates of the infirm and sick classes who are capable and willing, in such light work as rug or basket making, and the like. The occupation enlivens the monotony of the daily routine, and sometimes improves the prospects for the future. Such disinterested and practical philanthropy deserves every encouragement, and we hope it may spread. We think that it leads to sound practical results.

ohnston, 637, 44–6.

We do not share the view that such work should be made compulsory under direction and supervision of the parish council, nor do we agree with the grounds on which that view is supported. The work is, we think, better left to lady volunteers charitably inclined, and able to give their time. They have started it, and we know from official experience how their labours are appreciated. We hope that all such projects will receive the assistance and co-operation of parish councils and of the Board. We consider that they are directly beneficial to the interests affected.

12. SALARIES OF MEDICAL OFFICERS OF POORHOUSES.

139. We have been enabled to compile, from returns made to the Board by governors of poorhouses, a table showing (1) the salaries paid to indoor medical officers as at 15th May 1902, and (2) the cost which such salaries represent per head of the average daily number of inmates, and per head of inmates for whom there is sanctioned accommodation. That table is printed in the Appendices, to which reference is made. It will be observed that the salaries are very unequal, and would appear, in some cases, to call for revision.

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The following examples will be sufficient to indicate the extent to which the salaries of poorhouse medical officers fluctuate in different localities :—

In Aberdeen	the cost is	£0	4	5	per head of the average daily number of inmates.	
„ Dundee	„	0	5	6	„	„
„ Edinburgh	„	0	8	2	„	„
„ Glasgow	„	0	9	8	„	„
„ Cunninghame	„	0	5	4	„	„
„ Buchan	„	0	7	2	„	„
„ Kyle	„	0	7	7	„	„
„ Kelso	„	0	14	3	„	„
„ Jedburgh	„	1	15	9	„	„
„ Upper Nithsdale	„	2	14	7	„	„
„ Latheron	„	3	6	8	„	„
„ Long Island	„	3	15	0	„	„

13. DISPENSING AND SUPPLYING MEDICINES IN POORHOUSES.

140. We have already explained briefly (paragraph 43) the methods under which medicines are dispensed and supplied.

Section 66 of the Poor Law Act of 1845 (see paragraph 13) provides that regulations for the proper and sufficient dispensing and supplying of medicines in poorhouses shall be drawn up by local bodies and submitted to the Board for approval. No regulations in terms of the above section appear to have been submitted to the Board. On 16th July 1900[1] the Board suggested to house committees the adoption of certain regulations in connection with the issue of medicines owing to 'certain cases having recently occurred in which inmates of 'poorhouses have inadvertently drunk poisonous preparations intended for external use.'

We recommend the incorporation in the poorhouse rules of these regulations, together with a few further simple details defining generally the duties of the house committee, the medical officer, and the trained nurses in regard to the supply and issue of medicines. Our detailed recommendations will be found in the Supplement. Briefly, they are that, as far as possible, medicines and medical appliances shall be obtained under contract at scheduled prices; that the medical officer shall be entrusted with the duty of ordering medicines and medical appliances in terms of arrangements which may be made by the house committee; that the medical officer shall take charge of the stock of medicines when kept in the poorhouse, and keep an account of the consumption and disposal of the

[1] Circular of Local Government Board, dated 16th July 1900.

same; that special precautions shall be taken with poisons; that medicines issued for use shall be kept by the trained nurses, and under lock and key; and that the medicines shall be brought to the patients at such times as are directed by the medical officer.

The most convenient practice in the majority of poorhouses will, we think, be for the medical officer to continue to dispense the medicines. In the larger houses, especially where the medical officers would not have sufficient time to enable them to attend to this branch of work, house committees should endeavour to arrange that a druggist should attend the poorhouse at stated hours for the purpose of dispensing any medicines that may be required. In the largest houses a resident dispenser or dispensers should be engaged. We accordingly recommend that the Board should consider to what poorhouses a visiting or resident dispenser, as the case may be, should be appointed.

Core, 401–5. Johnston, 739–Sandeman, 1710–1. Aitchison, 4031–5. Bennett, 4663–

PART V.

OUTDOOR MEDICAL RELIEF.

1. THE ADEQUACY OF THE PRESENT MEDICAL RELIEF ARRANGEMENTS.

141. We have pointed out (paragraphs 13, 25, and 27) that the arrangements for the supply of outdoor relief are regulated by section 69 of the Poor Law Act, 1845, and by the administrative rules dealing with the distribution of the sum of £20,000 contributed from the Local Taxation Account under section 22 (4) of the Local Government (Scotland) Act, 1889.

Subject to what we say below (paragraph 143) upon the expediency of making parochial medical officers statutory officials, we are satisfied that, on the whole, the arrangements at present in force are fairly adequate in the lowland parishes[1] that participate in the grant. In respect to those parishes that do not participate, we think that they should be called on forthwith to furnish medical relief up to the standard laid down in the administrative conditions attached to the grant, which we are inclined to regard as the minimum of what might, at the present day, be considered 'equitable and expedient' in terms of section 69.

, 995, -8. The conditions are different, however, in Highland and Island parishes. In these, notwithstanding the beneficial influence of the grant, it can scarcely be said that the medical relief afforded to the outdoor poor is as efficient as it ought to be. We shall afterwards (paragraph 145) direct attention to the large percentage of uncertified deaths in these parishes, and deal generally with the considerations and suggestions to which this fact and others—more or less identified with these parishes—seem to give rise. Some cure is necessary—whether it be the introduction of trained sick nursing or dispensaries, or the appointment of additional medical officers. At the same time, it is probably true that, in these parishes, so far as medical attendance is concerned, the paupers are as a rule better off than the general population. When they are ill, the medical officer of the parish is bound under the existing rules to attend them. The situation in Highland zenzie, 4076. parishes (in few of which there is more than one doctor, if there be even one) has been well described to us by Sir Kenneth Mackenzie of Gairloch, in the following words :—

> 'Of course, mercifully, we may say that on 364 out of 365 days there is only 'one sick pauper in the parish, but what the parish council has to look to is this, 'that on the 365th day they may have three sick paupers, whose houses may be 'situated ten miles in one direction from the doctor's house, twenty miles in 'another direction, and fifteen or eighteen in still another direction. Now, in 'heavy snow the doctor cannot do the work. That is what I look to, and it is 'there where responsibility as a parish council is imposed on you; if these three 'people unfortunately take ill at the same time, you have to provide them with 'medical attendance, and it is physically impossible for the doctor to do the work. 'Even supposing there is no snow, and he has a motor car, I don't think it is fair 'to ask him to do it in this very stormy weather, because you would knock 'him up.'

5820. It must, however, be stated that while much remains to be done, the conditions appear to be improving. Thus we have been told that, during the last twenty years, at least five islands in Orkney have secured the services of either male or female resident medical practitioners, where previously the inhabitants had to depend for medical aid on doctors from other islands or from the mainland of Orkney.

ar, 5060–4. Again, we find that in some parishes, where there is no medical officer, a trained nurse has been appointed, but, while such an appointment may tend to improve the conditions of the sick poor in these parishes, we are sensible that a nurse cannot supply the place of a doctor. Moreover, in the case of a nurse, the difficulties of area and distance operate in a still greater degree than in the case of a doctor.

[1] It has been pointed out (see paragraph 40) that, of the 79 parishes that did not participate in the Grant for the year ended 15th May 1902, only two were situated in the Northern Highland District.

(*a*) *Central Department should have Fuller Powers.*

142. An inherent weakness in the present system lies in the fact that the control exercised by the Local Government Board is purely financial.[1] Practically, the only lever in their hands—short of proceedings in Court under the 87th section of the Act of 1845—is that, in terms of the medical relief grant rules, they reserve to themselves the power to approve any alteration in the salary of a medical officer,[2] in so far as it may rank against the grant. In our opinion, this is not enough. The Board should also have the duty of approving the administrative arrangements that may be made by the parish councils. In other words, if the grant from Imperial Funds is to be a reward for efficiency, there should be some official guarantee of the fact, and the judge should be the central authority. The Local Government Board should therefore, in our view, have power to regulate the administrative details connected with the office of a medical officer of a parish. These would, for instance, include the extent of the district to be worked by one medical officer and the arrangements for supplying medicines and medical appliances, and other essentials into which we need not enter here.

(*b*) *Outdoor Medical Officers should be Statutory Officials.*

143. In our narrative of the history of medical relief since 1845 we have shown that the primary weakness of the outdoor system is that the legislature has placed no duty on the local bodies to appoint medical officers to attend the outdoor sick poor. We have also shown that this deficiency has been rectified to a large extent, administratively, by means of the conditions attached to the grant in aid, the most important of which has been the appointment of a medical officer at a fixed salary. But, as we have already stated (paragraph 40), there are still sixty-two parishes (the counties of Berwick, Forfar, Perth, and Roxburgh contributing thirty-nine of these) where there is failure to make such an appointment. Appendix LV

We are satisfied that the system of appointing a medical officer at a fixed annual salary is that best calculated to provide efficient medical relief to the outdoor poor. Such an appointment secures to the outdoor sick poor the services of a responsible official whose duties can be properly defined, and accordingly recognised both by himself and by his employers. He becomes an official interested in the administration of the Poor Law in place of being merely a practitioner whom the parish council may call in to attend on, or prescribe for, any case of sickness occurring among the poor. We are further of opinion that, if a medical officer is remunerated by fees instead of by a fixed salary, there will always be a tendency to stint the attendance, every visit representing an outlay by the parish council. In this connection the evidence of Dr Bell, Kirkwall, is significant. He told us that in one parish for which he acts as medical officer he was formerly paid by fees, these averaging £5 for a year. He is now paid a salary of £8 per annum. Since the change in the method of remuneration, the annual number of visits that he has to make has very largely increased, and, if he were paid the same fee for each visit as before, the total sum would have amounted to £30 per annum. In describing the old system, Dr Bell remarks :—'In a certain parish in which I was acting 'as medical officer I was sent for on two different occasions to see two different paupers, 'and on each occasion I was stopped on my way on being told that the pauper had died. 'I met the inspector, and he said to me he did not know what to do, that he did not like 'to send for a doctor unnecessarily, because the ratepayers objected to unnecessary 'expenditure.' Bell, 5821–2

In the administration of the Poor Law a medical officer is as necessary in a parish as an inspector of poor. In addition to the benefit of having a recognised official to attend the sick, it must not be overlooked that in Scotland no able-bodied person is eligible for poor relief, and that the medical officer must necessarily be the ultimate, if not also the primary, judge of the physical condition of an applicant for relief. The following, to quote from the evidence of the late Mr Wallace, inspector of Govan, may be regarded as the general practice in dealing with applications for relief :—'When persons 'come to apply for parochial relief, we give them, in the first place, a form to be filled up 'by the medical officer, stating their condition and any other information regarding their Motion, 2123 Kyd, 3122–31 Wallace, 2332

[1] *Cf.* Sheriff Barclay's evidence before Select Committee of House of Commons on Poor Relief (Scotland), 1870. Qs. 4859–60.

[2] Some salaries have remained unchanged since 1845, and, consequently, as the Board have power to approve *alterations* only, these salaries have never been under review. See Dr Muir. Q. 1151.

'circumstances that comes under the doctor's jurisdiction.' In other words, the responsibility of the medical officer in connection with applications for Poor Law relief is really as great as that of the inspector of poor. Yet the latter is a statutory official, and the former is not. Further, a responsible official becomes expert in this particular work, and continuity, which is an important element in Poor Law administration, is secured.

We are of opinion that what has been a recognised principle of Poor Law administration since 1848 should no longer depend for its existence upon the willingness of parish councils to accept an Imperial contribution under certain prescribed conditions. By homologating and stereotyping the conditions of participation in the Grant,[1] Parliament has, so far, approved the principle of appointing outdoor medical officers as part of the Poor Law organisation.

For the reasons above stated, although parochial boards and parish councils have as a whole been far from backward in recognising that the services of a medical officer are essential to the welfare of the outdoor poor, we recommend that it should now be made obligatory, under statute, on all parish councils to appoint a medical officer or medical officers for outdoor work at a fixed salary, or salaries, to be approved by the Local Government Board; or, in other words, that the appointment of outdoor medical officers be put practically on the same statutory footing as that of medical officers of poorhouses. Our remarks on the tenure of medical officers will be found in paragraph 173.

(c) *Dwelling-houses for Medical Officers should be provided in certain Parishes.*

144. In some parishes, especially in the Highlands, a difficulty seems to exist in obtaining a suitable house for the medical officer; and this fact is said to account, in some measure, for the absence of candidates and the reluctance to accept employment in those parishes. The Board have frequently had representations from parish councils on the subject, of which we give specimens in the Appendices. This difficulty, we think, should be removed, and a parish council ought to be permitted to acquire, or erect, a dwelling-house for the medical officer. Such privilege ought to be subject to the sanction of the Local Government Board, as in the case of other buildings under the Act of 1845. The evidence of Mr Millar, one of the Board's General Superintendents of Poor, on this subject shows its importance :—

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lar, 5023, 0–5.

> 'I should be inclined to suggest that parish councils should be entitled to 'provide houses for their medical officers, with sufficient land for grazing a horse. 'In many parishes a house is not available, and in others a suitable house is not to 'be had. I have no doubt this is one cause of medical officers frequently leaving 'a certain parish. Some parishes have provided houses, but charge a rent, and 'bind the medical officer to occupy the house and keep it in repair as well as pay 'the taxes. The Board should have power to approve the plans, etc. I have seen 'a house provided for a doctor which was not fit for a labouring man, and over 'which the parish council had obtained a heavy bond. The house, when exposed 'for sale, would not bring sufficient to pay off the bond.'

(d) *Additional Medical Attendance in certain Highland and Island Parishes.*

145. In dealing with the general conditions affecting outdoor medical relief, a matter has been brought under our notice which, although not strictly a part of Poor Law administration, has an important bearing upon the well-being of the community. We refer to the need that appears to exist for further medical relief to the *inhabitants* of certain parishes in the Highlands and Islands. While no one suggests, or expects, that medical attendance should be, or could be, provided to the inhabitants of sparsely populated Highland districts on the same scale as in the more densely populated parts of the country, we are satisfied from the evidence that has been adduced, and from our official experience, that a genuine need exists for a more complete system of medical attendance in many Highland and Island parishes.

Mr Ross, Chairman of the parish council of Lochbroom, an extensive parish on the west coast of Ross-shire,[2] stated that the doctor charges as much as three guineas for each

[1] Section 22 (4) of the Local Government (Scotland) Act, 1889.

[2] Lochbroom contains about 260,000 acres; has a population of about 3200, of whom 200 are paupers; and has only one medical practitioner in the parish. (See Ross, 5167-9.)

visit to patients in districts remote from his residence. To quote Mr Ross :—'That has Ross, 5308.
'the effect of impoverishing the people, and it has also this effect, that it is only in extreme
'cases that a doctor will be called.' At first sight, three guineas per visit seems a heavy
fee for those whose circumstances are not far removed from pauperism. When, however,
the physical conditions of the district are taken into account, it will be seen, we think, that
the fee is not excessive. To quote Mr Ross again :—'When you consider the details, that Ross, 5307.
'is only a small fee for the doctor, because he has his hire, which costs him 25s. to the
'centre of the district, and he may have to go another stage when he arrives there, the
'result being that he does not have £1 to himself, and he has to spend two days for a
'case like that.' Mr Ross further cites a case in which a crofter was reduced to pauperism
through having to pay a doctor's account. In his words :—'A man's wife became ill, Ross, 5315.
'and continued to be ill for some time. The doctor had to visit frequently over a long
'period, with the result that the man became pauperised ; he had to sell out his stock to
'pay the doctor. * * * I don't think that he ever got anything approaching what
'would be reasonable for his services in that case. The important point was, that the man
'became a pauper although he had a very good croft.' Mr Ross further states that this Ross, 5312.
is not an isolated case.

Sir Kenneth Mackenzie of Gairloch and Dr Bell, Kirkwall, also spoke to the long Mackenzie, 4071–8.
distances that medical practitioners have to travel and to the hardships they have to Bell, 5828–31.
undergo to reach some of their patients ; and Dr Bell cited several cases illustrative of
the amount of suffering that the inhabitants of some of the remote islands of Orkney
endure from the want of medical attendance.

Further proof of the same condition of matters will be found in the annual reports of Dr Ogilvie Grant, Medical Officer of Health for the county of Inverness, in which he draws attention to the large proportion of uncertified deaths that occur among the inhabitants of the parishes and islands in the west of Inverness-shire.[1] Thus in 1899 he reports :—

> 'It appears to me to be a sad condition of matters that so many are allowed to
> 'go to their graves without relief from their sufferings which a medical man would
> 'at anyrate be able to give them, if not able to check the fatal disease. These long
> 'lists of uncertified deaths must mean a sum total of much suffering. There is a
> 'large number of people too poor to employ a medical man, but not poor enough,
> 'or not desirous, to accept parochial relief. Almost invariably the country doctor
> 'attends to this class ; still, there may be some, knowing that they are unable to
> 'pay, who may not care to send for the doctor.'[2]

In his report for 1900, Dr Ogilvie Grant records the fact that, during that year, nearly 400 persons[3] in Inverness-shire died and were buried without having been seen by a doctor, and that, during ten years, 3967 persons had died under similar conditions.

In some parishes the majority of the deaths are uncertified—the percentages for the year 1900 being as follows :—

Kilmuir,	. . . .	70	per cent. uncertified.
South Uist,	. . . .	67	„ „ „
Duirnish,	. . . .	64	„ „ „
Harris,	. . . .	51	„ „ „

In recalling the attention of the Local Government Board to the subject, in his report for the year 1902, Dr Ogilvie Grant quotes the following extract from a report by Dr M'Kenzie, North Uist :—

> 'As I have frequently pointed out already, the want of sufficient medical
> 'attendance and nursing have a most prejudicial effect on the well-being of the
> 'district. The loss of life, hardship, and misery which this implies cannot be
> 'calculated. To a certain extent the physical evil is evident, while it tends to
> 'produce a callousness to suffering and death that becomes only too apparent in
> 'the number of uncertified deaths, especially among the aged. For this the only
> 'remedy is an increased medical grant in aid to enable the district to employ an
> 'additional medical man and two trained nurses.'

[1] Annual Reports as Medical Officer of Health for years 1898–1902.
[2] The Select Committee of the House of Commons on Death Certification remarked upon the large number of uncertified deaths in Inverness-shire. (See Report 373. 402.—1893, p. vii.)
[3] In 1902 the number was 353.

The medical officers of health of the other Highland and Island counties do not, in their official reports, appear to have drawn special attention to the subject of uncertified deaths; but, from the annual statements of sickness and mortality which they submit to the Local Government Board, it would appear that this heavy incidence of uncertified deaths is not confined to the county of Inverness. During the year 1901,[1] out of a total of 4998 deaths in the counties of Zetland, Orkney, Sutherland, Ross, Inverness and Argyll, 1098, or 22 per cent., were uncertified; the figures in the different counties fluctuate from 11 per cent. in each of the counties of Argyll and Orkney to 38 per cent. in Zetland. This contrasts most unfavourably with the average of such deaths for the rest of Scotland, which is slightly over 1 per cent.

While the primary cause of this large percentage of uncertified deaths is the fact that a doctor was not called in, we think it will be admitted, in the light of the evidence, that the main cause of this omission was the cost, which the family could not afford. A doctor's account, in the circumstances described by Mr Ross, impoverishes, if it does not pauperise, the people who have to pay it.

From the large number of uncertified deaths in these counties, it may be inferred that a number of births take place also without any medical attendance.

In view of these statements and figures, it appears to us that some further provision should be made to secure skilled attendance in such cases. The difficulties are two-fold—arising (*a*) from the general poverty of the population and their inability to pay for such attendance, and (*b*) from the sparseness of the population and the long distances which have to be covered by a doctor in making his visits, often along bad roads and across arms of the sea.

ackenzie, 4071, 081.
oss, 5307–17, 333–7.
ell, 5820, 5832, 839.

Various remedies have been suggested—the most common being, that the medical relief service in these parishes should be further subsidised out of the existing grant. This seems to us impracticable so long as the grant remains at the present figure of £20,000 and is devoted to medical relief of the poor generally, in Lowland as well as in Highland and Island parishes. Besides, the £20,000 is a grant in aid of medical relief to the legal poor, whereas the service that it is proposed to subsidise is largely for the benefit of the inhabitants generally. We are therefore unable to recommend that any additional charge should be placed on the £20,000 in the interests of the latter.

At the same time, it is no doubt the case that, in some remote parishes, mainly in the Highlands and Islands, the salaries of medical officers for Poor Law work are already disproportionately large. These high salaries are necessary to provide the nucleus of a living for a medical man, and are really larger than mere attendance on the poor would justify. Indeed, in some instances, doctors could not be obtained if it were not for the high parochial salaries that are offered. Nevertheless it is clear that, in these areas with which we have been dealing, medical attendance on the inhabitants is inadequate and ought to be supplemented. But without further pecuniary assistance we do not see how the want is to be supplied.

Millar, 5051–7.
Murran, 4851–7.

We ought to add that, in some six or eight parishes in the North, the Club System is in existence. Under that system there is a voluntary assessment in the parish to secure an addition to the salary of the Poor Law medical officer, in return for which he attends the members of the Club for such fee as may be arranged. Those who are not members of the Club are charged a higher fee. There are Clubs in the counties of Inverness, Sutherland, Orkney and Caithness, and, where the system has been tried, it appears to work well on the whole.

Millar, 5050.

We were told by Mr Millar, General Superintendent of Poor for the Northern Highland District, that in one parish the salary of the doctor is guaranteed and paid by the proprietor. The Parish Council refund him what they would in ordinary circumstances pay to their medical officer, and the proprietor further recoups himself by levying 2s. 6d. per head from each crofter—the balance, if any, being met by the proprietor out of his own pocket. We think it right to mention this fact, without comment or criticism, merely as an illustration of the methods sometimes used to overcome the difficulties of the situation by those who have the interests of their people at heart.

[1] See Eighth Annual Report of the Local Government Board.

An alternative might be to institute a system similar to the Irish Dispensary System,[1] which we have seen in operation. If introduced into Scotland, it must always be subject to adequate safeguards and regulations.

(e) *Methods of defraying the Cost of Medicines.*

146. We have (paragraph 43) given particulars of the methods under which medicines are supplied to the poor. The practice of fixing a medical officer's salary to cover the cost of any medicines supplied by him, or of paying a fixed sum annually either to a medical officer or to a druggist for medicines and medical appliances, we regard as particularly objectionable. Such a course may tend, in our opinion, to stint the amount of medicines that the sound treatment of a case may require. It is obvious that a medical officer, or a druggist, will be slow to continue to supply medicines beyond the amount of his contract. The system of having a fixed sum for medicines also offers an opportunity for charging excessive rates in respect of medicines supplied to other parish poor. On this point Mr Millar says:—'There was a case lately, where the medical 'officer received £5 for medicine for all the poor and dependants belonging to his parish; 'a single pauper belonging to another parish in six months ran up a bill that was higher 'than the medical officer for the parish of settlement rendered for all the poor on the roll 'for the year. That shows that there is something wrong.' And again:—'When chemists 'supply medicines, their charge generally is 1s. 6d., and when they supply to the poor of 'another parish, they charge 2s. or 2s. 6d.'

Muir, 1160. Ferrier, 2704. Kyd, 3231. McInnes, 3472. Crichton, 3630. Gordon, 4378. Durran, 4859–6 Millar, 4896–906 Millar, 4903. Millar, 4899.

We recommend that, as far as possible, medicines and medical appliances shall be obtained from druggists in terms of the conditions approved by the Secretary for Scotland on 10th June 1890. We recommend also that, in some parishes, depôts for medicines should be established in outlying districts. In these a small stock of the more common drugs would be kept. This would be a great convenience to the medical officer when he visited the district, as well as to the poor. Possibly it might be arranged that school premises could be made available for this purpose.

Appendix LXIV. Durran, 4780–2. Millar, 4932–8.

(f) *Advertisement of Vacancies in the Office of Medical Officer.*

147. Many complaints have been lodged with the Board against the rule which provides that no appointment shall be made to the office of medical officer until the vacancy has been advertised 'for three weeks, once in each week, in a newspaper circulating 'within the county.' We are of opinion that the dissatisfaction which has been expressed on this subject is well founded. At the same time, we think that some public notice ought to be given when a vacancy occurs, so that every opportunity may be given to the best men to come forward. But, in our view, any such requirement will be satisfied if the advertisements are restricted in number, and if one only is required. In any revision of the rule, it should be made clear that the advertisement should invite applications to be sent to the clerk of the parish council. The present rule seems only to require that 'the vacancy' shall be advertised. It should, further, be made clear that the rule applies to vacancies in the office of medical officer to a poorhouse.

Rule 13. Wallace, 2440–1, 2444–5. Kyd, 3232–5. McInnes, 3473. Mackenzie, 4173–5. Campbell (Dunstaffnage), 5514–(Muir, 1166. Motion, 2199.

2. THE DUTIES OF THE MEDICAL OFFICER AND THE INSPECTOR OF POOR IN REGARD TO THE OUTDOOR SICK POOR.

148. The duties of these two officers are defined by the 'Rules as to Medical Relief 'of the Poor,' which are printed in the Appendices, and of which a summary is given in paragraphs 28 and 29.

Appendix LXVI.

[1] In Ireland any sick poor person, not necessarily a pauper, may obtain medical relief free of charge. Under the provisions of the Medical Charities Act, 1851, a dispensary, or dispensaries, are provided in every Union and maintained out of the rates—supplemented by a contribution from the Local Taxation (Ireland) Account. The dispensaries are under the management of Boards of Guardians. Books of medical relief tickets are supplied to each Guardian, Relieving Officer and certain nominated ratepayers named Wardens, to be issued to any sick 'poor person' who may apply for medical relief. These tickets are of three kinds, viz.:—

(a) a ticket for medical advice and medicines at the dispensary;
(b) a ticket for medical attendance and medicines at the patient's home;
(c) a ticket for attendance of the dispensary midwife at the patient's home.

Medical relief from a dispensary does not pauperise the recipient. Such relief is, however, confined to attendance and medicines. Stimulants and extra nourishment are regarded as poor relief, and can be provided in cases of sudden and urgent necessity by the Relieving Officer, under section 7 of the Poor Relief Extension Act, 1847. 588,347 new dispensary cases were attended and registered during the year ended 31st March 1902. The total dispensary expenditure for the same year was £174,460.

The general result of the evidence is that, on the whole, the rules sufficiently define the respective duties of the medical officer and the inspector in their relation to the out-door sick. In one or two matters of detail, however, they appear to call for revision.

(*a*) *The Supply of Nutritious Diet, Cordials, etc.*

149. Under Rule 3, the parish council are bound to supply 'the sick and convalescent 'poor with nutritious diet, cordials, clothing, suitable lodging, and sick-bed attendance, to 'such an extent as may be necessary, according to the circumstances of each case.'

Rule 4 provides that the medical officer is to intimate in writing to the inspector the description and extent of the relief 'which he may consider necessary for the proper 'treatment' of the poor person. The duty of the inspector is thereupon to '*furnish or* '*refuse* the relief so intimated to be necessary until he shall have brought the case before 'the parish council and received their instructions regarding it.' If the inspector refuses or fails to furnish the relief, or any part of it, he is responsible. In a word, it is for the medical officer to recommend, and for the inspector to furnish or refuse the relief, and thereafter to bring the case under the notice of the parish council, on whom the final responsibility rests.

ir, 1031.

Dr Muir, the representative of the Scottish Poor Law Medical Officers' Association, stated that, while in the large burghal parishes the medical officers' recommendations are carried out, 'it is quite common for the inspector and parish council in the smaller 'parishes to disallow medical comforts,' and that, as medical officers are the servants of the parish council, and have no appeal against dismissal, these officers are at the mercy of the parish councils, and are afraid to incur their displeasure by prescribing any special diet or other curative treatment, the cost of which might not be approved. In Dr Muir's words:—'A considerable number of cases have been brought under our observation from 'Highland and other outlying parishes, where a medical officer has been, under threat of 'dismissal, found fault with for ordering extra medical comforts. That is absolutely true. '* * * In some cases they' (*i.e.* parish councils) 'have ordered the medical officer to pay 'the latter out of his own pocket, under threat of dismissal.' Dr Muir added that he could not specify the cases, because they were handed to him under secrecy.

llace, 2337–40.
rier, 5–2607.
l, 3186.
Innes, 3363–4.
kenzie, 4097.
don, 4246.
ran, 4819–21.
lar, 4907–8, 6.
apbell (Dunfnage), 5474–5.

This assertion appeared to disclose a state of matters calling for our special attention and investigation: such a practice is, we think, contrary to the spirit both of the Poor Law Act and of the medical relief rules, and we have, during the progress of the inquiry, taken every opportunity of testing its accuracy.

The general trend of the evidence is, that the inspector supplies any medical comforts ordered by the medical officer. In fact, it does not appear to be generally recognised that the inspector has the power of refusal which the rules give him. As one witness said:—'All our parishes round about work under the impression that, if the 'doctor orders anything, the inspector cannot refuse it.' Again, from a medical officer whom we met in the course of a visit to some Highland poorhouses, and who has held office since the passing of the Poor Law Act, we learned that the invariable practice in his parishes (he is medical officer of several) has been, and is, for him to write out an order for such medical comforts as may be necessary, and to hand it to the sick poor person or to someone in attendance, who presents it to a shopkeeper and obtains the articles forthwith. The shopkeeper renders his account to the inspector, and this is the first intimation that that official has of the articles having been ordered and obtained. The inspector for these parishes told us that he is quite satisfied with the arrangement. He has every confidence in the medical officer, and, in any case, the parish council have an opportunity of criticising the medical officer's actions when the accounts are passed for payment. Mr Millar has also informed us that the practice so described obtains in many of the parishes in his district, and that he approves it.

llar, 4910.

While we do not desire to throw doubt on Dr Muir's statement (so far as it goes), we are satisfied that the number of cases in which the inspector or his parish council refuse to give effect to any recommendation of medical comforts by a medical officer, to the prejudice of the patient, is very small. We are further satisfied that the number of cases in which the medical officer is threatened with dismissal from office for ordering creature comforts is still smaller. If there be one or two such cases, it is perhaps not unnatural that the grievance should be largely magnified.

150. We are of opinion, therefore, that there is nothing to justify a departure from the present system, except in so far as the rule is unworkable in Highland parishes, where distances are great and facilities for obtaining medical comforts small. The case was well put in these words :—'The doctor goes to visit a patient ten miles away, and it is necessary 'that that patient should get extra relief. He has to send a message to the inspector of 'poor. It must be delivered. Now, if the doctor gives the order while he is there, the 'pauper may get the extra relief within an hour or so; whereas, if he has to wait until 'the inspector gets a message, it will be a couple of days before he gets the extra relief.' Millar, 4922.

Accordingly, we suggest a relaxation of the strict letter of the rule, so as to suit such parishes. On cause shown, the Board might give an exemption from the operation of the rule which requires intimation to the inspector before medical comforts may be ordered, the right of the parish council to criticise the expenditure being reserved.

151. Further, as a means of thoroughly safeguarding the interests of the sick poor (if there be cases requiring protection), we recommend that a proviso should be added to the rule to the effect that, in every case in which an inspector shall refuse to supply any nutritious diet, cordials, clothing, lodging, or sick-bed attendance, ordered by the medical officer, he shall at once intimate his refusal to the chairman of the parish council and to the medical officer, with his reasons therefor, and shall supply a form on which the poor person may make a complaint of inadequate relief to the Local Government Board under section 74 of the Poor Law Act, 1845.

(*b*) *Conveyance of Medicines to Paupers.*

152. Where a medical officer, under his agreement with the parish council, supplies medicines from his own laboratory, he is required, under Rule 7, to afford '*every reasonable* '*facility* for sending or conveying the medicines and appliances * * * to paupers 'who are unable to go or to send for them; but when it is necessary to send a messenger 'expressly for that purpose, he may call upon the inspector in writing to provide such 'messenger,' and the inspector, when so called upon, is responsible for the delivery.

It has been stated that friction sometimes arises between the medical officer and the inspector over the interpretation to be placed on the words 'every reasonable facility.' Occasions must arise when it is extremely difficult to determine what is 'reasonable' in connection with the conveyance of medicines, and we do not attempt to give a definition, but shall only express the hope that in cases of difficulty parish councils will arrange accordingly, in the interests of the poor, as they are empowered to do. We are of opinion that the best course is that medicines should be supplied by a druggist, but in certain Highland parishes, where there are no druggists, the institution of depôts at convenient centres for the supply of medicines seems very desirable. Wherever there is any aggregation of population there is a schoolhouse, and, as we have said before (paragraph 146), we suggest that school premises might perhaps be utilised for this purpose. Millar, 4933. Durran, 4780–2 Millar, 4932–8.

(*c*) *Medical Officer to Name a Substitute.*

153. Under Rule 8 the medical officer is to name to the parish council, *if practicable*, a substitute, who is to act during his absence from home, etc. The conditions of the Poor Law are such that the services of a medical officer may be urgently required at any time. We therefore recommend that the naming of a substitute should be made obligatory. Any cases in which it is proposed to make an exception to the rule should be submitted for the approval of the Local Government Board.

(*d*) *List of Aged and Infirm Persons.*

154. Under Rule 14, the medical officer is to be supplied by the inspector of poor every six months with a list of aged and infirm persons in receipt of parochial relief. Each person on that list is to be supplied with a ticket, on presentation of which the medical officer is bound to attend.

It is generally admitted that this rule, although stereotyped under the Act of 1889, is in desuetude, and, we think, with good reason. The list is not furnished to the medical officer. Moreover, it seems to be implied that, unless a special order is presented to him Motion, 2119–22 Wallace, 2332–6 Ferrier, 2521–31

3308. , 5137–8, s, 5591.

(see paragraph 155), the medical officer's attendance is confined to the aged and infirm. So far from this being the case, we know that, in practice, the medical officer may, on production of the pay ticket, be called on to attend any poor person or his dependants. For this reason, if for no other, the rule requires reconsideration.

r, 2521.

It ought, we think, to be amended so as to accord with the modern usage by which it has been superseded, and which is thus described by the inspector of poor of Edinburgh :—

> 'When a pauper is placed on the outdoor roll, a pay ticket is handed to him 'with the name and address of the district medical officer on the back of it, and 'an intimation that the services of the medical officer can be obtained on sending 'the ticket to his address, or the patient can himself wait on the medical officer 'during his consulting hours, and receive medical advice. This has been found to 'work exceedingly well, and is much better than sending periodically lists of 'the sick and infirm to the medical officers, as recommended by the rules of the 'Local Government Board.'

Such a new rule will ensure to every poor person and his dependants the means of securing medical attendance when necessary, and at the same time it will place a sufficient check upon fraud, if the ticket show the name, condition, age, and residence of the applicant, and the number of dependants. We further think that the inspector should be required to furnish the medical officer annually with a list of all outdoor poor and their dependants, and their description. This will not involve much labour, as most parishes are in the habit of printing a list each year.

(e) *Medical Officer to attend Cases on a written or printed Order of Parish Council, etc.*

155. In addition to having to attend the sick poor on the production of a medical relief ticket, the medical officer is bound, under Rule 15, to attend, when required, on a written or printed order of the parish council or the inspector; or in cases of sudden and urgent necessity, on an order from a member of the parish council.

We consider that, whenever a medical officer attends any poor person in cases of sudden and urgent necessity on the receipt of an order of a member of the parish council, the medical officer should intimate the fact to the inspector of poor, whose duty it is to visit all sick poor and applicants for relief.

(f) *Medical Officer's Register of Sick.*

156. Rule 16, *inter alia*, makes it incumbent on the medical officer to keep a register of sick poor according to a prescribed form,—to be submitted to the parish council at each of their statutory meetings, and at such other meetings as the parish council may direct.

r, 5114.

Mr Millar has represented to us that the register, 'as at present in use, is very un-'satisfactory. No entries are made in it sometimes for months.' He has also stated that one reason why the register is not kept posted up is that the medical officers think the parish council do not trouble to look at it.

The form of register appears to us to be sufficient for the purpose for which it was, probably, originally designed, viz., as a detailed history of each case treated, and we think it should be continued. In addition to the existing register, we think that a further register should be kept by medical officers, and submitted to the parish council at each meeting, showing the number of cases dealt with, and specifying, *e.g.*, whether they are new or old cases, and how many have recovered or died, etc. It should also, we think, be provided that each medical officer should annually, or at such other times as may be necessary, furnish his parish council and the Local Government Board with a report on the lines of the quarterly report now required by the Edinburgh parish council,[1] the information for which would be supplied from the two registers to be submitted to the parish council, as suggested above. By this means, the parish council would have a more accurate and complete knowledge and grasp of the condition and circumstances of their outdoor sick poor, and of the care and treatment given them by the medical officer and its results, than is possible at present (see also paragraph 109).

er, 2531.

[1] *Cf.* arrangements in parish of Glasgow.—Appendix VIII.

3. NURSING OF THE OUTDOOR SICK POOR.

157. Neither the Act of 1845 nor the rules following on it say anything about nursing for the outdoor sick poor. Number 3 of the medical relief rules provides that 'sick-bed 'attendance' is to be furnished to such an extent as may be necessary, according to the circumstances of each case. It is doubtful, however, if trained nursing to the outdoor poor was intended to be embraced under the head of 'sick-bed attendance' at the time when these rules were drawn up. In any case it was expressly laid down by No. 5 of the conditions attached to participation in the grant that the cost of 'sick-bed attendance' is 'not 'admissible as "medical" relief expenditure.'

The benefits derived from employing trained nurses for the sick are now very generally appreciated, and parish councils have, in many instances, been indebted to help given by trained nurses in looking after their outdoor sick poor. No subsidy from Government funds is given for such a purpose. The requital of such services has usually taken the form of a subscription to a voluntary nursing association or associations. So far as we are aware, no parish council have deemed it expedient to appoint a trained nurse whose time is to be wholly occupied in nursing outdoor sick poor,[1] but parish councils have engaged nurses temporarily to attend cases of a serious nature. In their efforts in this direction, as we have pointed out (paragraph 45), the parochial authorities have had the sympathy of the Central Department.

We have no information to show to what extent parish councils throughout Scotland subscribe to nursing associations, but we believe that the total amount contributed is now considerable. The parish council of Glasgow subscribe £100[2] annually; Govan £60; and Edinburgh £55.[3] In the Northern Highland District the general rate of contribution, in such parishes as give, would appear to be from £3 to £10 per annum.

Motion, 213
Wallace, 242
2426.
Ferrier, 253
Gordon, 420
Durran, 478
Millar, 4944

The Queen Victoria's Jubilee Institute for Nurses has 248 nurses in different parts of Scotland, and it is not necessary to enlarge on the benefits they confer in those parishes where the sick poor are nursed by them. Mr Ferrier remarked that, in Edinburgh, 'If 'there is a case of emergency, all we have to do is to send to the Jubilee Institute, almost 'next door, and a nurse is despatched at once. That nurse continues to attend the case 'the same as a medical officer would do.'

Wade, 6145-
Muir, 1056-
Ferrier, 253
McInnes, 33
3378–84.
Gordon, 420
Durran, 478
Millar, 4941

With regard to 'sick-bed attendance' other than trained nursing, we have no figures to show the cost of such attendance throughout Scotland. There is evidence to the effect that it is at times difficult for an inspector to secure the services of a suitable person, and in some cases such attendance can be procured only at great cost. One parish, we were informed, retains the services of an attendant at 1s. per day, with an allowance of 2s. extra when engaged; another paid £1 per week for attendance on an old woman.

Motion, 212
Wallace, 23
Gordon, 418
4189–224, 4
Durran, 479
Millar, 4939
4952–3.

It is probably true that neither in urban nor in rural districts are the outdoor sick as well nursed as they might be, and that some regular system of nursing would be an advantage. But with regard to the best method of improving the nursing we have considerable difficulty. In the first place, we think that any poor person, without relatives or friends, who is bedridden and requires constant nursing, should, if possible, be removed to a poorhouse or other hospital. The conditions and the appliances and equipment of a poorhouse hospital ought to ensure medical attendance and nursing, and to provide comforts beyond those usually found at home, and the cost of treatment in the poorhouse ought also to be less. In the second place, the provision of adequate nursing for the outdoor poor would, in some cases, apart from considerations of cost, put them in a better position than many of the ratepayers—a result which is not to be encouraged. In the third place—and this is by no means the least important consideration—we fear that, if statutory power were given to parish councils to organise a system of nursing for the outdoor poor, it might have a prejudicial effect on voluntary effort, which at present is doing so much to provide nursing for the poor generally. Parish councils should be induced to co-operate rather than to compete with outside organisation. In the Whitechapel Union, which we visited, we found that the Board of Guardians and the voluntary agencies worked so harmoniously together that there were only one or two poor on the outdoor roll of the Union. The example is one to be strongly commended.

Wallace, 23
Kyd, 3175.

[1] *Cf.* English District Nursing Order, 1892.
[2] For number of cases attended by outdoor nurses, see note to page 64 of evidence (Q. 2133).
[3] It is stated that in one case a nurse attended and dressed a pauper's wounds for nine months. (Q. 2537.)

We think, therefore, that, unless in very exceptional cases, the nursing of the outdoor poor ought to be left to nurses belonging to nursing associations. By subscribing to the funds of these associations parish councils are permitted to have the services of the nurses, and we recommend that parish councils be urged to subscribe liberally for the benefits thereby received. Such subscriptions would, in our estimation, be the means of doing much good, and might often result in an indirect saving to the rates. Trained nursing must frequently be the means of restoring a breadwinner to health, and thereby relieving the rates of the burden of maintaining his wife and family. It would be well, we think, that, as a check upon extravagance on the part of the parish councils, any subscriptions they give should be subject to the approval of the Board.

158. There is a large body of evidence on the question whether subscriptions to outdoor nursing associations and other expenditure in respect of outdoor nursing should form a charge against the medical relief grant. A considerable majority of the witnesses are in favour of this course, and we think that the claim to such recognition and support is very strong. Accordingly, we commend it to the favourable consideration of the Board.

4. THE SUPERVISION OF BOARDED-OUT CHILDREN.

159. The boarding-out of pauper children forms an important part of Scottish Poor Law administration, and is generally admitted to have been attended with conspicuous success in the past. The system is now so well established in Scotland, and the proof of the good results attending it are so complete, that we should not have thought them open to question. The subsequent history of the children boarded out by Glasgow parish council is illustrated copiously in the statistics published annually by that council and tabulated for the last ten years. The record testifies to the general soundness of the system. The testimony of other inspectors to the same effect is most striking. Assuming, therefore, that the system is now firmly established, we have confined our inquiry to questions of organisation and administration, and to the provision made for supplying medical attendance and medicines.

The general practice appears to be for the parish council that boards out the children to authorise the guardians or foster-parents to call in such medical attendance as they think needful or suitable. The doctor so called in may or may not be the medical officer of the parish where the children are resident—the object of allowing the guardians a full discretion in their choice being to remove as far as possible the stigma of pauperism from the children.

In regard to payment, the practice in the north of Scotland appears to be for the medical officer of the parish where the children are boarded to make no charge when he attends them. The large city parishes, however, pay to the local doctor a special fee for his attendance, the Local Government Board having decided that the rule defining reciprocal obligation and duty between participating parishes does not extend to attendance on boarded-out children.[1] As a rule such attendance and any medicines required are paid for direct by the parish that boards the children.[2]

The practice of the larger parishes, as so described, appears to work well, and we see no reason for recommending any change. On the contrary, we recommend that the practice be made general.

160. While, however, we have thought it right to limit our investigation on this branch of our inquiry on the lines we have indicated, some criticisms have reached us regarding the general conditions of the system, and some allegations have been made regarding the action of the guardians in individual instances.

It has been suggested that the children should be inspected by Lady Inspectors under the Local Government Board,[3] and periodically by the medical officer and in-

[1] It, likewise, does not extend to boarded-out lunatics.

[2] The aliment is likewise paid direct to the guardians without passing through the hands of the local Inspector of Poor.

[3] In England there are three Lady Inspectors of boarded-out children; in Ireland two. The number of children boarded out in England on 1st January 1902 was 8179; in Ireland the daily average number of children boarded out during the year ending 31st March 1902 was 2761; and in Scotland the number of children boarded out on 15th May 1902 was 5721.

spector of the parish in which they reside; that local visiting committees should be appointed; and that regulations to be observed by the guardians should be drawn up by the Local Government Board. Millar, 4980–7. Bell, 5833–4. Campbell (Dr), 6010–5.

We do not think that we are called on to deal further with these questions, because the subject is, in our view, outside the scope of our remit. We think that it is for the Board to consider the expediency of taking any further steps in the matter. There has been no detailed inquiry into the condition of boarded-out children since Mr Peterkin's report,[1] dated 15th April 1893. The keynote of the system being 'close, habitual, and 'vigilant supervision,'[2] we feel that further investigations might serve to remove any ground that may exist for disturbing the confidence of the public in the system.

5. CASUAL SICK HOUSES.

161. From time to time,[3] the Central Department have directed the attention of parochial authorities to the desirability of having in every parish a house of one or more rooms 'fitted for the reception of such sick poor, having no domicile in the parish, as may 'become chargeable.'

The above recommendation does not appear to be generally carried out, if we are to judge from the evidence of Mr Millar, who states that 'in my district 44 parishes have 'provided a casual sick house and 124 have not.' Millar, 4989.

Now that better provision is made for the treatment of infectious disease by Local Authorities under the Public Health Act, it may be that there is not the same urgent necessity for the provision of casual sick houses by parish councils. At the same time the fact remains that a parish council may at any moment be called upon to provide a sick tramp with adequate relief, including lodging, medicines, medical and other attendance, if necessary; and that 'if a poor person should die in consequence of the failure of 'the parochial authorities to provide what in the circumstances constitutes adequate relief, 'there can be no doubt that those authorities whose failure was the cause of death would 'be amenable to criminal proceedings.'[4]

Accordingly, we recommend that all parishes, except, perhaps, such as are remote from main thoroughfares, and, therefore, less frequented by casual wayfarers, should be called on to provide, to the satisfaction of the Board, accommodation for the treatment of any cases of casual sickness that may occur. We further recommend that the provision of such accommodation should, if required by the Board, form one of the conditions to be complied with before a parish is permitted to participate in the medical relief grant. McInnes, 3401. Mackenzie, 4120. Millar, 4990.

The manner of providing accommodation must to a large extent depend on the circumstances of individual parishes, but the following suggestions indicate our views on the subject generally.

162. Wherever possible, cases of sickness among casual wayfarers should be housed in, or removed to the poorhouse by the inspector of poor. To meet such cases we recommend that the poorhouse rules be so amended as to authorise the governor in an emergency to admit into the poorhouse, without the necessary papers, any case where it has not been possible to communicate with the inspector of poor, and to require him to report to that official every such case so admitted. Ferrier, 2544, 2608. McInnes, 3398. Crichton, 3610–1.

For cases which cannot be removed to a poorhouse, we recommend that a room be rented in a convenient and central situation. In parishes in the vicinity of a poorhouse, this may not be necessary. In small country parishes, one room with the necessary equipment would suffice, while in extensive parishes more than one house might have to be provided. In every case some means of nursing—not necessarily 'trained'—should be available. Wallace, 2372. Millar, 4988–93.

Care should be taken to see that casual sick houses are not divorced from the purpose for which they were intended, and that they are not used except as places in

[1] Report on the System in Scotland of Boarding Pauper Children in Private Dwellings. 1893. C. 7140.
[2] *Pauperism and the Boarding-out of Pauper Children*, by Sir John Skelton. 1877.
[3] Circulars of Board of Supervision, dated 6th March 1848, 12th February 1855, and of Local Government Board, dated 30th October 1895.
[4] Circular of Board of Supervision, 12th February 1855.

which sick wayfarers remain for the night or such short time as is necessary for their recovery or removal to the poorhouse. Where possible, no one should be admitted, except, as at present, upon a medical certificate that they are unable to proceed.

In conclusion, it is right that we should refer to and endorse the terms of the circular letters of 17th March 1869 and 12th April 1887, which deal with the question of relief to vagrants in a manner that still appears appropriate.

6. PAROCHIAL LODGING-HOUSES.

163. Parochial lodging-houses were defined by Board of Supervision Minute of 19th December 1861 as being—'every house which is the property of, or rented by, the 'parochial board, and which is occupied by more than one pauper family.'

That Minute grouped parochial lodging-houses into two classes, viz. :—

(*a*) Houses that were being used for the purposes of statutory poorhouses; and
(*b*) Houses that were merely 'dwellings for paupers who there receive outdoor 'allowances.'

164. With regard to the houses in the first of these classes, the Minute called attention to their numbers, and to the abuses that had come to light in their conduct and management, and it stated that henceforward the Board would be unable to 'hold an offer of 'admission to, or of continued residence in, a parochial lodging-house for paupers to be 'an offer of adequate relief, or a sufficient answer to a complaint of inadequate relief.'

With regard to the second class, the Minute further stated that the Board, 'in 'dealing with complaints of inadequate relief, will be prepared to take into account the 'value of the accommodation thus provided,' and that similar recognition would be extended to parochial lodging-houses of the first class which 'are converted into habitations or 'lodgings for paupers receiving outdoor allowances.'

With regard to both classes, a clause was added to the Minute to the effect that 'the 'paupers lodging in such houses cannot legally be subjected to any restraint regarding 'ingress and egress to which they might not properly be subjected in any lodging hired 'for their accommodation.'

Parochial lodging-houses of the first-mentioned class still exist, particularly in certain parishes (containing burghs) in the East of Scotland. These houses are designated by such terms as 'lodging-house,' 'almshouse,' or 'parish home,' and they appear to be used to all intents and purposes as small poorhouses for the deserving poor, especially the aged, infirm and friendless.[1] The parishes owning these houses have also a right of access to a statutory poorhouse, and the misconduct of an inmate is punishable by removal to the poorhouse or by dismissal from the lodging-house.

Most of the houses appear to be managed in accordance with rules and regulations adapted in a large measure from the rules for the management of statutory poorhouses, but they are without any legal or official sanction.[2]

The executive authority is usually a committee of the parish council, under whose supervision are a medical officer and two officials corresponding to the governor and matron of a poorhouse. The governor, in one case, is stated in the rules to have 'absolute 'authority over all inmates and servants.' Admission is granted on an order from the inspector of poor, but the governor is given power of discharging an inmate in cases of emergency. Inmates are allowed to visit their friends and to receive visitors on stated days at certain hours, and, should they desire to leave the house, they may do so on giving twenty-four hours' notice, or less, in the discretion of the governor or matron. They are to do such light work as the governor or matron may order.

The arrangements for the supply of medical relief appear to be modelled on what obtains in a statutory poorhouse. The medical officer is usually also the medical officer

[1] In one case, destitute persons paid for by friends are 'admitted as boarders, on terms to be arranged with the Parish 'Council.'

[2] In one case the rules are made to appear as if they had the cognisance, if not the sanction, of the Local Government Board.

for the parish. He is bound to attend regularly, and also when called in by the governor or matron: he regulates the work of the inmates when asked; he determines as to the treatment of the sick; and he orders baths when necessary. A sick inmate is usually removed to the poorhouse—especially when nursing is required.

Judging these houses from the standpoint of outdoor medical relief, we are of opinion that their inmates, who are in reality 'outdoor poor,' are better housed and probably also better attended to than they would be in their own homes. Their treatment may, however, fall short of what would be given in a properly-organised poorhouse hospital—especially in regard to trained sick nursing.

It is not very apparent how these parochial lodging-houses originated, but considerable sums have been expended out of the rates towards their erection and maintenance, and apparently without demur and without check. There is, of course, no statutory power to borrow for their cost.

It may be that they are doing good work, but, if they are merely a substitute for a poorhouse without the name, and as they exist without official sanction, inspection, or control, this must be open to question. In most, if not all, cases of sickness the poorhouse hospital is, or ought to be, the place where the poor would receive the best treatment. Mackenzie, 4122–6.

On the whole, we have no sufficient material to enable us to express any definite opinion as to the need for these lodging-houses, or as to their merits or shortcomings, but we feel that there is good cause for an official inquiry into their history and equipment. If their existence is justified it ought to be legalised, and their management and discipline ought to be subjected to the usual safeguards, in the interests alike of parish councils, of inmates, and of ratepayers.

If they are to be continued on their present footing, we are of opinion that their medical relief arrangements should be periodically examined and approved by the Local Government Board.

165. With regard to the second class of parochial lodging-houses—'dwellings for 'paupers who there receive outdoor allowances'—we have (paragraph 164) alluded to the fact that these have not met with the same criticism from the Central Authority, and that, if they have had no direct sanction, their use has not been objected to.

We are not able to show to what extent these dwellings have been provided throughout Scotland (perhaps the Board might consider the expediency of obtaining the information by means of a return), but they appear to be 'scattered over the various 'parishes in the Highlands' as well as over the lowland counties. The following may be regarded as a typical instance of such houses:—

'One parish has a row of houses with fourteen single rooms, a splendid house Millar, 4999–
'with wooden floors, and there old men and women are housed. They could not 5003.
'get houses in the parish in which to accommodate the paupers, and they were
'forced to build. There is one woman who takes charge of the lot practically, and
'attends in the case of sickness. They are allowed to do as they like. * * *
'* * * If they had not that house the parish council might have to pay £40
'or £50 for rent.
'* * * The parish council provide the bed and bedding and everything.
'The paupers do their own washing, just as if they were in their own houses.
'There is no supervision. The inspector pays his two statutory visits to them, and
'also visits them when he is passing. He pays them their outdoor aliment, and
'they can use it as they like. The woman I referred to as taking charge gets her
'room rent free and a few shillings a month.'

Within certain limits and with adequate protection against abuses, the above type of dwelling-houses for the aged and infirm respectable poor appears to us to supply a means whereby the difficulty of obtaining and the expense of providing accommodation and attendance on such poor, when infirm, may be overcome.

We have already expressed the opinion (paragraph 157) that, as far as possible, cases of sickness requiring nursing should be removed to a poorhouse. At the same time we cannot ignore the fact that in many instances, especially in Highland parishes, poorhouses Millar, 4998.

are so remote that it is physically impossible to remove an aged and infirm person to them; further, that while every inducement should be offered to poor persons to enter a poorhouse hospital when sick, there is no statutory power to compel them to go there.

7. COMPULSORY POWERS OF REMOVAL TO AND DETENTION IN A POORHOUSE HOSPITAL.

ir, 1096–1138, 74–87. tion, 2147, 12–9. llace, 2373. rier, 2587, 83–9. d, 3299. Innes, 3412–4. chison, 4005. ckenzie, 26–9. don, 6–235, 4330. nett, 4525, 36–48. rran, 5–818, 5–79. lar, 5011–6. s, 5279–86. pbell (Dunfnage), 3–501. l, 5697–709, 6–8. pbell (Dr), 8–6003.

166. We have received a large body of evidence in favour of powers being given to parish councils in certain circumstances to remove poor persons compulsorily to a poorhouse hospital and to detain them therein.

Many instances have been cited by witnesses in support of this proposal, and it has been, on more than one occasion, the subject of official reports to the Local Government Board by the General Superintendents of Poor.[1]

The type of case in regard to which these powers are sought may be briefly described as follows:—

(*a*) *Example of Case for Removal.*

167. An old man, probably bedridden, who cannot attend to himself, and who has no relative, friend, or neighbour that can render assistance. The patient and the house become filthy, and in some instances the latter even becomes a nuisance in the sense of the Public Health Act. Such a case requires to be carefully watched by the inspector of poor, who has to provide attendance. This, at times, is difficult to procure, and, when procured, is frequently very costly to the parish council. The medical officer also finds it impossible to treat the case properly, and has no guarantee that his instructions will be carried out.

(*b*) *Example of Case for Detention.*

168. A man with no known or visible means of support who is suffering from some bodily ailment requiring treatment and care, which makes it impossible for him to leave the poorhouse without risk of becoming a permanent burden on the rates.

The following were stated to be cases illustrative of the need for compulsory powers of detention:—

hison, 4005.

Dr Aitchison, medical officer of Craigleith poorhouse, said:—'I have had a 'paralytic crawling on his knees and hands down to the gate, hoping to get a cart 'to drive him up to the town. It looks disgraceful, and it is frightful, as some-'thing might happen to the man on the road.'

nett, 4543–7.

Mr Bennett, governor of Craiglockhart poorhouse, said that about twenty or thirty cases leave the sick wards every year, of whom 'fully fifteen out of the 'twenty' return to the poorhouse. 'The other five will probably drop into some 'other poorhouse or hospital. It handicaps the medical officer very much, because 'he had spent his time and care on these patients, and they get nearly well, and 'then all at once they go out and undo all the work that the medical officer 'has done.'

Innes, 3413–4.

Mr McInnes, inspector of Dumfries, said:—'I have one case where a man 'applies every Saturday for admission to the poorhouse and leaves every Monday: 'he actually spends the week-end with us as he would in a hydropathic. . . . He 'sharpens saws, and drinks, and he really is so far gone by the end of the week 'that he is no doubt done and ready for a rest, which he gets over the Sunday. 'When he is with us he has regular food and is cleaned, and then on the Monday 'morning he is asked to do a little wood-cutting, but he finds that he has some 'ailment in the way of a sore back, and appeals to the doctor. The doctor says 'that he is able to work, and then he replies that he will take his clothes, and he 'leaves. This has gone on now for several weeks.'

l, 5774–5.

Dr Bell, medical officer of Kirkwall, said:—'This was a man who was slightly 'paralysed; he was operated on and he went out. He was not actually insane,

[1] Reports to Local Government Board by Sir Kenneth Mackenzie and Mr W. Penney. See Annual Reports of Local Government Board for years 1898, 1899, and 1900.

'but he was a little bit soft. He was for more than two years afterwards in one 'of the neigbouring parishes. I don't know if he was on the roll of paupers. He 'lived by himself, and I called on him once or twice when passing. About two 'years and two months after, that man either tumbled off a boat or a rock and 'was drowned in the bay of St Mary's. I don't know whether he was fishing or 'not. . . . He never could recover. He had a stroke of paralysis, and he should 'never have left the poorhouse, but they had no power to keep him there.'

The above are typical cases, but we may also refer to the striking instances given by Dr Durran of Thurso. For example, he states :— Durran, 4868–7

'There is another case in the poorhouse just now which used to go out only 'once in six or eight months. . . . He suffers from a little bronchitis, but 'nothing special. He was not on the sick list, but he was an oldish man, past 'seventy. . . . He found himself in the police station for being drunk and 'incapable, and he came back again : the next time he went out, about six or 'eight months after he came to me with a dislocated shoulder. . . . The first 'case I mentioned went out because he felt better and was not inclined to remain 'in. . . . He thought he would go to his friends, who would support him. We 'have in the poorhouse an old tinker woman over ninety years of age (she says she 'is over a hundred), who used to go out every summer for some weeks, and was 'usually to be found in a very helpless condition on the streets of Thurso, lying 'out all night.'

(c) *Recommendation as to Compulsory Removal.*

169. In addition to the evidence received we have made personal investigation into the questions raised by the above proposal.

We have ascertained that attendance can usually be obtained for such a patient if sufficient remuneration be given. The difficulty, therefore, to some extent, is one of expense. But our belief is that in any case, and whatever be the amount spent, the poorhouse hospital will always afford the best chance of care and comfort in such circumstances.

If the dwelling-house be filthy, or in a ruinous state and injurious or dangerous to health, the aid of the local authority may be invoked, and proceedings taken in terms of the Public Health Act,[1] the parish council always arranging for the accommodation of the inmate elsewhere. It is open to question how far such a power should extend. But regarded from the standpoint of efficient administration, we think that it should be left to the discretion of parish councils to apply to the Sheriff for warrant to remove to a poorhouse hospital, or other suitable lodging, any individual case the conditions of which seem to require the step, and that, safeguarded in this way, no harm could result from, or exception be taken to, the possession and exercise of such a power.

In making this suggestion, one consideration already adverted to has considerable weight with us. We know how arduous is the responsibility and how severe is the strain which rest upon the inspector of poor in watching such a case as we have described above. One instance of this was given. An inspector of poor was prosecuted for neglect in the case of a woman to whom he had refused outdoor relief. The woman was offered but would not accept relief in the poorhouse, and died shortly afterwards.[2] One result of the prosecution is, we are informed, that this poorhouse is not now used as a test of pauperism ; applicants who ought to have relief only in the poorhouse refuse the offer, because they know that they will then be given outdoor relief. This, in our opinion, is very regrettable. It is against all that tends to good administration of the Poor Laws.[3] Bell, 5703–9.

[1] See Opinion of Board of Supervision in regard to action to be taken in connection with paupers living in ruinous dwellings. (16th Annual Report of Board of Supervision, 1861, p. v.) See also Public Health Act, 1897, sections 16, 23, 40.

[2] In dealing with the case the Sheriff said :—'He would make one observation, that he was surprised the Board of 'Supervision had allowed so much time to elapse without getting some legislation dealing with this question. He under-'stood this was by no means a singular case—the case of a person who would be best looked after in the poorhouse, but 'who would not go there. The question was, was such a person to be forced to go to the poorhouse, or were the ratepayers 'to be saddled with the expense of keeping her outside and providing her with the necessary attendance ? Was she to die 'in a ditch, or were they to keep her, not in the poorhouse, but out of it, at the public expense ? That question had never 'been decided, and if that had been the only question raised here, he had no doubt the jury would have taken a very 'lenient view of it. Accused had admitted that he had committed an error of judgment which amounted to neglect of 'duty, and fortunately it did not result in either causing or accelerating this old woman's death. This was the main 'reason why he approved of the Procurator-Fiscal's action.' (Procurator-Fiscal v. Sinclair, Kirkwall, 3rd May 1893, Poor Law Magazine, 1893, p. 387.)

[3] *Cf.* Circular of Local Government Board, dated 30th October 1895.

We have expressed the opinion (paragraph 157) that, among the outdoor poor, sick persons requiring constant nursing, who have no friends or relatives to look after them, and are without suitable lodging and attendance, should, if possible, be removed to a poorhouse hospital, which is, or ought to be, the best place for their treatment.

In view of that opinion and the facts above-mentioned, we recommend that it is for consideration whether compulsory powers of removal should not be obtained,—to be enforced only in such extreme cases as are here figured,—subject, of course, to the poor person's interests being adequately secured against abuse. Without definite safeguards, the power of compulsory removal would certainly result in greater evils than those now existing. In the Detention of Poor Persons Bill,[1] which was introduced in the last session of Parliament, it is proposed that a medical certificate and a judicial warrant should be necessary to such removal, and such a process would, we think, well meet the requirements of the case.

ampbell (Dr), 901.

illar, 4966.

While the prejudice against entering a poorhouse hospital is disappearing in the large city parishes (see paragraph 47), we are aware that it still exists in country districts. We have received evidence to the effect that, if rural poorhouse hospitals were better equipped and furnished, the prejudice against entering them would be largely removed, and we have been informed that, in Zetland, the people now go readily to the poorhouse at Lerwick on account of its improved accommodation and comfortable conditions and surroundings. We are of opinion, therefore, that, if poorhouse hospitals and sick wards were improved on the lines that we have suggested throughout our report, and the treatment therein became known among the outdoor poor, the number of cases in which it would be necessary to resort to compulsion would be comparatively few.

(*d*) *Recommendation as to Compulsory Detention.*

170. With regard to the proposal to detain compulsorily in a poorhouse persons physically unfit to leave it without injury or risk to health, the chief objection is that such a power of detention would be an interference with the liberty of the subject, and would give the poorhouse more or less the character of a prison.

In connection with our recommendation on the question of compulsory removal, we have indicated that every effort should be made to induce poor persons to go to a poorhouse voluntarily, and that compulsion should be a power to be exercised only as a final resort. But if it be resolved that the conditions figured above justify the resort to compulsory powers of removal, then we think it must follow that power of detention shall also be given in such exceptional cases.

The question whether such power of detention should be extended to any case which is certified by the medical officer to be physically or mentally unfit to leave the poorhouse, we feel to be attended with much difficulty. It is perhaps not strictly within our province to deal with it, but we think that it is matter for serious consideration whether in the altered conditions which now prevail, and when, as already explained, the poorhouse hospital can compare with, and is sometimes used as, a general hospital, a sick poor person should still be able to discharge himself whenever he pleases and whether cured or not. It frequently happens, as the instances we have cited show, that these sick poor are quite unfit to leave the hospital; and thus the highest medical or surgical skill and the liberal and possibly specialised diet and treatment may be wholly thrown away. It is difficult to see why the analogy of the infectious diseases hospital should not be applied in such circumstances. We need scarcely add that to justify removal or detention under any circumstances there should always be a medical certificate, followed by the order of a competent Court.[2]

To the difficulties attending compulsory detention we have already alluded (paragraphs 76–7), and the above observations apply with special force to such cases of phthisis as may be suitable for sanatorium treatment. Occasionally, phthisical patients, even among educated people, become hopeful and confident of cure on very slender

[1] Bill 19, Session 1903.

[2] See Section 55 of the Public Health (Scotland) Act, 1897, which provides that, 'A sheriff, magistrate, or justice, 'on being satisfied on the application of the local authority that a person suffering from any infectious disease is in 'a hospital, and would not on leaving the hospital be provided with lodging or accommodation in which proper 'precautions could be taken to prevent the spreading of the disease by such person, may direct such person to be 'detained in the hospital at the cost of the local authority during the time limited by the sheriff, magistrate, or justice, 'who may enlarge the time as often as appears to him necessary for preventing the spread of the disease.'

grounds. How much more apparent will this tendency be among the poorer classes, inducing them to remove themselves from poorhouse restraint before they are physically fit for it? In a word, we realise the weight of the argument that poorhouse patients, who are receiving the best medical treatment which skill can supply, ought not to be relieved from the ordinary medical discipline which all other ranks respect.

Further than this we are not prepared to go, but we are glad to know that the views we have indicated are in sympathy with those held by members of the Board.

8. THE SENDING OF CASES TO CONVALESCENT HOMES AND INFIRMARIES.

(*a*) *Convalescent Homes.*

171. It is the practice of some of the larger parish councils—and the practice is being followed more or less elsewhere—to subscribe to convalescent homes, in return for which they enjoy the privilege of sending there from time to time a selected number of their sick poor. The cases so selected appear to be taken from both the indoor and the outdoor rolls, and the results, we have been informed, are very satisfactory.

Govan parish council have recently carried the practice further, and have acquired a house and grounds in the island of Bute, to which they send children that are not fit to be boarded out. When the health of these children is sufficiently recruited, and they can be removed with safety, they are boarded out, and others go to fill their places. The parish council are satisfied with the results of this venture. Thomson, 83–8. Wallace, 2380–4

Glasgow parish council have established a distinct children's department at their new poorhouse hospital at Stobhill, and this, we were informed, 'will be practically a con-'valescent home,' and, like the Bute Home, will be used for the benefit of invalid and sickly children not strong enough to be boarded out. Motion, 2151.

Edinburgh parish council 'are in the habit of boarding out invalids in the country, 'and there are eighty-four such cases residing in private houses in Midlothian, Fife, 'Stirling, and Peeblesshire, the aliments ranging from 3s. to 10s. per week. Most of 'these, however, are debilitated cases, in whom no improvement is expected, but who are 'more comfortable in the country than they would be in the wards of a poorhouse.' Ferrier, 2588.

We do not suggest any interference with the practice that has thus grown up, and we agree with the inspector of Glasgow parish where he says, that, besides the physical benefits which accrue to the children, 'it will have the effect of improving the boarding-out 'system by passing these children through a sort of sieve, so that before we board them 'out we will know their character and their little failings and idiosyncrasies, and we will 'therefore run no risk of having failures.' Motion, 2152.

At the same time, care must be taken that the practice is not abused. The sound principle is, that 'everything should be done to put the patients into a position to be able 'to maintain themselves, because it is better not only for them but for the ratepayers as 'well,' and in every case the medical officer should certify that there is reasonable ground to suppose that direct benefit will result from the change. Kyd, 3300. McInnes, 3415–23. Gordon, 4331–40

The case of children who are beginning life stands on a different footing from that of adults. No commendation can be too high for the system which requires that, in their early years, children shall be boarded out rather than lead a poorhouse existence, and the Bute Convalescent Home, to which we have referred, is a development of that system.

But the case of adults is different, and there is a danger that the true limits of relief may be overstepped or forgotten, and that a too generous indulgence, which has not yet perhaps become real in Scotland, may result in fostering rather than in mitigating pauperism.

Sir Kenneth Mackenzie strikes a warning note where he says:—'Many a ratepayer 'cannot afford to send his sick wife or children to a convalescent home after an illness, 'and it would be a little hard on him that he should have to provide such comforts for 'paupers.' Mackenzie, 4130. Campbell (Dunstaffnage), 5502.

wnes, 5563–9. In England, Boards of Guardians 'may subscribe, with the consent of the Local 'Government Board, to any public hospital, or towards any institution for persons 'suffering from any permanent or natural infirmity, or towards any association for aiding 'such persons, or for providing nurses, etc.' . . . They may also 'send poor persons 'to suitable places for curative treatment on the recommendation of their medical officer, 'the consent of the Local Government Board not being required.' The Local Government Board are also empowered 'to regulate establishments other than workhouses, in which poor 'persons are lodged and maintained under contract or agreements with the Guardians.' They have sometimes issued orders for that purpose, but Dr Downes informed us that 'only two establishments for convalescents, etc., both proprietary, now remain of those 'regulated by special order, but there has been of late years a tendency to an increase of 'unregulated proprietary establishments for diseased or convalescent paupers.'

In Scotland, we think that the system, safeguarded as we have indicated, ought to be left to the discretion of poorhouse committees and parish councils to work, and we consider that no specific order or regulation is called for.

(*b*) *Infirmaries and Hospitals.*

172. We are aware from our official experience that the practice of sending sick outdoor poor persons in Scotland to general infirmaries and hospitals, for surgical or medical treatment, is fairly general. Usually, parish councils subscribe annually to the funds of these institutions, but frequently sick poor persons are sent there and paid for at a specific cost for maintenance. The system has been found to work well, and calls for no criticism. We think, however, as we say elsewhere (paragraph 186), that there ought to be careful scrutiny of any claims against the medical relief grant under this head.

9. THE TENURE OF OFFICE OF MEDICAL OFFICERS AS AFFECTING THE EFFICIENCY OF THE POOR LAW MEDICAL RELIEF SYSTEM.

173. It is considered that medical officers of poorhouses have the same tenure of office as inspectors of poor[1]; that is, they can be dismissed only by the Local Government Board.

The case is, however, different with medical officers appointed to attend the outdoor sick poor. As we have pointed out (paragraphs 15 and 143), the statute does not require the appointment of such an officer—that being secured only in those parishes which agree to comply with the rules regulating the distribution of the medical relief grant.

ule 10. Under these rules, it is provided that 'if any medical officer shall fail, or neglect, or 'refuse to perform the duties of his office, or shall be found unfit or incompetent to
ule 13. 'discharge them, the Local Government Board shall have power to dismiss him.' He may, however, also be dismissed, or his services may be dispensed with, by the parish council, at any meeting which has been duly called on ten days' notice, without any reasons being assigned.

It will thus be observed that, while adequate means have been taken to secure the interest of the sick poor, nothing has been done to protect medical officers against unjust or capricious dismissal by parish councils. This has been a long-standing grievance with parochial medical officers, and it is clear that, with a fear of dismissal always present, the efficiency of the service may be greatly impaired.

Although the terms of our remit did not specifically cover the tenure of outdoor medical officers, it appeared that, in view of the widely-expressed feeling on the subject, our inquiry would be incomplete if we did not at least endeavour to ascertain whether the efficiency of the Poor Law medical relief service was prejudiced by the existing system. Accordingly, we have received evidence on the subject from a number of witnesses.

uir, 1031. Our great difficulty, in pursuing our investigations in this matter, has been to get direct evidence from medical officers who are personally aggrieved, the reason for withholding it being that it might be used against those that supplied it.

[1] *Cf.* sections 56 and 66 of Poor Law Act, 1845; also Board of Supervision *v.* Parochial Board of Old Monkland, 17th January 1880, 7 R. 469.

It was represented to us, on behalf of the Poor Law Medical Officers' Association, that 'the Association has received numerous complaints of injustice on the part of parish 'councils towards their medical officers; how some have been dismissed from office for 'causes other than those of failure or neglect to perform their duties, or for unfitness or 'incompetence to discharge them. Cases of dismissal have also occurred in which medical 'officers have done their duty five, ten, fifteen, and even twenty years, and on the election 'of a new parish council have been dismissed without reason assigned.' Muir, 1142.

It was also stated on behalf of that Association, and on behalf of the Society of Inspectors of Poor, that in some parishes it is the practice to appoint in rotation to the office of Poor Law medical officer the various medical practitioners resident in the parish. Muir, 1167–Wallace, 237

In this connection, it was further stated, by the late Mr Wallace of Govan, that 'there is a feeling in the minds of my own council, not to appoint every year, but to have 'a change, and to give some younger doctors a chance.' Wallace, 237

Mr Wallace also called our attention to the case of the dismissal of the medical officer for the parish of Kincardine (Ross).[1] Wallace, 237

Dr Bell stated:—'I know of one case where the medical officer, who lived six miles 'from the centre of the parish, was asked to resign because a young medical man offered to settle in the parish.' Bell, 5840.

Dr Bell cited another case, where he alleged that the medical officer would have insisted upon the removal of a lunatic to an asylum, 'if it had not been for fear of getting 'into hot water with the parish council.' Bell, 5842–4

We have also seen, in a report to the Local Government Board, dated 1st June 1895,[2] the following statement by Mr Falconar-Stewart, now Secretary of the Board:—'In a 'rural parish with but a small population, and with some sixteen paupers, I find that an 'agitation has been got up to get rid of a medical officer who has served the parochial 'board since 1868, not upon any plea of inefficiency, but simply because a younger 'medical man has taken up his residence in the village.'[3]

According to a Parliamentary return,[4] it appears that, during the seven years 1895-1901, sixteen medical officers were dismissed by parish councils within the Highland crofting counties of Argyll, Caithness, Inverness, Orkney, Ross, Sutherland and Zetland. In ten cases no cause was assigned for the dismissal.

According to another Parliamentary return,[5] it appears that, in 42 per cent of the parishes within the same counties, the office of resident parochial medical officer was vacant once or oftener during the last seven years; in one case it was seven times vacant. The maximum time that the office remained continuously vacant in any parish was fifteen months.

We are satisfied that the administration of poor law medical relief would be more efficient if the approval of the Local Government Board were required before the services of the outdoor medical officer could be dispensed with. All the arguments that we have advanced (paragraph 143) in favour of his being made a statutory official are equally relevant to the question of tenure.

This conclusion is, we think, established by the evidence of the great majority of the witnesses whom we have examined on the subject, and especially by the official evidence kindly supplied by Dr Downes and Dr Bigger, of the English and Irish Local Government Boards respectively. In England and Ireland the tenure of the Poor Law medical officer is even more secure than what we are now suggesting for Scotland. Muir, 1038 1142–3. Motion, 22 Wallace, 2 McInnes, 3 Henderson, Gordon, 43 Durran, 48 Millar, 506

A similar recommendation was made in 1871 by the Select Committee of the House

[1] In this case the reasons for dismissal, as given in the Parish Council Minute, are that 'in consequence of the 'manifest inconvenience and increased expenses accruing to the inhabitants from the fact of the present medical officer 'being situated at Bonar Bridge, a resident medical officer be appointed for the parish.'

[2] First Report of Local Government Board for Scotland, 1894–95, App. A., page 75.

[3] A similar case, but hypothetical, though no doubt based on his official experience, was figured by Sir John Skelton, in his book on *Pauperism and the Boarding-out of Pauper Children* (Preface, p. xiii).

[4] House of Commons Return, dated 8th August 1902 [349–1902].

[5] House of Commons Return, dated 13th August 1903 [349–1903].

of Commons on the Poor Law (Scotland),[1] and the following is the latest official declaration of the Local Government Board for Scotland on the question of tenure[2]:—

'The Board are clearly of opinion that the protection enjoyed by Medical Officers of 'Health should be extended to medical officers appointed under the Poor Law Act. By 'section 54 (4) of the Local Government Act, 1889, it is provided that "Every medical '"officer and every sanitary inspector appointed under this Act or under the Public Health '"Acts shall be removable from office only with the sanction of the Board of Supervision." 'The claim has been frequently preferred by the representatives of the parochial medical 'officers, and clauses have been introduced into Bills with the view of giving effect to the 'claim; but from one cause or other the Bills have failed to pass. The claim was warmly 'supported by the Board of Supervision, for the members had reason to know that 'medical officers had good cause to complain in many cases of the injustice with which 'they had been treated, and it appeared to them, moreover, that it was in the public 'interest that these officers should not be subject to arbitrary dismissal by the Local 'Boards.'

We think it right to place on record that between the years 1855 and 1902 inclusive, 139 complaints against parochial medical officers have been made to the Central Department. After inquiry, it was ascertained that in 88 cases the complaint was unfounded. In 28 cases the medical officer was censured; in 12 cases he was allowed to resign; and in 11 cases only was it found necessary for the Central Department to dismiss him from his office. Looking to the fact that there are about one thousand medical officers always in office throughout Scotland, we consider such a record, extending as it does over the long period of forty-eight years, eminently satisfactory. It contrasts very strongly with the figures given above as to dismissals without assigned cause by parish councils in the crofting counties. The inference we draw is that the sanction of the Central Department is needed in the interests of efficiency and of justice.

Accordingly, we repeat our recommendation that the medical officer be made a statutory official, as he already is *de facto* in the large majority of parishes; and we further recommend that the tenure of parochial medical officers be placed on the same footing as that of Medical Officers of Health and Sanitary Inspectors under the Public Health (Scotland) Act, 1897. We are not favourable to the proposal of an *ad vitam aut culpam* tenure.

To the tenure above recommended the only objection that appeals to us is, that in some Highland parishes where the amount of fees from private practice is insignificant (see paragraph 39), and the Poor Law medical officer has a monopoly, he might take up the position that he has no duty except to those on the roll of poor; and an instance where such an attitude was adopted has lately been brought under the notice of the Board. He might further fix a scale which would be prohibitive to the poorer ratepayers, who could not pay for the services of another doctor.

But we think that little or no difficulty would be found in meeting this objection, even if it be serious or widespread, which we cannot suppose it is.

10. CASES OF TRAMPS—NOT PAUPERS—FOUND LYING ILL AT A ROADSIDE.

174. In the Local Government Board's rules there will be found several minutes and suggestions or regulations relating to the treatment of the casual sick and the vagrant poor. But the cases with which we are here dealing are a very much more restricted class, viz., those who, not being suitable objects of parochial relief, and therefore not paupers—when tramping through the country, possibly in search of work—are overtaken suddenly by serious illness, and become unconscious, or are otherwise unable to give an account of themselves.

There can, we think, be no doubt that, in such circumstances, the duty to assist devolves upon those who first learn of the case, whether the Poor Law officials or the police. So far as the evidence goes, and it is supported by information in the Board's possession, the police and the inspectors of poor appear to work in concert, and it is very seldom that

[1] See Report, p. xiii.

[2] Second Annual Report of Local Government Board, 1895–96, p. xxv.

friction arises. If the case be urgent, of course the duty is to send for a doctor. If it be not urgent, and the attention of the police has first been drawn to it, they should communicate with the inspector of poor. Indeed, we are aware that there is sometimes an arrangement between the inspector of poor and the police to that effect.

For instance, in Midlothian there is a Police Order of the following nature :—

> 'The Chief Constable directs that officers and constables arrange with 'Inspectors of Poor and Sanitary Inspectors in their respective beats regarding the 'disposal of persons having no residence found suffering from sickness, or un- 'identified bodies, and, when occasion for action occurs, the patient or body can be 'removed without delay to the proper place of reception, intimation of which will 'be given to the inspector concerned.'

Cases of emergency should be removed at once to the nearest shelter, whether poor-house, or casual sick-house, or infectious diseases hospital, and should be received, in the first instance, without question. No pecuniary consideration should in any case be allowed to delay the giving of first aid to sick or injured persons, whether tramps or persons who may apparently be of a better class.

This being so, it is scarcely possible to lay down any hard and fast rule or regulation on the subject. The first consideration is the interest of the sufferer, and the successful treatment of those suddenly seized with illness by the roadside must depend upon the co-operation of the police and of the parochial authorities in rendering such immediate assistance as is necessary.

PART VI.

THE GRANT IN AID OF MEDICAL RELIEF.

1. THE ABOLITION OF THE PRESENT STEREOTYPED 'MINIMUM.'

175. We have explained (paragraph 17) the circumstances that led to the imposition of a 'minimum expenditure' as a condition of participation in the medical relief grant, and the method by which that 'minimum' was fixed for each parish.

It must be kept in view :—

(1) That the figures that denote the 'minimum expenditure' remain in all parishes the same at the present day as when they were originally fixed in the year 1848.

(2) That the three elements which entered into the calculation of the 'minimum 'expenditure' were :—

(*a*) The population of each parish as ascertained by the census of 1841 [1];
(*b*) The estimated area of each parish as it existed in 1848 ; and
(*c*) The possible or probable expenditure on medical relief at that time.[2]

These facts give rise to several considerations. If the 'minimum' is to be continued, it is clear, looking to the changes that have taken place since 1848, that the basis on which it is calculated must be subjected to revision.

In the first place, the populations of the 880 parishes are very different now from what they were in 1841. Many large burghs have grown up, and many of the rural districts are less densely populated.

Secondly, the areas are also very different. Many new parishes have been created, and the areas of others have been enlarged, curtailed, or otherwise altered, under the provisions of the Local Government (Scotland) Acts, 1889 and 1894.[3] As we have said (paragraph 23), the effect of the Local Government Act, 1889, in stereotyping the methods and conditions under which the medical relief grant is distributed, was also to stereotype the 'minimum expenditure.' But, although the areas of a very considerable number of parishes have been altered, no corresponding change has been, or could be, made in the amount of the 'minimum expenditure' applicable to the areas so altered.

In the third place, it is obvious that what was adequate expenditure according to the medical relief standard of 1848 can no longer, in the light of modern ideas, be so regarded. Judged, therefore, from this point of view alone, the minimum no longer fulfils its purpose.[2]

These facts have produced some startling results, of which it may be well to give an illustration. For instance, previous to 15th May 1895 the parish of Old Machar contained part of the burgh of Aberdeen, but, by an order of the Secretary for Scotland, dated 7th March 1895, the burghal part of the parish was transferred to the parish of Aberdeen. The population and the pauperism of the parish of Old Machar were thus considerably reduced, the figures being as follows :—

	Population.[4]	Paupers.
Before alteration . .	71,579	1196[5]
After alteration . .	1432	8[6]

[1] The population of Scotland in 1841 was 2,620,184.
[2] The 'minimum expenditure' for all Scotland was fixed at £20,000. In 1845–6 the actual expenditure on medical relief was £4056 ; in 1846–7 it was £12,879 ; and in 1902 it was £56,742. (See Appendix LVI.)
[3] The areas of about 300 parishes have been altered by the Boundary Commissioners, and of about 90 by the Secretary for Scotland.
[4] Census, 1891. [5] At 14th May 1895. [6] At 15th May 1896.

The 'minimum expenditure' necessary to earn the grant, as calculated upon the population in 1841, was £197, 0s. 3d.

Having been stereotyped by the provisions of the Local Government (Scotland) Act 1889, that figure still denotes the 'minimum expenditure' on medical relief for the parish of Old Machar under its altered conditions. It is, of course, not expended, and the parish will accordingly be debarred from participation in the grant so long as the conditions remain stereotyped.[1]

Again, to take the converse case, the 'minimum expenditure' of the parish of Aberdeen (£248, 16s.) remains unchanged, although its population has increased fourfold since 1841.

There are many similar cases—some where new parishes, such as Ardoch, Ardgour, Arisaig, Grangemouth, and Teviothead, have been created—which, if a strict legal construction be put upon the Act, cannot share in the grant.

Generally speaking, the purpose that the limitation of the 'minimum' was meant to serve has been fulfilled and the need for it has practically disappeared, although it may be that, in a few parishes, it still exerts an influence in maintaining a certain standard of medical relief.

There is thus good reason, we think, for abolishing the present 'minimum expenditure,' and we trust that the attention of Parliament may be directed to the subject without delay.

2. WHETHER A NEW 'MINIMUM' SHOULD BE FIXED.

176. The same considerations apply here. It has been demonstrated that, while the imposition of a 'minimum expenditure' may have been a wise expedient to secure adequate medical relief at the time, it now not only fails to fulfil its purpose but must frequently even operate prejudicially unless it be revised from time to time to meet any change of circumstances. Experience, therefore, leads us to the conclusion that no new 'minimum' should be fixed.

It may also be observed that there is now no need for the retention of the check that the 'minimum expenditure' imposed or of the impulse that it gave. It seems to us that the purpose for which the 'minimum expenditure' was originally designed may be effected by the simple expedient of giving powers to the Local Government Board to refuse the grant, in whole or in part, to any parish which does not comply with such conditions as may be framed for regulating its distribution.

As already pointed out (paragraph 42), 61 per cent. of the present medical relief expenditure is incurred in respect of the salaries of indoor and outdoor medical officers. Accordingly, if the consent of the Local Government Board were required to entitle such salaries[2] to rank against the grant, there would, we think, be sufficient control by the Central Department over this branch of the expenditure, and the object which the 'minimum' was intended to secure would be practically preserved. Of the remaining 39 per cent. of expenditure, £6737, or nearly 12 per cent., is incurred in respect of trained sick nursing in poorhouses over which the Board have a certain amount of administrative control under the existing rules. The balance is chiefly for medicines and may be disregarded, especially as the ordering of these is in the hands of the medical officer.

The time has, we think, come—and there is much evidence to that effect—when the salaries of all medical officers, both indoor and outdoor, should be reviewed and rearranged on an equitable basis, in so far as they afford a claim against the grant. It is most unfair that in some parishes comparatively large salaries, far beyond the needs of the medical relief of the poor, are allowed to participate, whereas, in others, the salaries are comparatively small. We have already (paragraph 139) drawn attention to the differences in the salaries of medical officers of poorhouses. We print in the Appendices tables showing

Muir, 1151–3.
Ferrier, 2638–Kyd, 3144–8.
McInnes, 3430
Mackenzie, 40
Gordon, 4383-
Bennett, 4654.
Millar, 5023, 5034–59.
Bell, 5811–5.
Campbell (Dr) 5995–6.

[1] The Parish Council of the altered parish of Old Machar have appointed a medical officer at a salary of £5. The number of poor persons chargeable to the parish at 15th May 1902 was 10 paupers and 12 dependants.
[2] The present powers of approval are restricted to alterations of salaries only see Rule 11).

dix LVIII. for each county in Scotland, as at 15th May 1902, (*a*) the salaries paid to outdoor medical
dix LIX. officers; (*b*) the approximate amount of such salaries if re-allocated on a basis of population, acreage, and pauperism; and (*c*) the rate of medical relief expenditure (i) per head of population, and (ii) per poor person.

3. WHETHER A 'MAXIMUM' SHOULD BE FIXED.

177. If it is inexpedient to continue a 'minimum expenditure,' it is, we think, equally inexpedient to fix a 'maximum.' The only purpose of such a 'maximum' would be to secure an equitable distribution of the grant, and to obviate the possibility of its being allocated in unduly large shares to some parishes at the expense of others.

But we consider that there is no necessity for imposing a fixed 'maximum' expenditure as a condition of participation,—if the salaries of all medical officers be made subject to approval by the Central Authority. All parishes would thus be held entitled to participate according to their respective needs and no more, and, in estimating these needs, facilities for communication, density of population, or other conditions bearing upon the medical relief administration of the individual parish would necessarily be important factors.

The present practice of the Local Government Board in approving or disapproving any alteration of salary that comes under their review[1] is to allow only such salary or proportion of salary to rank against the grant as they consider the circumstances of the parish demand. At the same time, the Board inform the parish council that, if the salary so allowed be deemed to be insufficient remuneration for their medical officer, they are at liberty to supplement it out of the rates, but not to claim for such excess against the grant.

4. THE BASIS OF DISTRIBUTION.

(*a*) *Whether according to Vouched Expenditure.*

178. In our historical statement we have explained (paragraph 22) that since 1885 the cost of trained sick nursing in poorhouses has been a first charge on the grant, and (paragraph 44) that, owing to the development of the trained nursing system, this charge has made increasing demands upon the £20,000 to which the grant is limited.

We have also explained (paragraph 23) that the portion of the grant not appropriated to trained sick nursing is paid according to the vouched expenditure of each parish.

Various new proposals for the distribution of the grant have been submitted to us.

nzie, 58. For instance, Sir Kenneth Mackenzie urges that the grant should be allocated upon pauperism and area, so far at least as salaries and medical attendance (exclusive of trained sick nursing) are concerned; that it should be divided into two specific sums, one earmarked for outdoor and the other for indoor relief; and that the allocation, once made, should remain fixed for a number of years.

nes, 62. Another suggestion is to apply the two tests of 'ability' and 'necessity,' with modifications, the grant being a prescribed proportion of the expenditure, the proportion being greater in the poorer parishes and smaller in the richer parishes, in accordance with the views expressed by Lord Balfour of Burleigh and Lord Blair Balfour in their separate recommendations on the distribution of Exchequer Contributions in the Local Taxation Commission Report.[2]

But, while much may be said in support of a new scheme of distribution, we are of opinion that so long as a separate grant is paid in relief of expenditure on a *specific* object —such as, in this case, expenditure on medical relief of the poor[3]—the only feasible method
ace, 2418. of distribution is according to vouched expenditure. We agree with the late Mr Wallace,

[1] Such review is confined to cases in which it is proposed to alter the salary (see Rule 11).
[2] Final Report (Scotland) of Local Taxation Commission, C1067–1902, p. 31.
[3] The items included under the head of 'medical relief' are defined by No. 5 of the Medical Relief Rules. See Appendix LXVI.

Inspector of Poor, Govan, where he says :—'I am of opinion that the most satisfactory 'basis of distribution is expenditure, for then it would be assured that the grant would 'be really applied to the purpose intended, or assured that it was given in aid of what 'it really professed to be, in aid of "medical relief." If distributed on the basis 'of area, etc., it might be said to be in aid of anything in connection with the Poor 'Law.'

The only serious objection that has been taken to this method of distribution is that some of the parishes may receive a larger share and participate to a greater extent than is equitable, or fair, or their circumstances justify. As a check upon such injustice or overpayment, and generally upon any misapplication of the grant, we consider that a slight extension of the powers of the Central Department in regard to the approval of all salaries paid to medical officers, as recommended (paragraph 176), would be sufficient.

Accordingly, we recommend that, subject to our proposals as to the grant for probationer nurses (paragraph 131), vouched expenditure be continued as the basis of distribution until such time as the recommendations of the Local Taxation Commission shall receive legislative effect. Motion, 215 2168–9. Ferrier, 2630 Gordon, 435 Miller, 5101. Ross, 5294.

(*b*) *Whether the present Division of the Grant as between Sick Nursing and other Medical Relief should be maintained.*

179. At present, as has been already explained, the cost of trained sick nursing in poorhouses forms a first charge against the grant of £20,000, the balance being devoted to general medical relief expenditure. Under this practice, it will be observed, two grants are really paid out of the £20,000. Each has a separate set of rules and conditions regulating its distribution. Failure to conform to the nursing regulations is accompanied by forfeiture of the nursing grant only. So with the regulations and grant relating to medical relief generally. In other words, although both grants are professedly in aid of medical relief, the one may be earned without the other.

By apportioning the £20,000 as above indicated and again subdividing each portion among the poorhouses and parishes entitled to share in it,[1] it is manifest that the sum payable to any particular authority must be comparatively small. Consequently, the inducements to comply with the administrative conditions are less than they would be if the sum were larger. In short, the amount at stake being small, the parishes—especially the large city parishes—are apt to disregard the grant, its loss making little or no difference to the finances at their disposal.

The above considerations supply another argument for increasing the total amount of the grant to a sum more nearly equivalent to that enjoyed by England and Ireland.[2]

180. Until and unless the grant be increased, or until the Local Government Board be empowered to frame regulations for the administration of medical relief apart from the grant, we consider that it would tend to better administration if the present division of the grant were departed from, and the whole £20,000—less the amount set apart for probationers (see paragraph 131)—were distributed as one grant in aid of medical relief generally. Further, in regard to indoor medical relief, we should make it a condition that both the general medical relief and the trained nursing regulations must be complied with to entitle a parish to participate. The Board should also have power to withhold the grant, in whole or in part, if there be failure to comply with either set of regulations in any respect. Motion, 216

181. In the case of a combination poorhouse, we recommend that the grant under both heads be paid to the house committee who are responsible for the management of the poorhouse. At present, the nursing portion is paid to the house committee, while the medical relief portion is paid to the various parishes in the combination, who have little or no say in its administration except through their delegates. Crichton, 361

[1] During the year 1901–2 twenty-nine poorhouses earned the Nursing Grant and 795 parishes the ordinary Medical Relief Grant.

[2] During the year 1901–2 the cost of Metropolitan Poor Law Medical Officers and of drugs and medical appliances in the Metropolis was defrayed from the Local Taxation Account (England) to the extent of £50,949. The corresponding grant to unions outside the Metropolis is included in the Union Officers' Grant, which, during the same year, amounted to £692,445. In 1885–6, prior to the transfer of these grants to the Local Taxation Account, the amount paid from Imperial Funds in respect of the salaries of Poor Law Medical Officers was £147,241. During the year 1901–2, the sum paid from the Local Taxation Account (Ireland) in respect of medical relief was £74,902.

182. Another effect of dividing the grant is that, as the nursing part of it is given in the shape of a fixed proportion per trained nurse, the balance of the £20,000 available for other branches of medical relief decreases as the number of nurses increases. For this reason it has been represented on behalf of the Society of Inspectors of Poor that trained nursing on its present footing is absorbing too large a proportion of the total grant.

llace, 2393–5, 9.

There is much to be said in favour of the contention of the Society of Inspectors. Prior to 1885, the whole £20,000 was applied to medical relief other than trained nursing; and it is not surprising that some apprehension prevails regarding the increasing inroads now made upon this sum by the demands that the extension of trained sick nursing has produced. As already shown (paragraph 44), the sum paid from the grant in respect of trained nursing has risen steadily from £264 in 1885 to £3368 in 1902, but (paragraph 125) there are, at this date, 34 poorhouses out of a total of 67 that do not comply with the nursing regulations, and so are not entitled to participate in the grant. In the event of compliance, which might come at any moment, the amount of the grant appropriated to nursing would be largely augmented,—indeed, if all poorhouses were staffed with trained nurses up to the standard now in force, and grant were paid accordingly, we estimate that about £5000, or 25 per cent. of the total grant, would be required for that purpose alone.

d, 3161–2.

183. We are not prepared to recommend, as was proposed by one witness, that trained nursing should be restricted to cases requiring active medical and surgical treatment. It appears to us that cases of chronic sickness (*e.g.* of paralysis, or senile debility) require almost as much skilled attention as those which are acute. We should, therefore, regard it as a retrograde step to endeavour to deprive chronic cases of the benefits that skilled nursing affords, in order to economise in that direction for the purpose of applying a larger portion of the grant to medical relief in general.

But it occurs to us that, as trained nursing is now well established, a restriction of the amount paid in respect of each nurse might not be unreasonable in the circumstances. Subject, therefore, to our suggestion regarding the cost of training probationers (paragraph 131), we think that a slightly smaller grant per head should be paid in respect of each trained sick nurse. At present, the amount so paid from the grant is 10s. per £ of admissible expenditure (*i.e.*, the salary of each nurse and 6s. per week for rations, etc.). That amount (*i.e.* the 10s.) is considerably more than the amount refunded in respect of expenditure on ordinary medical relief, which is only 7s. 2d. per £. Accordingly, we recommend that the expenditure on nursing (as so defined) should rank *pari passu* with other medical relief expenditure. As stated (paragraph 131), we estimate that, in the aggregate, the saving that will be effected by this restriction of the nursing grant will be sufficient to pay the proposed grant to probationers.

We desire it to be understood, however, that we make this recommendation chiefly because of the small amount of the total grant, and that, if the grant were fortunately increased, our view might be altered. Indeed, it is with considerable hesitation that we suggest any reduction, however small, in the amount of grant devoted to trained nursing. Many poorhouse committees have adopted trained nursing on the faith of the existing system, and a protest may not unnaturally be taken by them if any change were instituted on the lines above indicated.

(*c*) *Whether the Grant should be fixed for a number of years.*

ɔtion, 2167.
rrier, 2630, 35–48.
ıckenzie, 39–50.
illar, 5101–3.

184. It has been urged that, as medical relief expenditure does not vary much one year with another, the grant should be paid on an average expenditure calculated upon a series of years. Such a course would undoubtedly result in a considerable saving of time and trouble to the Central Department, which at present reviews the vouched expenditure of each year. But, under existing conditions, we are not prepared to recommend it.

If, however, the suggestions we have made regarding (*a*) the revision of medical officers' salaries (paragraph 176), (*b*) the alteration of the rules dealing with the portion of the grant applicable to trained sick nursing (paragraph 183), and (*c*) the extension of the definition of medical relief (paragraph 185) be adopted, the proposal to make an average expenditure the basis of distribution would be well worth consideration. Time should, however, be given to the new system to establish itself in the first place.

5. THE DEFINITION OF 'MEDICAL RELIEF' EXPENDITURE FOR THE PURPOSES OF THE GRANT.

185. Under the existing rules, the expenditure on which the grant is payable is limited to medical attendance (including the cost of trained nursing in poorhouses); medical and surgical appliances furnished by the medical officer or procured, on his prescription, from a laboratory; payments or such proportion of payments as properly belong to medical relief on account of pauper patients in licensed wards of poorhouses and infirmaries or hospitals; and annual subscriptions to hospitals. Appendix LXV Appendix LXV

Some witnesses expressed the view that the items on which the grant is paid are too restricted, and that it should be extended to expenditure on such items as nutritious diet, cordials, clothing, lodging and sick-bed attendance. Motion, 2153–4 2177. Ferrier, 2631–2 Gordon, 4352–

We have recommended (paragraphs 131 and 158) that the cost of training probationers and of nursing the outdoor sick should entitle a parish to some share of assistance from the grant, and it does not appear to us to be expedient or proper to recommend any further extension of its purposes at present. As has been pointed out, the grant is already too small even for the objects it was originally intended to serve, and any extension of these objects, under present conditions, would, we think, give rise to many difficulties of administration. If any change in the direction pointed at be resolved upon in the event of an increase in the grant, we think that it should be very carefully safeguarded so as to avoid extravagance or misapplication, and in no circumstances should anything be given in respect of stimulants or cordials.[1] We are impressed with this view all the more because of the abuses and temptations to which such an extension of the grant to cordials and stimulants might lead. We have already (paragraph 95) directed attention to the routine use of stimulants in poorhouses. Muir, 1047. Campbell (Dunstaffnage), 5472–83. Campbell (Dr), 5997, 6004–7.

At present, the cost of medical certificates required in the ordinary administration of poor relief does not rank against the grant. We are of opinion that the medical officer's salary under the Poor Law should always cover and include any such certificates that he may be required to give, and we recommend that the rules be amended accordingly, so as to leave no room for doubt.

(*a*) *Subscriptions to Hospitals as a Charge against the Grant.*

186. Under section 67 of the Poor Law Act, 1845, a parish council may make a contribution 'for the benefit of the poor' out of the rates to any public infirmary, dispensary, or lying-in hospital, etc. (see paragraph 13).

At present, subscriptions to hospitals rank against the grant, but it is stipulated that 'in all such cases a special statement of the circumstances under which the expendi-'ture is made, and of the benefit derived from it by paupers during the year, should be 'transmitted, as each case is separately considered before it is admitted.'

It has been urged that, where the amount of the subscription to a hospital is greater than the number of poor persons treated in the hospital would appear to justify, some power of veto should be exercised by the Local Government Board. Wallace, 2423. Ferrier, 2649–5 Kyd, 3199–211 McInnes, 3433 Mackenzie, 415

It is no doubt true that, as the grant is for medical relief to the legal poor, care should be taken that such subscriptions as are allowed to rank should be strictly commensurate with the benefits received. But the present powers, if strictly enforced, would appear to be sufficient to secure this check, and we do not recommend any alteration of the existing rule. Each parish claiming under this head should be obliged to comply with the rule, and to make a return of the numbers treated in the hospital, and of the history and period of treatment of each individual case. Millar, 5123–3

(*b*) *Extra Medical or Surgical Assistance in relation to the Grant.*

187. We need do no more than express our approval of the existing practice in accordance with which medical officers are expected to perform all medical and surgical

[1] It is a somewhat curious comment upon the usage which prevails in different poorhouses throughout Scotland to find that in some no stimulant of any kind is given, whereas in others the practice appears to be very different. (See House of Commons Returns of Spirits consumed in workhouses, etc. [No. 206, 1886; No. 292, 1892; and No. 44, 1895].)

duty for their salary without extra remuneration. The practice ought to be continued, subject only to the proviso that, where extra advice or assistance—involving, for instance, the attendance of another medical man—is required, the cost of it should form a competent charge against the parochial funds, and consequently against the grant.

6. RECIPROCAL MEDICAL RELIEF OBLIGATIONS BETWEEN PARTICIPATING PARISHES.

See No 8 of Conclusions.
Motion, 2183–8.
Wallace, 2427–32.
Ferrier, 2691–7.
McInnes, 3463–71.
Mackenzie, 4163–4.
Gordon, 4364–77.
Millar, 5133–6.
Ross, 5318–20.

188. No question has been raised by any of the witnesses, in criticism of the existing rule, on this matter. It has been found, we think, to work excellently and equitably, as between parishes which participate in the grant. In some cases, the reciprocity has been extended to medicines, and a number of witnesses have recommended that this practice should be made applicable to all parishes. We are of opinion that such extension ought to be approved, and would tend to economy and efficiency, and, further, would save a considerable amount of trouble which is now involved in the keeping of accounts for medicines between different parishes.

PART VII.

SUMMARY OF RECOMMENDATIONS.

INDOOR RELIEF.[1]

Poorhouse Rules and Regulations.

PARAG.

The rules are out of date in many respects. A new code, on the lines set forth in the revision to be found in the Supplement, should be adopted. 46.

Poorhouse Hospitals and Sick Wards.

Certain combinations, where the poorhouses have comparatively few inmates, might be amalgamated, and 53.

(i) if it be expedient to retain the existing poorhouses, each might be adapted and used for a separate class of inmates; or,

(ii) if any poorhouse should be no longer required, it might be adapted to some other public local object.

The sick should be accommodated, 54.

(i) in rooms apart from those for the other inmates, and,

(ii) where practicable, in a building detached from the poorhouse proper.

The sick wards might, in some instances, be smaller, but more numerous. 55.

An observation ward, or wards, should be provided for the reception and treatment of cases of threatening insanity. 56.

Accommodation should be provided, 57.

(i) for the isolation of cases of infectious disease pending removal to hospital, and

(ii) for the treatment of such cases as cannot be removed and dealt with by the public health authority.

A properly-equipped operating-room should be provided in poorhouses of a certain size, under certain conditions. 58.

Balconies and outside iron stairs should be provided where the sick are accommodated in wards above the ground level. 59.

Ventilation and heating should be improved. 60–1.

Bathrooms should be within the same building as the dormitories; lavatories for sick wards should be conveniently situated. 63.

Iron bedsteads, with spring mattresses, should be provided for the sick. 64.

The accommodation for the sick should be improved generally,

(i) by raising the minimum standard of cubic space per bed. 66.

(ii) by providing sufficient beds to accommodate inmates requiring hospital treatment. 68.

Each ward should be sanctioned (or licensed) for occupation by a certain number of inmates; and the governor should report whenever a ward is occupied beyond its sanctioned (or licensed) capacity. 67.

Treatment of Tuberculosis, etc.

Means should be taken to ascertain the number of phthisical cases among the outdoor poor. 71.

Outdoor relief should not be withheld from a phthisical case simply because of a refusal to be treated in a poorhouse hospital. 71.

Much of the unoccupied space in poorhouses might, with slight alteration, be profitably used in the treatment of phthisis. 74.

Phthisical cases should be segregated, for administrative reasons as well as on medical grounds. 75.

But, owing to want of power to detain persons in a poorhouse, better results might follow from sending cases to a sanatorium dissociated from a poorhouse. 77.

Cases of malignant and offensive diseases should, as far as possible, be segregated. 78.

[1] The indoor relief recommendations here enumerated are those suggested throughout the Report. There are others, more strictly falling within the scope of the poorhouse rules and regulations, which are not here dealt with, but are given effect to in the suggestions for amendment of these rules and regulations, to be found in the Supplement.

Classification of Inmates.

PARAG.

82. The medical officer should classify inmates as regards their physical condition and capacity for work on admission, and thereafter should have power to revise the classification when necessary.

83. The accommodation of the poorhouse should be so arranged as to isolate one class from another.

84. In many poorhouses no need exists for retaining the class of 'infirm' inmates.

85. Classification according to character should be attempted.

85. Parents should have access to their children at reasonable times.

Admission of Inmates.

98. A more immediate and a more thorough medical examination of inmates should be made on admission.

98. To assist in this, the information supplied by the certifying outdoor medical officer should be more complete.

98. In many parishes, a room might be provided for the medical examination of applicants for relief.

99. An attendant should always accompany cases removed to the poorhouse by ambulance.

162. The governor should be empowered, in an emergency, to admit cases without the necessary papers.

Discharge of Inmates.

100. Better arrangements should be made for the discharge of inmates that may have become able-bodied.

Diet of Inmates.

93. A more varied dietary should be allowed.

94. The diets prescribed by the dietary scale being minimum diets, the food provided for any inmate should be not less than the dietary allows.

95. The routine use of stimulants should be checked.

96. The cooking and cooking appliances should be improved.

The medical officer should have the following additional powers and duties:—

93. (i) to advise the House Committee in framing a dietary suitable for use in the poorhouse.

95. (ii) to advise the House Committee if, at any time, a temporary change of food is essential to the health of the inmates or to any class of them.

95. (iii) to revise the diet of each sick inmate at least once in every four weeks.

95. (iv) to frequently inspect the food, cooked and uncooked.

95. (v) to prescribe a special diet for any inmate when necessary.

95. (vi) to revise, at intervals of not more than eight days, every order for stimulants supplied to an inmate.

Discipline and Punishment of Inmates.

The whole question of poorhouse discipline and punishment should be reconsidered, and

124. (i) discipline should be enforced, as far as possible, by the withholding of privileges or of diet and by rewarding good behaviour.

124. (ii) when such punishment is too mild, the case should, whenever possible, be handed to the police to deal with.

108 and 124. (iii) when it is proposed to inflict punishment (*e.g.* extra work, deprivation of food, confinement in a cell) within the poorhouse, the medical officer should certify that the inmate is fit to bear it.

124. (iv) corporal punishment of girls and the use of penal dress should be prohibited.

(v) the structure and condition of confinement cells should be improved.

(vi) smoking in the poorhouse should be allowed under regulation.

Bathing of Inmates.

101. Should be regularly carried out, and superintended by paid officials, under the advice, where necessary, of the medical officer.

Complaints by Inmates.

PARAG.

Better arrangements should be made for the medical officer seeing every inmate that complains of illness. 110.

Any inmate, that so desires, should be allowed to make a complaint to the Visiting Committee, without the officials being present. 137.

Deaths of Inmates.

Sudden and unexpected deaths should be reported more systematically to the Procurator-Fiscal and to the Board. 105.

Any other deaths, occurring within twenty-four hours of admission to the poorhouse or of removal from the ordinary to the sick wards, should be reported to the Board.

The medical officer should keep a register of deaths.

Dispensing and Supplying Medicines.

Rules should be drawn up in terms of Section 66 of the Poor Law Act, 1845. 140.

Medicines should, as far as possible, be obtained under contract at scheduled prices.

The medical officer should be responsible for the stock of medicines kept in the poorhouse.

A visiting or a resident dispenser should be appointed to some of the largest poorhouses.

Medical Officer.

The powers of the medical officer should be enlarged, and, in addition to the duties above mentioned, he should 86.

(i) be responsible for the management of the sick wards, but, where he is non-resident, the governor should assist him in maintaining discipline. 87.

(ii) enter his instructions as to the treatment of a sick patient on a bed card. (Bed cards and a new register of sick should be instituted.)

(iii) visit the children's wards at least once a week and prescribe for such children and infants as require treatment. 89.

(iv) inspect, quarterly, the ventilation, heating, and general sanitary condition of the poorhouse. 90.

(v) be given facilities for calling in another medical practitioner or an extra nurse, when required. 102–3.

(vi) have power to recommend that a patient be sent to a general hospital for special treatment. 103.

(vii) make an annual report. 109.

(viii) be obliged to name a substitute. 111.

(ix) be obliged in certain circumstances to reside in the poorhouse. 112.

Salaries of Medical Officers.

These seem to call for revision in some cases. 139 and 176.

Governor, Matron, and Subordinate Officials.

The offices of governor and matron should be made statutory, as is that of the inspector of poor. 113–4.

Some of the governor's duties should be transferred to the medical officer. 113.

Where the matron is qualified, she should in certain poorhouses be allowed to perform the duties of trained nurse. 135.

In other poorhouses she should have no jurisdiction within the sick wards, but she should be responsible for 114.

(i) cooking the food and washing the clothes for these wards.

(ii) selecting inmate helpers for scrubbing, etc.

Subordinate officials should be required to report 115.

(i) any defect they may observe in the sanitary arrangements.

(ii) any inmate who complains of illness or who may appear to be out of health.

Trained Sick Nursing.

Pauper nursing should be abolished and a general system of trained nursing introduced. 126.

To promote this, the Board should have more direct control over poorhouse nursing.

PARAG.

127. As regards the standard of training:

(i) the present minimum of two years' training should be maintained, but

(ii) an effort should be made to encourage the appointment of nurses with three years' training.

As regards the supply of nurses:

128. (i) it would be highly expedient to staff the poorhouses with nurses specially trained to work under Poor Law conditions.

129. (ii) this being so, pecuniary inducements should be held out

130. (*a*) to probationers.

131. (*b*) to certain large poorhouses to become training institutions.

132. (*c*) to other poorhouses to co-operate with the training institutions, and

131. (iii) a portion of the medical relief grant might be devoted to this purpose.

130–1. (iv) the arrangements as to training, etc., should be under the direction of the Board.

As regards the proportion of nurses to patients:

133. (i) fewer patients should be allowed to each nurse.

134. (ii) the number of nurses required for each poorhouse should be determined after inquiry into its circumstances.

133. (iii) night nursing should be more efficient.

(iv) constant attention should be provided for dying cases.

136. Rules for nurses should be drawn up defining their relation to the medical officer, governor, and matron.

Visitation of the Poorhouse.

137. More regular visitation might be secured if visiting members were allowed to visit either conjointly or separately.

138. Employment of inmates, as practised by the Brabazon Society, should be encouraged.

OUTDOOR MEDICAL RELIEF.

General Arrangements.

142. The Board should have more direct control over the medical relief arrangements in a parish.

141. Every parish ought to furnish medical relief at least equal to that provided by the present rules.

143. The appointment of medical officers in each parish should be required by statute.

144. Dwelling-houses for medical officers should be provided in certain parishes.

145. Additional medical attendance should be provided in certain Highland and Island parishes.

146. The supply of medicines under either of the following methods should be discontinued:—

(i) by the medical officer in respect of his salary.

(ii) by the medical officer or by a druggist in respect of a fixed annual payment.

146 and 152. Parochial depôts for medicines should be established in outlying districts; school premises might be made available for this purpose.

147. The advertisement at present required when a vacancy occurs in the medical officership of a parish might be curtailed.

Tenure of Office of Outdoor Medical Officers.

173. Parish medical officers should have the same tenure as medical officers of health and sanitary inspectors under the Public Health Act, 1897.

The Duties of the Medical Officer and the Inspector of Poor.

150. Nutritious diet, cordials, etc., should be provided in accordance with existing rules, unless in parishes where these are impracticable.

151. An inspector of poor who, in the exercise of his discretion, does not implement an order by the medical officer should be required to report accordingly forthwith.

153. The medical officer should be obliged to name a substitute.

154. Lists of aged and infirm need no longer be sent to the medical officer, who should be required to attend a poor person on presentation of the pay ticket.

PARAG.

When, on the order of a member of the Parish Council, the medical officer attends a poor person in a case of sudden and urgent necessity, he should notify the inspector of poor. 155.

The medical officer's register of sick should be more systematically kept; a second register should be introduced, and a periodical report of work done should be submitted to the Parish Council and to the Board. 156.

Nursing of Outdoor Poor.

Parish Councils should be encouraged to subscribe to the funds of voluntary nursing associations. 157.

Such subscriptions might be allowed to rank against the medical relief grant. 158.

Boarded-out Children.

The method of supplying medical attendance adopted by the larger parishes should be made general. 159.

The expediency of holding an inquiry into the boarding-out system should be considered. 160.

Casual Sick Poor.

Accommodation for casual sick poor should be more generally supplied. 161.

The provision of such accommodation, if required by the Board, should form a condition of participation in the medical relief grant. 161.

Tramps—not Paupers—Found Lying Ill.

Should be dealt with by the Poor Law, Police, or Sanitary Authorities, according to circumstances. 174.

Parochial Lodging-houses.

As regards what may be termed non-statutory poorhouses,

(i) further inquiry might be made into their history and equipment. 164.

(ii) if they are to be continued, their medical relief arrangements should be periodically inspected by officers of the Board. 164.

As regards what may be termed dwellings for outdoor poor,

(i) they afford, under certain conditions, a means of providing accommodation for infirm paupers who are without relatives or friends, and who refuse to go to the poorhouse or cannot be removed thereto. 165.

Compulsory Removal of Poor Persons to a Poorhouse.

It is for consideration whether Parish Councils should not be empowered to remove a poor person to a poorhouse on a medical certificate and a judicial warrant affirming that the condition of the poor person or of his surroundings justifies such removal. 169.

Compulsory Detention of Poor Persons in the Sick Wards of a Poorhouse.

It is for consideration whether Parish Councils should not be empowered to detain in a poorhouse hospital any sick poor person who is certified to be unfit to leave it, on a judicial warrant following thereon. 170.

Convalescent Homes.

The practice of subscribing to and of sending patients to convalescent homes, etc., should be left to the discretion of Parish Councils. 171.

GRANT IN AID OF MEDICAL RELIEF.

Basis of Distribution.

The basis should continue to be vouched expenditure in the meantime at least. 178.

The proposed grant for probationers should form a first charge against the £20,000, the balance to be distributed proportionally in aid of outdoor and indoor medical relief expenditure (including trained sick nursing). 131 and 180.

Unless the total grant be increased, a slight reduction should be made in the amount allowed in respect of each trained nurse. 183.

Grant to combination poorhouses should be paid to House Committees. 181.

After a few years, the grant to each authority might be fixed for a stated period. 184.

Conditions of Participation.

PARAG.

175. The present 'minimum expenditure' should be abolished.

176–7. Neither a 'minimum' nor a 'maximum' expenditure would be required if the Board had fuller powers to revise the salaries of medical officers.

176. The salaries of all medical officers, so far as they rank as a claim against the grant, should be reviewed and re-arranged on an equitable basis.

180. No grant should be paid in aid of indoor medical relief unless trained sick nursing is provided.

188. Reciprocal medical relief obligations between parishes should be extended to medicines.

Items of Expenditure Claimable against the Grant.

185. In addition to the proposed grant for probationers, the admissible expenditure should include the cost of providing trained nursing to the outdoor poor.

186. Subscriptions to hospitals should be carefully scrutinised, but existing powers would appear to be sufficient.

187. Medical officers should perform all medical and surgical work without extra fee, but, where extra advice or assistance is needed, it should be paid for and allowed against the grant.

RECOMMENDATIONS INVOLVING LEGISLATION.

It may here be useful to specially set forth the more important recommendations of a general nature, which cannot be given effect to without legislation :—

(i) The stereotype imposed in Section 22 (4) of the Local Government (Scotland) Act, 1889, should be removed, and the Board empowered to make orders for the administration of medical relief under the same safeguards and restrictions as exist in England and in Ireland.

(ii) Power should be obtained to pay the proposed grant to probationer nurses.

(iii) The basis of the Local Taxation contributions to Parish Councils should be revised so as to provide a larger sum in aid of medical relief, both indoor and outdoor, and, *inter alia*, towards securing medical attendance, where necessary, to the non-pauper population of remote districts.

(iv) The position of outdoor medical officers and of governors and matrons of poorhouses should be placed upon a statutory footing.

We regret that we have been unable to issue our report sooner. The delay is mainly attributable to the wide scope of the remit and the practical character of the questions submitted to us. The inquiry has involved the consideration of much detail. The revision of the poorhouse rules and regulations (which number roughly 180) has alone taken up much time and required much thought. In making our recommendations we trust that we have been able to hold an even balance between the well-being of the poor, outdoor and indoor, and the interests of the ratepayers by whom they are supported.

In conclusion, it is our duty and our pleasure to testify to the able and assiduous services rendered by our Secretary, Mr Jeffrey, who has spared neither time nor trouble from beginning to end of our labours.

We have the honour to be,

Gentlemen,

Your obedient Servants,

J. PATTEN MACDOUGALL.
W. LESLIE MACKENZIE.
R. B. BARCLAY.

J. JEFFREY, *Secretary.*
17*th March* 1904.

SUPPLEMENT TO REPORT.

RULES AND REGULATIONS FOR THE MANAGEMENT OF POORHOUSES.

AMENDMENTS PROPOSED BY DEPARTMENTAL COMMITTEE.

(*Note.*—The recommendations contained in Part IV. of the Report, so far as they affect the poorhouse rules, are included in the following proposed amendments. In terms of the remit, these amendments deal with the whole of the rules.

The expressions 'Board of Supervision' and 'Parochial Board' throughout the rules should be altered to 'Local Government Board' and 'Parish Council' respectively. The phraseology of some of the rules seems capable of improvement, but has not been dealt with.)

House-Committee.

I. The management of the Poorhouse shall be under the immediate control of a House-Governor, assisted by a Matron, subject to the orders of a Committee of the Parochial Board or Boards of the Parish or Parishes to which the Poorhouse belongs; and such Committee, in transacting the business committed to them, shall exercise all the powers necessary for that purpose which belong to the Parochial Board or Boards.

I. In view of the provisions of sections 33 and 55 of the Local Government (Scotland) Act 1894, we are of opinion that this rule should be abrogated and the following substituted therefor:—

(*a*) 'The management of the Poorhouse shall be under 'the control of a House-Committee, who shall administer 'the following rules and regulations for the management 'of the Poorhouse, framed under sections 64 and 66 of the 'Poor Law Act 1845, and approved by the Local Govern-'ment Board.'

(*b*) 'The House-Committee shall be elected annually at 'the statutory meeting of the Parish Council or Parish 'Councils of the Parish or Combination to which the Poor-'house belongs, and shall consist of such number of Parish 'Councillors as may be agreed upon by the Parish Councils 'concerned.'

II. One of the members of the House-Committee, so appointed, shall be named Chairman, who shall be convener of the Committee; and another member shall be named Vice-Chairman, who shall perform the duties of the Chairman in case of his absence or inability.

II.

III. If the Parochial Board or Boards, in their minute appointing the House-Committee, shall not name the Chairman and Vice-Chairman, then the Committee shall proceed to elect their Chairman and Vice-Chairman at their first meeting, to be held within fourteen days after the appointment of the House-Committee, either in the Poorhouse or in its vicinity—such meeting to be called by the House-Governor of the Poorhouse; or, if there be no House-Governor, by the Inspector of the Parish in which the Poorhouse is situated.

III. In lieu of this rule we propose the following:—

(*a*) 'At the first meeting of the House-Committee after 'their election they shall proceed to elect a Chairman and 'Vice-Chairman—such meeting to be called by the Clerk 'of the Parish Council or by the Secretary of the Poorhouse 'Combination as the case may be, and the notice of 'meeting shall specify this as the first duty to be per-'formed at the meeting.'

(*b*) 'The House-Committee may appoint Sub-Com-'mittees to perform any duties that can properly be 'delegated to Sub-Committees.'

IV. The House-Committee shall hold ordinary meetings, at the least once in every three months, at stated times to be fixed by the Parochial Board or Boards in the minute naming the Committee; or, if not so fixed, then at such stated times as shall be fixed by the Committee.

IV. Omit the words 'by the Parochial Board or Boards 'in the minute naming the Committee; or, if not so fixed, 'then at such stated times as shall be fixed.'

V. The House-Committee shall hold special meetings at such times as the Chairman, or, in case of his absence or inability, the Vice-Chairman, shall call such meetings.

V. In lieu of this we propose the following:—

'The House-Committee shall hold special meetings at 'such times as the Chairman, or, in his absence or 'inability to act, the Vice-Chairman, shall fix.'

VI. The proceedings of all meetings of the House-Committee shall be recorded in a Minute-Book to be kept for that purpose in the Poorhouse, in which the minute of each meeting shall be signed by the Chairman of that meeting, or, in his absence, by a member on the authority of the Committee, and the same shall be reported to the Parochial Board or Boards from time to time, or at such times as the Parochial Board or Boards shall direct by the minute appointing the Committee.

VI. We propose:—

(*a*) that in lieu of the words 'for that purpose in the 'Poorhouse' there be substituted the following:—'by the 'Clerk of the Parish Council in the case of a Parish 'Poorhouse, and by the Secretary of the Combination in 'the case of a Combination Poorhouse.'

(*b*) that in lieu of the words 'direct by the minute 'appointing the Committee' there be substituted the word 'require.'

We further suggest that provision should be made for a copy of the minutes being kept in the Poorhouse.

POORHOUSE RULES.	PROPOSED AMENDMENTS.
HOUSE-COMMITTEE—*continued.*	HOUSE-COMMITTEE—*continued.*
VII. The House-Committee shall uphold and maintain the Poorhouse and premises in good and substantial repair, and shall, from time to time, remedy, without delay, any such defect in the repair of the house, its drainage, warmth, or ventilation, or in the furniture or fixtures thereof, as may tend to injure the health of the inmates;—and, with a view to so upholding and maintaining the Poorhouse, shall insure and keep insured the same against damage by fire, for such sum, being reasonably sufficient to cover any probable loss, and in such manner, as the Committee may determine. But alterations of the Poorhouse or premises requiring additional building, or the removal of any building or wall, or an alteration in the authorised use of any portion of the building, shall not be undertaken by the House-Committee, except with the concurrence of the Parochial Board and the Board of Supervision.	VII. We submit the following recommendations with regard to this rule:— (*a*) Omit the words 'the Parochial Board and' near the close of the rule. (*b*) Insert a new rule to the effect that where any expenditure is to be met out of Loan it should be authorised by the Parish Council or Parish Councils concerned, who alone have power to borrow. (*c*) Insert a new rule to the effect that when any work or repairs are undertaken, they should be contracted for in all cases where the contemplated expenditure exceeds a certain sum, say £25. (*d*) A rule should be framed embodying Board of Supervision minute of 2nd Dec. 1852 as to obtaining a certificate from a medical practitioner, and an architect or builder, as to the fitness for occupation of any new Poorhouse, or any new part thereof. (*e*) The provisions of circular dated 23rd July 1868 as to numbering the various apartments of the Poorhouse should be incorporated in a rule. (*f*) A rule should be framed to the effect that each ward or apartment shall be occupied only by such number of inmates as may be sanctioned by the Local Government Board. It should also be incumbent on the Governor to report to the Chairman of the House-Committee and to the Board whenever a ward is occupied by a number of inmates in excess of the sanctioned number. (*g*) It should be obligatory on the House-Committee to provide fire-escapes and fire-extinguishing apparatus.
VIII. The House-Committee shall, once at least in every year, and as often as may be necessary for cleanliness, cause all the rooms, wards, offices, and privies belonging to the Poorhouse to be lime-washed, and the cesspools to be emptied.	VIII. In lieu of this rule we suggest the following:— 'The House-Committee shall, at least once in every year, 'and as often as may be necessary for cleanliness, cause the 'walls of all rooms, wards, and offices to be thoroughly 'cleansed or lime-washed; they shall cause all privies to 'be lime-washed, and all drains to be examined and tested; 'they shall also periodically cause all cesspools to be 'emptied. They shall appoint a Sub-Committee to see 'that the work is duly performed.'
IX. The House-Committee shall purchase and procure, from time to time, provisions, clothing, linen, bed-clothes, and every article required for the use of the Poorhouse, and shall not employ any member of the Parochial Board or Boards, by which the Committee was appointed, to furnish such articles, or to execute any work connected with the Poorhouse, unless the offers for the contracts for such supplies or work shall have been, by sealed tenders, so transmitted that it shall not be known to the Committee, at the time when a tender is accepted, by whom it was made.	IX. After the words 'from time to time' insert 'by 'tender, if possible.' We further propose to delete the words 'unless the offers' etc., to the end of the rule, and to introduce a new rule to the following effect:— 'All contracts for the supply of goods to the Poorhouse 'or for work to be performed therein shall be by sealed 'tenders, so transmitted that it shall not be known to the 'Committee, at the time when a tender is accepted, by 'whom it is made.'
X. The House-Committee shall cause all accounts of supplies furnished, work executed, or other expenses incurred on account of the Poorhouse, to be made out as against the House-Committee, and no such account shall be paid or transmitted to any other committee or officer of the Parochial Board, with a view to its payment, until it has been examined by the House-Committee, and docqueted by their order.	X.
XI. The House-Committee shall determine what poor children admitted to the Poorhouse shall be boarded out, and shall see that such as are so boarded are placed with proper persons, that their education is properly attended to, and that they are trained to habits of industry. The House-Committee shall also see that proper masters or employers are provided for all pauper children under the charge of the Committee, who are apprenticed or sent to service, and that the Chaplain and the House-Governor, or other person charged with that duty, continue to exercise a regular superintendence in respect to them, so long as they are chargeable to the Parish.	XI. As the ultimate responsibility in connection with boarding out pauper children rests with the Parish Council, we consider that, having ascertained that a child is fit for being boarded out, the House-Committee should have no further duty in the matter than to report the fact to the Inspector of Poor of the Parish concerned. Any other course might lead to misunderstanding and friction. We therefore recommend that the rule be amended accordingly.
XII. The House-Committee shall cause to be laid before them, at every ordinary meeting, the Register of the inmates, with an abstract showing the number who have been admitted, dismissed, have died or absconded, or have been removed, since the date of the preceding abstract; also, the record of cases of misconduct and punishment; also the Report-book of the Medical Officer, the Visitor's Report-book, and the House-Governor's Journal; also a statement of the provisions, clothing, and other necessaries received, expended, and remaining in the Poorhouse; also all accounts of expenses chargeable to the House-Committee, and such other books, accounts, and documents as, by these rules, are required to be laid before them.	XII. (*a*) The words 'or left the Poorhouse' might be substituted for the words 'or absconded' in line 4. (*b*) We consider that intimation should be sent by the Governor to the Inspector of Poor of the Parish concerned of any inmates who may be certified by the Medical Officer as able-bodied, with a view to their discharge from the Poorhouse. This applies specially to Combination Poorhouses. A record of such intimations and of the results attending them should be submitted to the House-Committee at their first meeting. (*c*) We are of opinion that there should be a rule to the effect that all payments for goods, etc., should, as far as possible, be made by cheques signed by two members of the House-Committee and countersigned by the Clerk.

POORHOUSE RULES.	PROPOSED AMENDMENTS.
HOUSE-COMMITTEE—*continued.*	HOUSE-COMMITTEE—*continued.*
XIII. The House-Committee shall, once at least in every year, name two or more of their number a Sub-Committee, to be present when the House-Governor takes stock of provisions, clothing, linen, bed-clothes, furniture, and other articles belonging to the Poorhouse, and the members so present shall countersign the account of stock so taken, which shall be laid before the House-Committee at their next ordinary meeting.	XIII. We are of opinion that a proviso should be added to this rule to the effect that, where a House-Committee consider it expedient to do so, they may appoint a competent person not connected with the Poorhouse to supervise the stock-taking required by rule XVIII. (8); such person to be paid a reasonable fee for so doing, and to grant a certificate as to the correctness of the stock in hand.
VISITATION OF POORHOUSE.	VISITATION OF POORHOUSE.
XIV. The Poorhouse shall be visited once at least in every week, by a Committee of two or more members of the Parochial Board. The Visiting-Committee shall carefully examine the Poorhouse—shall satisfy themselves as to the quantity and quality of the provisions issued to the inmates—shall ascertain whether the House is kept clean, well-ventilated, and sufficiently warm, and whether the inmates are properly attended to and accommodated—and shall write such answers as the facts may warrant to the following queries, which are to be printed on each page of a book, to be provided by the House-Committee, and kept for that purpose in the Poorhouse, and which is to be submitted by the House-Governor to the House-Committee at every ordinary meeting:—	XIV. (*a*) We think that a new rule should be framed with regard to the appointment of the Visiting-Committee. This rule should state that, in the case of a Parish Poorhouse the Parish Council, and in the case of a Combination Poorhouse the House-Committee, shall appoint the Visiting-Committee. (*b*) We are of opinion that, subject to the approval of the House-Committee, it should be permissible for the members of the Visiting-Committee to visit either conjointly or separately. (*c*) After the word 'week' in the second line we propose that the rule should read 'or at such other intervals as may 'be approved by the Local Government Board, by one or 'more members of the Visiting-Committee. They shall 'carefully,' etc. Some of the questions appear to invite a categorical 'yes' or 'no.' We think it might be well to ask that the points to which attention is called should be fully set forth. We also think that the Visitor should enter the hour of his arrival and departure, and the part of the House seen.
(1) Is the House, with its supplementary buildings, wards, yards, and appurtenances, clean and well-ventilated?	(1)
(2) Do the inmates appear clean and decent in their persons and clothing, and orderly in their behaviour; what is the nature of the employment provided?	(2) Omit the words 'what is the nature of the employ-'ment provided.' Add the words 'are the beds and bedding 'in proper order?'
(3) Are the inmates usefully employed according to their capacity; and can you suggest any improvement in their employment?	(3)
(4) Are the infirm in body or mind properly attended to, according to their several conditions?	(4)
(5) Are the children, or others at school, making due progress; and does the Chaplain attend regularly to their religious instruction?	(5) In lieu of this we propose the following:— (*a*) 'Are the young children properly nursed and 'taken care of, and do they appear to be in a clean and 'healthy state?' (*b*) 'Are the children of school age sent to school, and 'is the record of their attendances satisfactory? If not, 'why not? Or do they receive education in the 'Poorhouse?' (*c*) 'Is the industrial training of any children over 'school age who may be in the Poorhouse properly 'attended to?'
(6) Is the Medical Officer regular in his attendance?	(6) In lieu of this we propose to substitute:— 'Is the Medical Officer regular and systematic in his 'attendance? Is the record of his visits regularly kept?'
(7) Do the patients in the sick-ward appear to be in as satisfactory a state as their ailments admit of?	(7) Add:—'Are the nursing arrangements satisfactory?'
(8) Is there any infectious disease in any of the wards, or are any of the children not vaccinated?	(8) After 'infectious' add 'or contagious.'
(9) Is the established dietary duly observed, and are the hours of meals regularly adhered to?	(9)
(10) Is the separation of the sexes and various classes of inmates strictly enforced; in particular, are children absolutely separated from adults, and married women from mothers of illegitimate children?	(10) This rule, involving as it does the *absolute* separation of children from adults, would appear to contemplate the separation of a child from its parents. If so, it seems to us to be unnecessarily harsh and should be amended. Parents should have access to their children at reasonable times.
(11) Is any complaint made by any of the inmates against any official, or in respect of the provisions or accommodations?	(11) We think that a proviso should be added to this rule to the effect that if an inmate desires to make a complaint in the absence of the officials, the Visiting-Committee shall afford him an opportunity of doing so, and shall forthwith enter his complaint in writing in the Visiting-book. The Visiting-Committee should also be empowered to report if the number of inmates in any ward exceeds the sanctioned number.
XV. The Visiting-Committee shall forthwith report in writing to the Chairman or acting Chairman of the House-Committee, any observations connected with the Poorhouse which may appear to them to require the immediate attention of that Committee.	XV. After 'The Visiting-Committee' add 'or any 'member of it.'

POORHOUSE RULES.

Visitation of Poorhouse—*continued.*

XVI. The members, and the Secretary of the Board of Supervision, and all officers and persons duly authorised by that Board, and all the members of the Parochial Board of a Parish having a pecuniary interest in the Poorhouse, and all persons duly authorised by any such Parochial Board or by the House-Committee, or by the Chairman acting on behalf of that Committee shall be entitled to visit and inspect the Poorhouse, and to enter any remarks thereon in the book containing the questions to be answered by the Visiting-Committee; and no officer of the Poorhouse shall in any way, directly or indirectly, impede such visit or inspection, or the entry of such remarks; and no other person, unless legally authorised, shall be allowed to enter the Poorhouse, so as to be enabled to communicate with the inmates, without permission from the House-Governor or Matron.

XVII. In the Poorhouse there shall be a House-Governor, a Matron, and a Porter, who shall be paid officers, and shall reside within the Premises, and the duties of such resident officers and their assistants respectively shall be as herein after specified.

Governor.

XVIII. The following shall be the duties of the House-Governor:—

(1) To admit poor persons to be inmates of the Poorhouse, in accordance with the rules of the Poorhouse and orders of the House-Committee; and not otherwise.

PROPOSED AMENDMENTS.

Visitation of Poorhouse—*continued.*

XVI.

XVII. We consider that this rule should be abrogated and that the following should be substituted for it:—

'The Parish Council (or House-Committee in the case 'of a Combination Poorhouse) shall, whenever it may be 'requisite, or whenever a vacancy shall occur, appoint fit 'persons, who shall be paid officers, to hold the under-'mentioned offices, and to perform the duties respectively 'assigned to them:—

'Governor.	Matron.
'Medical Officer.	Trained sick nurse.*
'Chaplain.	Porter.'

In the case of a Combination Poorhouse, the House-Committee should also appoint a Secretary and Treasurer to the Combination.

A proviso should be added to the rule to the effect that, in appointing trained nurses, the Parish Council or House-Committee shall be guided by the Medical Officer, who shall report on the qualifications of the applicants.

A rule should be framed providing that the Governor, Matron, Trained Nurses, and Porter shall reside on the premises.

* The number of trained sick nurses to be in accordance with a scale to be fixed by the Local Government Board, after inquiry.

Governor.

XVIII. We are of opinion that in those Poorhouses in which the Medical Officer is non-resident, the Governor should have a power of general supervision of the hospital or the sick wards, as the case may be. He should report to the Medical Officer anything connected with the discipline and management of these wards that may come under his notice, and should enter in his journal anything of importance that he may thus report. A rule should be framed to that effect.

We consider that the following should be the first of the rules relating to the House-Governor:—

'To be responsible to the House-Committee for the 'management of the Poorhouse in accordance with the 'rules and regulations framed by the Parish Council (or 'by the House-Committee in the case of a Combination 'Poorhouse), and approved by the Local Government 'Board.'

(1) We suggest the following amendment of this rule:—

The words 'and not otherwise' should be deleted, and the following substituted therefor:—'and also persons 'applying for admission, who shall appear to him to be 'destitute through any sudden and urgent necessity and 'to require relief in the Poorhouse.'

We also propose the following new rules:—

(*a*) 'To report in writing without delay to the Chairman 'of the House-Committee and to the Inspector of Poor of 'the Parish in which the Poorhouse is situated, any cases 'that he may admit without a written or printed order or 'medical certificate required by the rules.'

(*b*) 'To see that every person is examined by the 'Medical Officer as soon as possible after admission.'

(*c*) 'To cause all males over five years of age upon 'admission to be searched, cleansed, clothed, and placed 'in the class which, in the opinion of the Medical Officer, 'is best suited for them.' (Rule XXVII. says that the searching is to be done by, or under the inspection of, the *proper officer*, but that officer does not appear to have been defined. In every case the duty should be performed by a paid official.)

(*d*) 'To cause the clothes of poor persons on admission 'to be thoroughly cleansed.'

(*e*) 'To report to the Local Government Board every 'case in which an Inspector of Poor sends a poor 'person to the Poorhouse without the necessary papers.'

POORHOUSE RULES.	PROPOSED AMENDMENTS.
GOVERNOR—*continued.*	GOVERNOR—*continued.*
	XVIII. (1) (*f*) 'To send immediately for the Medical 'Officer when the admission certificate, or the appearance of 'the poor person, indicates that he, or she, is in a weak state 'of health, requiring immediate medical attention or advice, 'or suffers from symptoms of mental disease.'
	(*g*) 'On being informed by the Medical Officer that a 'case of infectious disease has occurred among the inmates, 'to communicate with the Local Authority and to carry out 'the other instructions specified in rule XXIV. (*b*).'
	(*h*) 'On being informed by the Medical Officer that any 'inmate is of unsound mind, to immediately inform the 'Inspector of Poor of the Parish in which the Poorhouse is 'situated and to carry out the other instructions specified 'in rule XXIV. (*c*).'
XVIII. (2) To keep the register of inmates, and to enter therein the name, religious persuasion, date of admission, and all other particulars required to be entered in the register as to every poor person admitted as an inmate.	(2) After 'date' in second line add 'and hour.' The register should also show the class in which, under the directions of the Medical Officer, the inmate is to be placed. We propose that the following additional rule should be inserted :— 'To file, and carefully preserve for future reference, the 'documents sent with the poor person on admission.'
(3) To lay before the House-Committee, at every ordinary meeting, an abstract, showing the number of inmates in the Poorhouse at the date of the last abstract—the number admitted, and the number who have died, absconded, been removed, or dismissed since that date ; also the number of inmates of each class, and the total number remaining in the Poorhouse.	(3) Substitute the word 'left' for 'absconded.'
(4) To receive all provisions, and other articles purchased or procured for the Poorhouse, and, before placing them in store or issuing them, to compare the bill of delivery with the order given ; to ascertain whether the quantities charged have been delivered, and whether they are in terms of the contract,—and if so, to authenticate the bills of delivery by his signature ; or if not, to report the same forthwith to the Chairman, or in case of his absence or inability, to the acting Chairman, of the House-Committee.	(4) We propose to insert after the word 'Poorhouse' the words 'other than medicines and medical appliances.' We propose also that the following additional rule should be inserted :— 'To be responsible for all provisions and articles placed 'in the store, other than medicines and medical appliances, 'and for the proper disposal of the same ; to keep an 'accurate account, in a book or books provided for that 'purpose by the House-Committee, of the receipt and 'expenditure of such provisions and articles received for 'the use of the Poorhouse, showing the manner in which 'each has been disposed of.'
(5) To receive all provisions, bed and body clothing, and other articles belonging to the Poorhouse, or confided to his care by the House-Committee ; to deliver or issue them to the Matron or other persons, as may be required or directed by the rules of the Poorhouse and the orders of the House-Committee, and to see that such articles are applied to such purpose as is authorised or approved by the House-Committee, and to no other.	(5) We propose that this rule should be abrogated and the following two rules substituted for it :— (*a*) 'To issue from the provision store to the Matron,* 'at such times as may be necessary, the articles of diet 'required for the inmates and the officials in accordance 'with the dietary in use, or in accordance with the 'directions of the Medical Officer in regard to any 'inmate, or class of inmates, for whom he may prescribe 'a special diet.' (*b*) 'To issue from the clothing store to the Matron or 'to the Lady Superintendent such bed and body clothing 'and other articles as may be requisitioned in writing for 'use in the Poorhouse and in the hospital or sick wards 'respectively, or such materials as may be required for 'keeping the female inmates employed, and to see that 'such articles or materials are applied to such purpose as 'is authorised or approved by the House-Committee.' * Where there is a separate kitchen for the hospital or sick wards the articles of diet for these wards would be handed to the Lady Superintendent.
(6) To keep an accurate account in a book, provided by the House-Committee for that purpose, of the receipt and expenditure of all articles received for the use of the Poorhouse, showing the manner in which each has been disposed of.	(6) This rule has been incorporated in the new rule above suggested.
(7) To lay before the House-Committee, at every ordinary meeting, an abstract of the provisions, clothing, and other necessaries received, expended, and remaining in the Poorhouse, together with an estimate of the quantity of such provisions or other articles required for the Poorhouse, and to execute such directions as he may receive from the House-Committee thereupon.	(7)
(8) To take stock of provisions, clothing, linen, bedclothes, furniture, and other articles belonging to the Poorhouse, in the presence of two or more members of the House-Committee, to be named a Sub-Committee, for that purpose, at least once in every year, at such time or times as the House-Committee shall determine.	(8) After the word 'purpose' insert 'or in the presence of 'a competent person who may be appointed by the House-'Committee under rule XIII. to supervise the stocktaking.'
(9) To keep a book, to be called 'The House-Governor's Journal,' to enter therein every important occurrence in the Poorhouse not entered in any other book ordered to be kept, recording from day to day the work on which the inmates are engaged, and to lay such Journal before the House-Committee at every meeting.	(9)

POORHOUSE RULES.	PROPOSED AMENDMENTS.
GOVERNOR—*continued.*	GOVERNOR—*continued.*
XVIII. (10) To keep the 'Daily Diet-Book,' and daily enter therein the number of inmates in each dietary class; the quantities of each article of diet which, according to the existing dietary, shall be required for each of such classes; and the total quantity of each article of ordinary diet to be taken from store, for consumption by the inmates; also, in like manner to keep the 'Sick Diet-Book,' and enter daily therein the extra diet and cordials prescribed and to be issued for each sick inmate, and the total quantity of each article of such diet.	XVIII. (10) After the words 'existing dietary' insert 'or 'the directions of the Medical Officer'; after 'such classes' insert 'or for any individual inmate.' The Governor should also, in our opinion, be required to enter in the 'Daily Diet-'Book' the rations issued for consumption by the officials.
(11) To keep all books of accounts which the House-Committee direct and require him to keep; to allow the same to be constantly open to the inspection of any member of a Parochial Board having a pecuniary interest in the Poorhouse, and to submit the same to the House-Committee at their meetings.	(11) In view of the powers conferred on the Board by sec. 35 of the Local Government (Scotland) Act 1894, we are of opinion that this rule should be abrogated and the following rule substituted therefor:— 'To keep all books and accounts which the Local 'Government Board may, from time to time, under any 'special or general order, prescribe and require him to 'keep; to allow the same to be open to the inspection of 'any member of the House-Committee at all reasonable 'hours; and to submit the same to the House-Committee 'at their meetings.'
(12) To enforce industry, order, punctuality, and cleanliness, and the strict observance of the several rules and regulations, by the inmates of the Poorhouse, and by the assistants and servants employed therein.	(12) In lieu of the words 'by the assistants and servants 'employed therein' we propose to substitute the following:— 'By the officers and servants employed in the Poorhouse, 'and to report to the Medical Officer anything connected 'with the discipline and management of the sick wards 'that may come under his notice.'
(13) To enter in his Journal, and, if necessary, to report forthwith to the Chairman or acting Chairman of the House-Committee, any transgression of the rules and regulations by any officer or person other than a hired servant or an inmate of the Poorhouse.	(13) We think that the following additional power should be given to the Governor, viz.:— 'To suspend from office, and to report forthwith to the 'Chairman of the House-Committee, any officer other than 'the Medical Officer, or the Chaplain, or person employed in 'the hospital or sick wards, who is unfit or incompetent or 'neglects his duty. In every case of such suspension the 'Chairman shall forthwith convene a special meeting of the 'House-Committee to investigate the circumstances and to 'determine whether such officer shall be dismissed or 'reinstated or otherwise dealt with.'
(14) To appoint, subject to the approval of the House-Committee, all the hired servants employed in the Poorhouse, and to select from amongst the inmates all the nurses and helpers, and to suspend or dismiss any or all of such hired servants, and to remove any or all of such nurses or helpers, from these employments, whenever it is just and proper so to do; entering every such suspension, dismission, or removal, with the reasons for the same, in the House-Governor's Journal, and reporting forthwith the fact of such suspension or dismission of a hired servant to the Chairman or acting Chairman of the House-Committee.	(14) In lieu of this rule we propose the following:— (*a*) 'To appoint, subject to the approval of the House-'Committee, all the male assistants and servants employed 'in the Poorhouse, excluding the hospital and sick wards, 'and to select from among the male inmates any male 'helpers that may be required.' (*b*) 'To suspend or dismiss, if necessary, any male or 'female assistants and servants, and to remove from em-'ployment any male or female inmate helpers whenever it 'is just and proper so to do, entering in his Journal every 'such suspension or dismissal with the reasons for the 'same, and reporting forthwith, in writing, the fact of 'such suspension or dismissal of an assistant or a servant 'to the Chairman or acting Chairman of the House-'Committee.'
(15) To state, in his Journal, and point out to the Visiting-Committee, anything in the condition or arrangements of the Poorhouse, tending, in his opinion, to injure the health of the inmates, and to direct the attention of the Medical Officer to the same.	(15) Instead of the words 'To state in his Journal and 'point out to the Visiting-Committee,' we recommend that the following be substituted:—'To enter in his Journal, 'and, if necessary, to report, in writing, to the Chairman or 'acting Chairman of the House-Committee.'
(16) To take care that the wards, rooms, kitchen, larder, and all other parts of the Poorhouse and premises, and all the utensils and furniture thereof, be kept clean and in good order; and, as often as any defect in the same, or in the state of the Poorhouse, shall occur, to report the same in his Journal to the House-Committee at their first meeting; and if the case be urgent, to report forthwith to the Chairman or acting Chairman of that Committee.	(16) After the word 'report' in the last clause of the rule we propose to insert the words 'in writing.'
(17) To obtain the order, in writing, of the House-Committee duly entered in the order-book to be provided for that purpose, and signed by the Chairman or acting Chairman, before purchasing or procuring any article for the use of the Poorhouse, or ordering any repairs of any part of the Poorhouse or premises, or of the furniture or other articles thereto belonging.	(17) This rule should, in our opinion, contain a proviso to the effect that in a case of necessity, the order, in writing, of the House-Committee may be dispensed with, and that the Governor may procure such articles as may be necessary in the special circumstances. In all cases where this power is exercised by the Governor, intimation thereof, in writing, should be sent to the Chairman of the House-Committee.
(18) To read prayers to the inmates, or cause prayers to be read, before breakfast and after supper every day, in the absence of the Chaplain.	(18)
(19) To cause the inmates to be inspected, and their names called over, immediately after morning prayers every day, in order that it may be seen that each individual is clean and in a proper state.	(19) Generally speaking, there is now no roll-call. Instead of a roll-call, we suggest that a card should be affixed to each bed, and that the official in charge of each of the sleeping wards should daily prepare a list of the inmates who have slept therein, and should hand this list to the Matron. The Governor should cause the inmates, except the sick, to be paraded daily and inspected for the purpose of seeing that they are clean and in a proper state. This inspection need not be extended to an examination of the persons of the inmates

POORHOUSE RULES.	PROPOSED AMENDMENTS.
GOVERNOR—*continued.*	GOVERNOR—*continued.*
	XVIII. (19) With regard to the cleanliness of the inmates after they have passed the probationary stage, the following should, we think, be added to the Governor's duties :— (*a*) 'To examine, or cause to be examined by a male 'official, at least once a week, every male inmate over five 'years of age, except those in the sick wards, so as to 'ascertain if he is clean in his person and underclothing.' (*b*) 'To bathe, or cause to be bathed by a male official, 'once a week, every male inmate over five years of age, 'except those in the sick wards, in accordance with the general instructions in regard to bathing.'* * For general instructions as to bathing, see p. 116.
XVIII. (20) To provide for and enforce the employment of all the inmates to the extent of their ability ; in case of the failure of suitable employment, to report the same without delay to the House-Committee in writing.	(20) Instead of the first clause we propose to substitute the following :— 'Under the directions of the Medical Officer, to provide 'for and to enforce the employment of the male inmates 'to the extent of their ability.'
(21) To visit the sleeping wards of the male inmates before noon every day, and to see that such wards have been duly cleaned and properly ventilated.	(21) After 'inmates' insert 'excluding the male sick 'wards.' In lieu of the words 'and properly ventilated' substitute 'and are properly aired.'
(22) To see that the proper quantity of each article of diet is daily given out to the Matron in accordance with the Daily Diet-Books.	(22) This rule will be superseded by what we recommend under XVIII. (5) (*a*).
(23) To say, or cause to be said, grace before and after meals.	(23)
(24) To see that the dining-halls, tables, and seats are cleansed after each meal.	(24)
(25) To visit all the wards of the male inmates at or before nine o'clock every night, and see that all the male inmates are in bed, and that all fires and lights are extinguished.	(25) We recommend that the following be substituted for this rule :— (*a*) 'To visit, or cause to be visited, all the wards of the 'male inmates every night at or before nine o'clock in 'winter, and ten o'clock in summer, and see that all the 'male inmates are in bed, and that no danger is likely to 'arise through fires or lights.' (*b*) 'To see that the stairs and corridors are provided 'with lights throughout the night, and that these lights are 'extinguished as soon after daybreak as possible ; also that 'all inmates have the means of communicating if necessary 'with the officials during the night.'
(26) To receive from the Porter the keys of the entrance to the Poorhouse every night at nine o'clock, and to deliver them to him again every morning at six o'clock, or at such other hours as shall, from time to time, be fixed by the House-Committee.	(26) This rule is impracticable, especially in large Poorhouses which, in some cases, require to be open all night. Accordingly, we advise that the keys should be kept by the Porter. (*Vide* under duties of Porter, p. 114.)
(27) To see that the male inmates are properly clothed and supplied with bed-clothes and bedding, and that their clothing, bed-clothes, and bedding are kept in a proper state.	(27) We consider that the Governor's duty should be confined to seeing that the male inmates (other than the sick *) are properly clothed, and that their clothing is kept in good repair. The rule should be amended accordingly. We propose to place upon the Matron the duty of seeing that all beds and bedding (other than in the sick wards *) are clean and in a proper state. * The clothing and bedding of the sick will be regulated by the Nursing Staff under the directions of the Medical Officer.
(28) To send for the Medical Officer of the Poorhouse in case any inmate is taken ill or becomes insane, and to take care that all sick and insane inmates are duly visited by the Medical Officer, and are provided with such medicines, attendance, diet, and other necessaries as the Medical Officer shall in writing direct, and to apprise the nearest relation, if any, in the Poorhouse, of the sickness of any inmate, and in the case of dangerous sickness to send for the Chaplain or other licensed Minister of the persuasion of the inmate, as well as for any relative or friend of such inmate, resident within a reasonable distance, whom he may desire to see.	(28) (*a*) After the words 'To send' we propose to add 'by a message in writing.' We also propose to omit the words 'or becomes insane' in the second line, and the words 'and insane' in the third line. We further propose to substitute the words 'to procure' for 'are provided with' in the fourth line. (*b*) We think that there should be laid upon the Governor the duty of directing the attention of the Medical Officer, at the first opportunity, to any inmate who complains of illness, or who may appear to be out of health although he may not complain. (*c*) It should be the duty of the Governor, on the statement, in writing, of the Medical Officer that the services of an extra nurse or of an extra medical practitioner are required temporarily, to apply to the Chairman of the House-Committee for authority to employ another nurse or medical practitioner. If, however, the circumstances are urgent, it should be the duty of the Governor to obtain, on his own initiative, the assistance asked for, and to report the same to the Chairman of the House-Committee.
(29) To give immediate information of the death of any inmate in the Poorhouse to the Medical Officer, and to the nearest relations of the deceased who may be known to him, and who may reside within a reasonable distance ; if the body be not removed within a reasonable time, to provide for the interment thereof.	(29) We are of opinion that the following additional rules with regard to deaths of inmates should be included among the Governor's duties :— (*a*) 'In every case of death by accident, sudden *and* 'unexpected death, or death under circumstances of 'apparent or alleged suspicion occurring in the Poorhouse, 'to report the same to the Procurator Fiscal ; such report 'to be in a form prescribed by the Local Government 'Board and to be dispatched immediately after the death.'

POORHOUSE RULES.	PROPOSED AMENDMENTS.
GOVERNOR—*continued.*	GOVERNOR—*continued.*
	XVIII. (29) (*b*) 'In every such case of death, to obtain 'from the Medical Officer a special written report as to 'the cause of death.'
	(*c*) 'On receipt of such special report to immediately 'transmit copies of it to the Procurator Fiscal and to the 'Local Government Board, to the latter of whom he shall 'also report whether or not the Procurator Fiscal intends 'to take proceedings as soon as he shall have learned his 'decision; and to submit the Medical Officer's special 'report to the next meeting of the House-Committee.'
	(*d*) 'In the case of every death which occurs within 'twenty-four hours after admission to the Poorhouse or 'removal from the ordinary wards to the hospital or sick 'wards, and which does not fall to be reported under rule '(*a*), to report the same to the Local Government Board 'in a form to be prescribed, and to enclose with the 'Report an extract from the Medical Officer's Register 'of Deaths Book.'*
	* Suggested on page 121.
	(*e*) 'To cause to be duly registered by the Registrar 'of the Parish or District in which the Poorhouse is 'situated, within eight days after its occurrence, the 'death of every poor person dying in the Poorhouse.'
XVIII. (30) To take charge of the clothes and other articles, if any, of such deceased inmate, and to deliver an inventory thereof to the next meeting of the House-Committee, who shall give the necessary directions respecting the same.	(30) For 'other articles' substitute 'funds and effects.'
(31) To report to the House-Committee, from time to time, the names of such children as may be fit to be put out to service or other employment, and to take the necessary steps for carrying into effect the directions of the House-Committee thereon.	(31) In lieu of the words 'as may be fit to be' insert 'as may properly be boarded out or.'
(32) To submit to the House-Committee, from time to time, a list of such books or other publications as he may think it necessary or advisable to introduce into the Poorhouse for the use of the inmates, and not to admit into the Collection any book or publication that has not been approved by the House-Committee.	(32) The words 'and not to admit,' etc., to end of rule might be deleted.
(33) To inform the Matron where he may be found before at any time he absents himself from the Poorhouse, and never to remain absent from the premises a whole night without leave from the Chairman or acting Chairman of the House-Committee.	(33)
(34) To perform, as far as may be, the duties of the Matron during her absence or inability.	(34)
(35) To inform the Visiting-Committee, and the House-Committee, of the state of the Poorhouse in every department, and to submit, in writing, to the House-Committee, at their ordinary meetings, any suggestions he may have to offer for the correction of abuses and the introduction of improvements in the management of the Poorhouse, and to observe and fulfil all lawful orders and directions of the House-Committee, suitable to his office.	(35)
(36) To cause copies of the Rules and Regulations as to discipline and offences and punishments, and as to Diet, to be kept suspended in the respective dining-halls and wards throughout the establishment.	(36)
(37) To attend, if directed so to do, the meetings of the House-Committee, and to write out the minutes of their proceedings, to enter them in the Minute-Book, and to procure the signature of the Chairman of each meeting to the minutes of its proceedings when so entered.	(37) We propose that all after 'House-Committee' should be omitted.
(38) To attend, and to cause the male hired servants to attend, morning and evening prayers.	(38) Omit.
	In addition to the above mentioned rules we recommend that the following should be included among the Governor's duties:—
	(*a*) 'To cause to be registered by the Registrar of the 'Parish or district in which the Poorhouse is situated, 'within twenty-one days after its occurrence, the birth of 'every child born in the Poorhouse; and to enter such 'birth in a register kept according to a form to be pre-'scribed by the Local Government Board, and to submit 'the same to the House-Committee.'
	(*b*) 'To give to the Parish Council or the House-Com-'mittee a bond of security for his intromissions.'
	(*c*) 'To bring before the House-Committee or Visiting-'Committee every inmate desirous of making an applica-'tion or a complaint.'
	(*d*) 'If any inmate requires the Governor to weigh or 'measure the allowance of provisions served to him at any 'meal, the Governor shall forthwith comply with the 'request in the presence of the inmate complaining and 'of two other persons.'

POORHOUSE RULES.

GOVERNOR—*continued.*

PROPOSED AMENDMENTS.

GOVERNOR—*continued.*

XVIII. (*e*) 'To see that due precautions against fire are 'adopted and that the appliances for the extinction of fire 'are at all times kept in good order and ready for use; 'also that instructions are given to the officers concerned 'and that they are acquainted with the duties to be per- 'formed by them in the event of an outbreak of fire.'

(*f*) 'To record in a register, to be provided for the 'purpose, the attendances of every child at school outside 'the Poorhouse, and to submit such register to the Visit- 'ing-Committee and to the House-Committee.'

(*g*) 'To see that every inmate undergoing punishment 'in a cell is visited during the day by an officer at 'intervals not longer than three hours.'

(*h*) 'If satisfied at any time that an inmate in the 'ordinary wards, though not so ill as to need the imme- 'diate attendance of the Medical Officer, is unable to eat 'the ration prescribed by the dietary scale, to issue to 'such inmate an alternative ration *; to record such alter- 'native ration in a book to be provided; and to exhibit 'the same to the Medical Officer at his next visit, in 'order that he may initial the same and make such com- 'ments thereon as he may deem necessary.'

(*i*) 'To cause notices to be hung up in the wards stating 'how and to whom complaints of illness or of treatment 'are to be made.'

(*j*) 'To direct the Matron to supply such inmate 'helpers as may be requisitioned by the Lady Super- 'intendent of Nurses or Head Nurse for service in the 'hospital or sick wards.'

(*k*) 'To report to the Chairman of the House-Com- 'mittee and to the Local Government Board whenever a 'ward is occupied by a number of inmates in excess of 'the sanctioned number.'

(*l*) 'On receipt of a certificate by the Medical Officer to 'the effect that an inmate is able-bodied, to intimate the 'fact forthwith to the Inspector of Poor of the parish to 'which the inmate is chargeable; to keep a record of 'such intimations and of the results attending them; 'and to submit the same to the House-Committee at each 'meeting.'

(*m*) 'To select from among the male inmates such fit 'persons as may be required, on the written requisition 'of the Lady Superintendent, for scrubbing or otherwise 'assisting in the sick wards.'

* We recommend that a number of alternative rations should be framed to meet such cases.

MATRON.

XIX. The following shall be the duties of the Matron:—

(1) To assist the House-Governor in the general management and superintendence of the Poorhouse, and especially in enforcing the observance of good order, cleanliness, punctuality, industry, and decency of demeanour, amongst the inmates; in cleansing and ventilating the sleeping-wards, dining-halls, and all other part of the premises, and in taking care of and preventing waste or loss in the articles provided for the use of the Poorhouse.

(2) In the absence of the House-Governor, or during his disability, to act as his substitute in all matters relating to the admission of poor persons; and in all other matters pertaining to his duties, so far as she may be capable of so acting.

(3) To take charge of the linen and stockings for the use of the inmates, and of all the other linen in use in the Poorhouse, and also of any other clothing or articles confided to her care by order of the House-Committee; and to apply the same to such purposes as shall be authorised or approved by the House-Committee, and to no other.

(4) To superintend and give the necessary directions for making and mending the linens and clothing supplied to the male inmates, and all the clothing supplied to the female inmates and children, and to take care that all such clothing be marked with the name of the Poorhouse.

(5) To superintend and give the necessary directions concerning the washing, drying, and getting up of the linen, stockings, blankets, and other articles, and to see that the same be not dried in the sleeping-wards or in the sick-wards.

MATRON.

XIX. Generally speaking, we recommend that the Matron should have no jurisdiction in the hospital or sick wards. She should, however, be responsible for cooking the food and for washing and mending the clothes of the inmates of these wards.* She should also supply such female inmate helpers as may be required for scrubbing or cleaning. These recommendations are embodied in our proposed amendments.

(1) After the word 'Poorhouse' in second line insert 'other than the sick wards.'

After the word 'inmates' in fifth line insert 'other than 'the sick.'

After the word 'premises' in sixth line insert 'other than 'the sick wards.'

(2) With regard to the sick wards we consider that any duty that the Governor may have therein should, in his absence, be performed by the Lady Superintendent of Nurses, or Nurse, as the case may be.

(3)

(4)

(5) Omit the words 'or in the sick wards.'*

* Where there are a separate kitchen and a separate laundry for the hospital or sick wards, they should be under the supervision of the Lady Superintendent of Nurses.

POORHOUSE RULES.	PROPOSED AMENDMENTS.
MATRON—*continued.*	MATRON—*continued.*
XIX. (6) To keep, in a book provided for that purpose by the House-Committee, a correct account of all linen, clothing, bedding, blankets, sheets, stockings, table napery, furniture, and other articles confided to her care, and to enter therein the date at which every article was received, the date when it was first issued for use, and the date when it became unserviceable; such book to be at all times open to the inspection of the House-Governor and of the Visiting-Committee and to be submitted by the House-Governor to the House-Committee at every ordinary meeting.	XIX. (6)
(7) To make a requisition for such articles as she deems to be necessary, in a book to be provided for that purpose, and which shall be laid by the House-Governor before the House-Committee at every ordinary meeting.	(7) In lieu of this rule we propose to substitute the following:— (*a*) 'To make a requisition, in writing, to the Governor 'for such clothing, bedding, or other articles or materials 'as may be necessary for use in the Poorhouse (other than 'the sick wards), or for keeping the female inmates em-'ployed.' (*b*) 'To advise the Governor as to the ordering of 'clothing, bedding, or other articles of which it may be 'necessary to keep a supply in stock.'
(8) To report, in writing, to the House-Governor, for the purpose of being entered in his Journal, any infringement of the Rules and Regulations of the Poorhouse, or of the orders of the House-Committee, by any officer or person other than an inmate in the department of the Poorhouse under her immediate charge; and, if she shall deem it necessary, also to report the same, in writing, to the Chairman or acting Chairman of the House-Committee.	(8) In lieu of this rule we propose that the following should be substituted:— 'To report, in writing, to the Governor, for the purpose 'of being entered in his Journal, any infringement of the 'Rules and Regulations of the Poorhouse, or of the orders 'of the House-Committee, or any negligence, or other 'misconduct by any of the assistants or servants under 'her immediate charge.'
(9) To appoint, subject to the approval of the House-Committee and the Governor, all the hired female servants employed in the Poorhouse, and to select from amongst the female inmates fit persons to be employed in washing and mending the linens and other articles of clothing; also nurses for the several wards, and to see that the persons so hired or employed perform the duties required of them.	(9) (*a*) After 'female' in the second line insert 'assistants 'and': omit the word "hired,' and the words 'also nurses 'for the several wards.' After 'Poorhouse' insert 'except 'the sick wards.' (*b*) We recommend the following additional rule:— 'To select from among the female inmates such fit 'persons as may be required, on the written requisition 'of the Lady Superintendent, for scrubbing or otherwise 'assisting in the sick wards.'
(10) To take care, with the assistance of the nurses, of the children, and of the sick and infirm inmates, and to provide the proper diet for the children and the sick, and to furnish them with such changes of clothes and linen as may be necessary, and to see that every proper assistance is rendered to them.	(10) We consider that this rule should be abrogated and the following rule substituted for it:— 'To take care, with such assistance as may be provided, 'of all infants, of all children under five years of age, and 'of all infirm inmates; to see that all inmates for whom 'the Medical Officer may prescribe special diet are supplied 'with such special diet; and that infants, women advanced 'in pregnancy, and women suckling infants have proper 'and suitable diet as directed by the Medical Officer; and to 'see that they are furnished with such changes of clothing 'as may be necessary.'
(11) To pay particular attention to the moral conduct and orderly behaviour of the female inmates and children, and to see that they are clean and decent in their dress and persons.	(11)
(12) To attend, and to cause the hired female servants to attend, morning and evening prayers.	(12) Omit.
(13) To provide for and enforce the employment of all female inmates, to the extent of their ability, and to assist in training up the children, so as to fit them for service, or other employment, reporting to the Governor without delay any failure of suitable occupation.	(13) (*a*) After the words 'To provide for' we propose to add 'and under the directions of the Medical Officer, to 'enforce' etc. (*b*) We think that it should be the duty of the Matron to report to the Governor any children that she may consider fit to be boarded out.
(14) To call over the names of the inmates in each ward every morning, at the hour fixed by the House-Committee, and to inspect their persons, and see that they are clean.	(14) *Vide* what we propose under No. 19 of the Governor's duties with regard to a substitute for the roll-call, and with regard to exempting the sick from the daily parade. In respect to cleanliness we think that the following should be added to the Matron's duties:— (*a*) 'To examine, or cause to be examined by a female 'official, at least once a week, every child under five years 'of age and every female inmate, except those in the sick 'wards, so as to ascertain if he or she is clean in his or her 'person and underclothing.' (*b*) 'To bathe, or cause to be bathed by a female official 'once a week, every child under five years of age and 'every female inmate, except those in the sick wards, in 'accordance with the general instructions with regard to 'bathing.'*
	* For general instructions as to bathing, see page 116.
(15) To prepare every morning, immediately after Roll-Call, a Diet-Roll of the inmates, and to hand it to the House-Governor, so as to enable him to enter up his Daily Diet-Book, and to issue from store the articles of diet required for the day, in proper time.	(15) We propose that this rule should be abrogated and the following substituted for it:— 'To receive from the various officials a list of the 'inmates who have slept in the Poorhouse; to prepare every 'morning from these lists a Diet-Roll of the inmates; to 'hand the lists and the Diet-Roll to the Governor so as to 'enable him to enter up his Register of inmates and Daily 'Diet-Book, and to enable him to issue from store, in 'proper time, the articles of diet required for the day.'
(16) To receive daily, from the House-Governor, the articles of diet required for that day, in accordance with the Diet-Roll and the Daily Diet-Book.	(16) In lieu of this rule we propose to substitute the following:— 'To receive, at such times as may be necessary, from the 'Governor, the articles of diet required for the day in

POORHOUSE RULES.

MATRON—*continued.*

XIX. (17) To see that the food of the inmates is properly cooked, and served up to them in the dining-hall; that each individual is supplied with a diet in accordance with the Rules, and that the food of such inmates as, from sickness or other cause, are unable to take it in the dining-hall, is sent and given to them.

(18) To administer, as far as possible, with her own hand, to each individual, the wine, spirits, or other cordial, prescribed for such person by the Medical Officer; and, if in any case she cannot so administer the cordial prescribed for an inmate, to take the earliest opportunity of inquiring and ascertaining whether the quantity supplied has been duly administered.

(19) To visit all the wards of the females and children every night before nine o'clock, and to ascertain that all the inmates in each ward are in bed, and all the fires and lights therein extinguished.

(20) To see that every inmate in the Poorhouse has clean linen and stockings once a week, and that all the beds be kept in a clean and wholesome state.

(21) Before leaving the Poorhouse, to inform the House-Governor where she will be found, and never to be absent one whole night without leave from the Chairman or acting Chairman of the House-Committee.

(22) To observe and fulfil all lawful orders of the House-Committee and of the Governor, suitable to her office.

PORTER.

XX. The following shall be the duties of the Porter:—

(1) To keep the gate, and to prevent any person, not being an officer of the Poorhouse, or a member of a Parochial Board having a pecuniary interest in the Poorhouse, or a member or the Secretary of the Board of Supervision, or a person authorised by law or by the Board of Supervision, or by a Parochial Board entitled to give such authority, or by the House-Committee, from entering into or going out of the Poorhouse without the leave of the House-Governor or Matron.

(2) To receive all poor persons who apply for admission with a proper order; and if the Governor or Matron should both be absent, to place such poor person in the probationary ward or place set apart for the reception of such poor persons, until the House-Governor or Matron return.

(3) To take charge of the clothes of each poor person on his admission to the Poorhouse, and to deposit them, when purified and washed, in a place appropriated for the purpose, having affixed to them a list of the articles and the name of the poor person to whom they belong. To expose to the air for a period not less than six hours, at least twice in each year, the whole of the old clothing placed in his charge, carefully examining such clothing, and causing to be re-purified any portion which may show the presence of vermin.

(4) To examine all parcels and goods before they are received into the Poorhouse, and prevent the unlawful admission of any spirituous or fermented liquors, or other prohibited articles.

PROPOSED AMENDMENTS.

MATRON—*continued.*

'accordance with the daily dietary and the directions 'of the Medical Officer in regard to the sick inmates or 'those for whom he may prescribe a special diet.'

XIX. (17) (*a*) In lieu of the words 'as from sickness or 'other cause,' we propose to substitute 'as from sufficient 'cause.'

(*b*) We recommend the following additional rule:—

'To see that the food of the sick inmates is properly 'cooked, and to send such food to the sick wards for dis-'tribution therein at such time or times as may be 'requisite.

(18) After 'individual' insert 'under her care.'

(We propose that wines, spirits, and cordials prescribed for the inmates in the sick wards shall be administered by a trained nurse.)

(19) We recommend that the following be substituted for this rule:—

'To visit, or cause to be visited, all the wards of the 'female inmates, other than the sick wards, at or before nine 'o'clock every night in winter and ten o'clock in summer, 'and to see that all the female inmates are in bed and that 'no danger is likely to arise through fires or lights.'

(20) In lieu of this rule we propose to substitute the following:—

'To see that every inmate under her charge has clean 'underclothing once a week, and that all beds in the part 'of the Poorhouse for which she is responsible are kept 'in a clean and wholesome state.'*

* The Lady Superintendent will be responsible for the cleanliness of the underclothing and beds of the sick inmates.

(21) We suggest that a clause should be added to this rule saying that she is not to be absent from the Poorhouse at the same time as the Governor.

(22) We suggest that the following should be added to the Rules relating to the Matron:—

(*a*) 'To cause the boys under the age of five years and 'all females to be searched, cleansed, and clothed upon 'their admission, and to be placed in the class which, in 'the opinion of the Medical Officer, is best suited for them.'

(*b*) 'When requested by the Porter, to search or cause 'to be searched, any female entering or leaving the Poor-'house under the circumstances described in rule XX. (5).'

(*c*) 'To visit the sleeping wards of the female inmates, 'other than the sick wards, before noon every day, and to 'see that such wards have been duly cleansed and are 'properly aired.'

PORTER.

XX.

(1) We are of opinion that additional rules should be inserted to the following effect:—

(*a*) 'To keep a book in which he shall enter the name 'and business of every officer or other person who shall go 'into the Poorhouse, and the name of every officer or other 'person who shall go out thereof, together with the time 'of such officer's or person's going in or out. This book 'to be submitted to the House-Committee at every ordinary 'meeting.'

(*b*) 'To see that no inmate is allowed out of the Poor-'house on temporary leave of absence without a pass 'from the Governor.'

(2) We think that the following additional rule should be inserted:—

'In the event of any destitute person applying for 'admission, through sudden or urgent necessity, without 'the necessary order, to call the Governor to decide if 'such poor person may be admitted in conformity with 'rule XXI.'

(3) See XVIII. (1) (*d*), which provides that the Governor shall cause the clothes of poor persons on admission to be thoroughly cleansed.

(4)

POORHOUSE RULES.	PROPOSED AMENDMENTS.
PORTER—*continued.*	PORTER—*continued.*
XX. (5) To take care that no poor person or inmate entering the Poorhouse, either for admission or on return from temporary leave of absence, shall take into the House or premises any spirits or other prohibited articles; and for this purpose to search their persons, if he shall think fit; and to require any other person whom he may suspect of having possession of any such spirits or prohibited article to satisfy him to the contrary before he shall permit such person to enter the Poorhouse.	XX. (5) In lieu of the second clause of this rule we propose to substitute the following:— 'and for this purpose to search the person of any male 'poor person or inmate if he thinks fit, and to cause the 'Matron or other female official to be called for the 'purpose of searching any female poor person or inmate 'if necessary.'
(6) To take care that no poor person, going out of the Poorhouse, unduly removes any article from the premises; and for this purpose to examine all parcels taken by them out of the Poorhouse, and to search their persons, if he shall think fit.	(6) This rule should be amended on the same lines as No. 5 above; that is, we are of opinion that it should be made quite clear in the rule that the porter is not to search the person of any *female* poor person that he may suspect of introducing prohibited articles or of removing any article from the Poorhouse.
(7) To lock all the outer doors, and to deliver the keys to the House-Governor, or, in his absence, to the Matron, every night at nine o'clock, and receive them back every morning at six o'clock, or at such other hours as shall from time to time be fixed by the House-Committee.	(7) This rule is impracticable, especially in the large city poorhouses, and is not carried out. We recommend that the Porter should keep the keys and be responsible for the safe custody of the gate during the night.
(8) To assist the House-Governor and Matron in preserving order and in enforcing obedience and due subordination in the Poorhouse.	(8)
(9) To inform the House-Governor, and, in his absence, the Matron, of all things affecting the security, order, and interest of the Poorhouse, and to obey all lawful directions of the House-Governor and Matron, and of the House-Committee.	(9)
ADMISSION OF POOR PERSONS.	ADMISSION OF POOR PERSONS.
XXI. Every poor person who shall be admitted as an inmate into the Poorhouse, either upon a first or any subsequent admission, shall be admitted by a written or printed order signed by an Inspector, or by some other person duly authorized by the House-Committee, or by a Parochial Board having a right to send poor persons to the Poorhouse, to sign such order, and not otherwise.	XXI. In our opinion the words 'and not otherwise' at the end of this rule should be omitted. We are further of opinion that the rule should be re-cast in the following terms:— 'A poor person may be admitted as an inmate into the 'Poorhouse, either upon a first or any subsequent admission, 'in one or other of the following ways':— (*a*) 'by an order signed by an Inspector of Poor and 'accompanied by a medical certificate,* such order and 'certificate to be in a form to be prescribed by the 'Local Government Board.' (*b*) 'by the Governor or, during his absence or 'inability to act, by the Matron without any order or 'medical certificate in the case of a poor person who 'may apply for admission and who may appear to be 'destitute and to require relief in the Poorhouse through 'any urgent and sudden necessity, or in the case of a 'poor person for whom admission may be applied for in 'accordance with the provisions of any Act of Parliament.' 'Provided always that the order of admission may be 'signed by some person other than the Inspector of Poor, 'and that such person is duly authorised to sign such 'order by a Parish Council having a right to send poor 'persons to the Poorhouse.' In every case admitted without an order we would suggest that the Governor should immediately report the fact, in writing, to the Inspector of Poor of the Parish in which the Poorhouse is situated and also to the Chairman or acting Chairman of the House-Committee.
	*The original certificate to be sent, a copy of it being retained by the Inspector of Poor.
XXII. No poor person shall be admitted on any written or printed order bearing date more than three days before the day on which such order is presented at the Poorhouse, unless such poor person, at the time of receiving the order, was residing at a distance of more than five miles from the Poorhouse; and no poor person shall be admitted on any such order if it bears date more than six days before the day on which it is presented at the Poorhouse.	XXII. In view of what we have recommended with regard to the preceding rule we consider that no necessity exists for retaining the exception provided for by this rule. We therefore suggest the omission of the words 'unless such 'poor person' etc. to end of rule.
XXIII. The name and religious persuasion of a poor person admitted to the Poorhouse, with all other particulars required to be stated, shall be duly entered in the Register at the time of admission; and such person shall be placed in a probationary ward or other apartment, separate from the inmates of the Poorhouse, and shall there remain till examined by the Medical Officer.	XXIII. We propose that the following additional rules should be incorporated:— (*a*) 'Whenever in the medical certificate it is stated 'that the poor person requires immediate medical advice, 'or if the appearance of the poor person or any of his or 'her dependants suggests that there is urgent need for 'medical advice, the Governor shall forthwith send for the 'Medical Officer. Where no such circumstances exist, 'every newly-admitted person shall be examined by the 'Medical Officer within twenty-four hours of admission.'* (*b*) 'The following arrangements shall be observed in 'probationary wards':— 1. 'In every probationary ward there shall be the 'means of communicating by bell with the officials, and 'a printed placard calling attention thereto shall be 'hung up in each ward.'
	*Where there is a resident Medical Officer he should always examine new inmates before they are shut up for the night.

POORHOUSE RULES.

ADMISSION OF POOR PERSONS—*continued.*

XXIV. If the Medical Officer, upon such examination, pronounce the poor person to be labouring under any disease of body or mind, the poor person shall be placed in the sick ward or in such other ward as the Medical Officer shall direct.

XXV. If the Medical Officer pronounce the poor person to be free from any disease, the poor person shall be placed in the part of the Poorhouse assigned to the class to which such poor person belongs.

XXVI. Before being permitted to communicate with the other inmates, the poor person shall be thoroughly cleansed, and shall be clothed in the Poorhouse dress, and the clothes which such poor persons wore at the time of admission shall be purified and washed, and deposited in a place appropriated for that purpose, with the owner's name and a list of the articles affixed thereto, and such clothes shall be returned when the poor person leaves the Poorhouse. In case any article of clothing should be of a nature to be destroyed by washing, it should be carefully examined, and if found in an impure condition, should be burnt; but in no case should cotton or woollen clothing be stored unwashed.

PROPOSED AMENDMENTS.

ADMISSION OF POOR PERSONS—*continued.*

XXIII. 2. 'Where neither the Porter nor other 'official sleeps in the probationary buildings, if a 'probationary ward is to be occupied at night by 'only one inmate (with or without children), the 'Governor shall cause some person of the same sex as 'the inmate to sleep there.'

3. 'When an inmate of a probationary ward becomes 'ill during the night, the Governor shall be immediately 'apprised of the fact by the person in charge of the 'ward.'

XXIV. We propose that the following rules shall be substituted for rule XXIV:—

'If the Medical Officer pronounce the poor person, at 'his admission to the Poorhouse, to be:—

(*a*) 'suffering from any physical disease requiring 'medical treatment and nursing, the poor person shall 'be placed in the hospital or sick wards.'

(*b*) 'suffering from infectious disease, such disease 'shall be notified or intimated by him to the Local 'Authority, and he shall apprise the Governor, 'who shall forthwith communicate with the Local 'Authority with the view to removing the poor person, 'if possible, to the Infectious Diseases Hospital; but if 'arrangements for such removal cannot be made by the 'Local Authority, or if the life of the poor person would 'be endangered by such removal, he shall carry out the 'directions laid down by the Local Authority, or by 'the authorised officials of the Local Authority, and, 'in particular, shall place such poor person in a part of 'the Poorhouse isolated from the other inmates, and 'shall engage a special nurse to attend him if the 'Medical Officer so direct, intimating the fact to the 'Chairman of the House-Committee.'

(*c*) 'suffering from any mental disease, he shall 'grant a certificate to that effect and shall immediately 'apprise the Governor of the same. The Governor 'shall forthwith intimate the fact, in writing, to the 'Inspector of Poor of the Parish in which the Poorhouse 'is situated, and shall make such arrangements as may 'be necessary for placing the poor person under super-'vision until the arrival of the Inspector of Poor, or 'until his removal from the Poorhouse.'

XXV. All persons admitted to a Poorhouse, other than those specified in our recommendations under rule XXIV. above, should, in our opinion, be placed in the class (see rule XXVIII.) to which the Medical Officer shall assign them, and we recommend that rule XXV. be amended accordingly.

We think that the following rule regarding vaccination should be included in the rules relating to admissions:—

'Any child admitted to a Poorhouse who shall on 'examination appear to be unvaccinated shall be vac-'cinated in accordance with the provisions of the Vaccina-'tion Act, 1863.'

XXVI. We recommend that this rule should be divided and amended as follows:—

(*a*) 'Before being permitted to communicate with the 'other inmates, and as soon as practicable after admission, 'the poor person shall be cleansed in a bath of suitable 'temperature,* provided that in the case of poor persons 'admitted to the Poorhouse who are either certified in the 'medical certificate accompanying them to require the 'immediate attention of the Medical Officer or who 'appear to be in a state of weakness or exhaustion, the 'cleansing shall not be carried out until the arrival of the 'Medical Officer who shall then give written instructions 'in each case.'

(*b*) 'A careful examination of the persons of all newly 'admitted poor persons shall be made after they have 'been bathed and before they are permitted to put on 'the House Clothing and are passed into the House. 'The Medical Officer shall give written instructions as 'to the manner in which this examination is to be made, 'and the measures to be taken when vermin or their ova 'are discovered.'

(*c*) 'Every case of skin disease shall be reported to the 'Medical Officer.'

(*d*) 'The poor person shall be clothed in the Poorhouse 'dress,' etc., to end of present rule, except that 'under-'clothing' should be substituted for 'clothing' in the last line.

(*e*) 'The hair of all children upon whose heads vermin 'or their ova are discovered shall be cut before they 'leave the probationary ward, provided that the hair of 'girls over seven years of age shall not be cut unless the 'Medical Officer shall so direct.'

* For general rules as to bathing of inmates, see page 116.

POORHOUSE RULES.

Admission of Poor Persons—*continued.*

XXVII. Every poor person, upon admission into the Poorhouse, or on return from a temporary leave of absence, shall be searched by, or under the inspection of, the proper officer, and shall be prevented from carrying into the Poorhouse any prohibited article.

Classification of Inmates.

XXVIII. The inmates, so far as the Poorhouse admits thereof, shall be classed as follows :—

1. Males above the age of 15 years.
2. Boys above the age of 2 years, and under that of 15 years.
3. Females above the age of 15 years.
4. Females above the age of 2 years, and under that of 15 years.
5. Children under 2 years of age.

XXIX. To each of the classes specified in Article XXVIII. shall be assigned by the House-Committee the apartments and yard best fitted for the reception of such class; and, where the number of inmates and the accommodation admit thereof, the said classes may be further subdivided.

XXX. Each class, or subdivision of a class, shall respectively remain in the part of the Poorhouse assigned to them without communication with any other class, or subdivision of a class; subject, nevertheless, to such arrangements as the House-Committee shall make with reference to the probationary wards, the infirmary or sick ward, and the employment of nurses and helpers.

Cleanliness.

Bathing.

PROPOSED AMENDMENTS.

Admission of Poor Persons—*continued.*

XXVII. No definition appears in the rules as to who is 'the proper officer' to make the search referred to in rule XXVII. We recommend that the rule be abrogated and the following rule substituted :—

'Every poor person, upon admission to the Poorhouse, 'or on return from a temporary leave of absence, shall be 'searched, in the case of a male by or under the inspec- 'tion of the Porter or other male officer, and in the case 'of a female by or under the inspection of the Matron or 'other female officer; and all prohibited articles which 'may be found upon such poor person shall be taken 'from him or her, and, with the exception of wines, 'spirits, or other cordials and perishable articles, returned, 'if possible, at the time of departure from the Poorhouse.'

Classification of Inmates.

XXVIII. We recommend that the following classification of inmates be adopted :—

(*a*) Infants and children.
- i. Infants under 2 years of age.
- ii. Children above 2 and under 5.
- iii. Boys above 5 and under 15.
- iv. Girls „ 5 „ 15.

(*b*) Sick cases requiring hospital treatment.

(*c*) Ordinary inmates.
- i. Males above 15 who are working.
- ii. Females above 15 who are working.
- iii. Males above 15 who are not able to work.
- iv. Females above 15 who are not able to work.
- v. Privileged inmates.*

* That is, those who are deemed deserving of a more varied diet.

XXIX. We propose that the following clause should be added to this rule :—

'with reference to the character, or behaviour, or 'previous habits of the inmates, or to such other considera- 'tions as may seem expedient.'

XXX. We submit for consideration that rules should be provided to meet the following cases :—

(*a*) Fathers and mothers having access to their children at reasonable hours.

(*b*) Respectable aged married couples being allowed to live together if there is accommodation for them.

(*c*) Children under five being placed in the women's wards when expedient to do so.

(*d*) To prohibit the same bed from being occupied by two adults.

Cleanliness.

We propose the following rules with regard to the cleanliness of the inmates :—

(1) 'Cleanliness shall be enforced in every part of the 'Poorhouse, and also with respect to the persons of the in- 'mates, their clothing and bedding, and everything in use.'

(2) 'The Governor in the case of male inmates over five 'years of age, and the Matron in the case of female in- 'mates, infants and boys under five years of age, shall, at 'least once a week, examine, or cause to be examined, every 'inmate, except the sick, so as to ascertain whether such 'inmate is clean in his or her person and underclothing.'

(3) 'The hair of the male inmates and girls under seven 'years of age shall be regularly cut.'

(4) 'All beds and bedclothing shall be minutely 'examined, at least once a week, by the Matron or by 'some official deputed by her to do so.'

(5) 'All instances in which vermin or their ova are dis- 'covered in the Poorhouse shall be immediately reported 'to the Medical Officer, whose instructions thereupon shall 'be followed.'

(6) 'In any case in which an inmate, not on the sick 'list, is so infirm as to be unable to wash himself or herself, 'the daily washing shall be done by an official.'

Bathing.

We propose the following rules with regard to the bathing of the inmates :—

(1) 'After admission, every inmate shall be bathed once 'a week, unless exempted by an order of the Medical 'Officer. If any doubt exists as to the advisability of 'bathing an inmate, reference shall be made to the 'Medical Officer.'

(2) 'The name of every inmate who does not have the 'customary bath shall be reported to the Medical Officer.'

POORHOUSE RULES.	PROPOSED AMENDMENTS.
BATHING—*continued.*	BATHING—*continued.*
	(3) 'In preparing a bath the cold water shall always be 'placed in the bath before the hot water.'
	(4) 'Before an inmate enters the bath, the official in 'charge shall ascertain by a thermometer the temperature 'of the bath, which should not be lower than 88° nor 'higher than 98° Fahrenheit, unless the Medical Officer 'shall so direct.'
	(5) 'During the bathing of the inmates the bathroom 'shall not be left without a paid official or servant in 'attendance, who shall be responsible for the conduct of 'the bathing.'
	(6) 'Every hot water tap shall be provided with a key 'which shall be kept in the permanent charge of the 'Governor, who may entrust it temporarily to the person 'responsible for the bathing, but to no one else. On the 'termination of the bathing, the key shall at once be 'returned to the Governor.'
	(7) 'In the bathing of the sick a trained nurse shall 'always be present to see that the directions of the Medical 'Officer are carefully observed as to time and temperature, 'etc.'
	(8) 'In the bathing of all classes of inmates the water 'shall be changed after each inmate is bathed.'
	(9) 'A separate towel shall be provided for each inmate 'bathed, and the towels shall always be washed before 'being used again.'
	(10) 'Any marks, bruises, wounds, sores, local pain, or 'evidence of disease of any kind, complained of by the 'inmates, or noticed by the person in charge of the bath-'ing, shall at once be reported to the Governor or Matron, 'and, if necessary, by them to the Medical Officer.'
	(11) 'Copies of the regulations as to bathing shall be 'hung up in the bathrooms.'
DISCIPLINE OF THE INMATES.	DISCIPLINE OF THE INMATES.
XXXI. All the inmates in the Poorhouse (except those disabled by sickness or infirmity, persons of unsound mind, and children) shall rise, be set to work, leave off work, and go to bed at such times, and shall be allowed such intervals for their meals, as the House-Committee shall direct,—and these several times shall be notified by the ringing of a bell.	XXXI. Omit the words 'persons of unsound mind.'
XXXII. Half an hour after the bell shall have been rung for rising, the names of the inmates shall be called over by the House-Governor, Matron, or other person duly authorised respectively in the several wards, where every inmate belonging to each ward must be present to answer and to be inspected; and a list of the persons in each ward arranged in dietary classes, as provided in Article LXVII., shall be made out for the information of the House-Governor.	XXXII. The first clause of this rule is not generally carried out, and it has been represented to us that, in the large Poorhouses especially, the Roll-call is impracticable. We have proposed (*vide* under Rule XVIII. (19)) another method of ascertaining the number of inmates sleeping in the Poorhouse each night by which the Matron and Lady Superintendent will be able to make up the daily diet list for the information of the Governor. Accordingly, we recommend that this rule be amended to that effect.
XXXIII. The meals shall be taken by the inmates (except those disabled by sickness or infirmity, persons of unsound mind, and children) in the dining-hall, and in no other place whatever; and during the time of meals, order and decorum shall be maintained; and no inmate (except those disabled by sickness or infirmity, persons of unsound mind, or children) shall go to, or remain in, the sleeping-ward, either in the time appointed for work, or in the intervals allowed for meals, except by permission of the House-Governor or Matron.	XXXIII. Omit the words 'persons of unsound mind' in the second and sixth lines. We think the exception with regard to taking meals in the dining-hall should be extended to women advanced in pregnancy, to women with infants, and to the 'privileged 'inmates.'
XXXIV. The House-Governor and Matron shall fix, subject to the directions of the House-Committee, the hours of rising and going to bed for the sick, the infirm, and the young children, and determine the occupation and employment of which such inmates may be capable; and the meals of such inmates shall be provided at such times, and in such manner, as the House-Committee may direct.	XXXIV. We recommend that the words 'The Medical 'Officer' be substituted for the words 'The House-Governor 'and Matron.'
XXXV. The inmates of the respective sexes, not employed as nurses or helpers, shall be dieted as set forth in the dietary prescribed for the use of the Poorhouse, and in no other manner,—provided that the Medical Officer may direct in writing such diet for any sick, or lunatic, or infant inmate, as he shall deem necessary.	XXXV. We propose to omit the words 'not employed as 'nurses or helpers' and the words 'and in no other manner'; and in lieu of the words 'any sick, or lunatic, or infant 'inmate,' etc., to substitute the words 'any individual 'inmate or class of inmates as he shall deem necessary; pro-'vided also that the Governor may, in accordance with 'rule ,* issue an alternative ration to any inmate who is 'unable to eat the ration prescribed by the dietary scale.' We recommend the following additional rule:— 'If any poor person require the Governor or Matron to 'weigh or measure the allowance of provisions served out 'to any meal, the Governor or Matron shall forthwith 'weigh or measure such allowance in the presence of the 'poor person complaining and of two other persons.'

* The number of the rule, when ascertained, will be entered here. See p. 111, XVIII. (*h*).

POORHOUSE RULES.	PROPOSED AMENDMENTS.
DISCIPLINE OF THE INMATES—*continued.*	DISCIPLINE OF THE INMATES—*continued.*
XXXVI. No inmate shall have or consume any spirituous or fermented liquor, unless by the direction in writing of the Medical Officer; and no inmate shall have or consume any tobacco, or food, or provision, other than is allowed in the dietary, unless with the permission of the House-Governor or Matron, subject to the directions of the House-Committee.	XXXVI. We are of opinion that this rule should be divided and amended as follows:— (*a*) 'No inmate shall have or consume any spirituous 'or fermented liquor unless by the direction in writing 'of the Medical Officer, provided that no allowance of 'spirituous or fermented liquor given under such direction 'shall be continued for more than eight days, unless before 'the expiration of that period it be renewed for a further 'period not exceeding eight days upon a direction in 'writing of the Medical Officer.' (*b*) 'No inmate shall have or consume any tobacco 'except, (i) 'In the case of the sick, by or under the directions 'of the Medical Officer, and (ii) 'In the case of the other inmates, with the permission of the Governor or Matron, subject to the 'directions of the House-Committee, who may, from 'time to time, by resolution, determine in what rooms 'smoking shall be allowed, and no inmate shall smoke 'in the Poorhouse in any other room than is so allowed.' 'Provided that no tobacco shall be given to or shall be 'allowed to be consumed by an inmate of the test or probationary wards.'
XXXVII. The clothing to be worn by the inmates in the Poorhouse shall be made of such materials as the Parochial Board or the House-Committee shall determine.	XXXVII. We think a proviso should be added to this rule discouraging the use of moleskins, except for male workers.
XXXVIII. The inmates of the several classes shall be kept employed according to their capacity and ability; but no inmate shall work on account of any party other than the Parochial Board or House-Committee, which shall be entitled to appropriate, for behoof of the Parish, the whole proceeds of the labour or employment of every inmate.	XXXVIII. After 'capacity and ability' insert the words 'as determined by the Medical Officer.' A proviso should be added to the effect that 'the above 'rule shall not prevent sanction being given by the Parish 'Council or House-Committee to any special scheme or 'arrangement of which they may approve for giving employment to the inmates of any Poorhouse.'
XXXIX. The boys and girls who are inmates of the Poorhouse shall, for three or more of the working hours of every day, be instructed in reading, writing, arithmetic, and the principles of the Christian religion, and such other instruction shall be imparted to them as shall fit them for service or other employment, and train them to habits of usefulness, industry, and virtue.	XXXIX. The general practice is to send the children of school age to a Board School, and we recommend that, whenever possible, this should be done, and that the rule be amended accordingly.
XL. Twenty-four hours after having intimated to the House-Governor a desire to be dismissed from the Poorhouse, or sooner if the House-Governor shall think fit, any adult inmate, not a dependant of any inmate, may quit the Poorhouse; but no inmate shall carry away any clothes, or other article belonging to the Poorhouse without the express permission of the House-Governor or Matron; and no poor person dismissed from the Poorhouse, or so quitting it, shall again be received therein, except in the mode prescribed in Article XXI. for the admission of poor persons.	XL.
XLI. No inmate, not being an adult, or, if an adult, being a dependant of an inmate, shall be permitted to leave the Poorhouse, except on temporary leave of absence, without the consent of his parents or guardians, or the inmate on whom he is dependant, unless by express permission of the House-Committee.	XLI. We think that something more explicit should be provided in the rules with regard to inmates being allowed out on temporary leave of absence. At present, such leave is only implied under certain rules. We propose, therefore, that the following additional rule should be introduced:— 'The House-Committee may authorise the Governor to 'allow an inmate to leave the Poorhouse and return after 'a temporary absence; this privilege shall not permit an 'inmate to be absent from the Poorhouse overnight, and, 'except in special circumstances, shall be confined to the 'aged and to the well-conducted inmates.'
XLII. No inmate having a dependant an inmate shall quit the Poorhouse without taking every such dependant with him, unless by express permission of the House-Committee.	XLII.
XLIII. The House-Governor may send out the inmates of each sex under the age of fifteen, subject to such restrictions as the House-Committee may impose, and under the care and guidance of himself, or the Matron, or some other person duly authorised by the House-Committee, for the purpose of exercise and instruction.	XLIII.
XLIV. No person shall visit any inmate of the Poorhouse except by permission of the House-Governor or Matron, and subject to such restrictions and conditions as the House-Committee may prescribe; and such interview shall take place, except where a sick inmate is visited, in a room separate from the other inmates, in the presence of the House-Governor, Matron, Porter, or other person duly authorised by the House-Committee.	XLIV. We think a proviso should be added to this rule to the effect that the Governor or Lady Superintendent of Nurses, in the exercise of their discretion with regard to the admission of visitors to the sick inmates, shall be guided by the directions of the Medical Officer.

POORHOUSE RULES.

Discipline of the Inmates—*continued.*

XLV. No inmate shall be allowed to possess, or to read in the Poorhouse, any book or printed paper of an improper tendency; and no written paper of an improper tendency shall be allowed to circulate, or to be read aloud among the inmates.

XLVI. No inmate shall play at cards, or at any game of chance in the Poorhouse; and the House-Governor or Matron shall take from any inmate, and dispose of as the House-Committee shall direct, any cards, dice, or other articles relating to games of chance, which may be in his possession.

XLVII. No inmate shall smoke within the Poorhouse, or any building belonging thereto, nor shall have any matches or other articles of a highly combustible nature in his possession.

Discharge of Inmates.

Medical Officer.

XLVIII. A properly qualified Medical Officer shall be named to attend at the Poorhouse, and the following shall be his duties:—

(1) To attend at the Poorhouse daily at such time or times as the House-Committee shall fix, and also when sent for by the House-Governor or Matron, in cases of sudden illness, accident, or other emergency, and at all such other times as the state of the sick or insane patients within the Poorhouse may render necessary.

(2) To give, if possible, to the House-Governor and Matron, the name of a qualified medical man, who shall act for him in the event of his being prevented by indisposition, absence, or otherwise, from performing his duties at the Poorhouse.

(3) To examine the state of the poor persons on their admission into the Poorhouse—to examine the state of the patients in the sick wards, and also the state of any sick or insane inmates in the other wards.

PROPOSED AMENDMENTS.

Discipline of the Inmates—*continued.*

XLV. We recommend the following additional rule regarding the sending and receiving of letters by inmates:—

'An inmate shall be entitled to write letters without 'such letters being read by the Governor and to receive 'letters or parcels without such letters or parcels being 'detained or opened by the Governor. But if the 'Governor has reason to suspect that a letter or a parcel 'contains any article that ought not to be introduced into 'a Poorhouse, he may require such letter or parcel to be 'opened in his presence.'

XLVI. We are of opinion that the words 'dispose of as 'the House-Committee shall direct' should be replaced by the words 'keep until his departure from the Poorhouse.'

We also recommend that a definition of what constitutes a game of chance should be supplied in the rules.

XLVII. This rule conflicts with No. XXXVI., under which the Governor or Matron, subject to the directions of the House-Committee, may allow an inmate to 'consume' tobacco. In practice, it is not carried out, and we propose that it should be abrogated. See recommendations with regard to Rule XXXVI.

Discharge of Inmates.

We are of opinion that there should be a rule specifying the measures to be taken to discharge inmates who may become able-bodied and cease to be proper objects of parochial relief. We accordingly recommend the following:—

'The House-Committee shall direct the Medical Officer 'to examine periodically, at such intervals as may be 'approved by the Local Government Board, the inmates 'of the Poorhouse for the purpose of re-adjusting the 'classification, and if, on such examination, or at any 'other time, the Medical Officer shall certify that an 'inmate is able-bodied, the Governor shall forthwith 'intimate the fact to the Inspector of Poor of the Parish 'to which the inmate is chargeable, and shall keep a 'record of such intimations and of the results attending 'them, which shall be submitted to the House-Committee 'at each meeting.'

Medical Officer.

XLVIII. We recommend, generally, that the Medical Officer should have full control of the sick and of the sick wards, and that he should be responsible therefor. Where he is non-resident, the Governor should exercise a general supervision over the discipline of the sick wards. Orders for provisions, clothing, and repairs should, we propose, be sent to the Governor by the Lady Superintendent. (Where there is a *resident* Medical Officer, the rules we suggest may require to be modified to a slight extent.)

We also recommend that the rules for the Medical Officer should immediately follow those for the Governor in the book of Rules and Regulations.

(i) (*a*) After the word 'Matron' we propose to insert 'or Lady Superintendent or Nurse.' The words 'or insane 'patients' should be omitted.

(*b*) We also propose that the Medica Officer, when non-resident, should be required to enter in a book, provided for the purpose, the time of his entry to the Poorhouse on the occasion of each visit, and also a short statement of the duties performed, such book to be submitted to the House-Committee at every ordinary meeting.

(2) We recommend that the words 'if possible' be omitted from this rule, and that the Medical Officer intimate the name of his substitute also to the House-Committee and to the Lady Superintendent or Nurse.

(3) We propose that the following rules should be substituted for No. 3:—

(*a*) 'To examine the state of the poor persons on their 'admission into the Poorhouse, and to give to the Governor 'all necessary directions as to their classification and treat-'ment in terms of Rules XXIV. and XXV.; and to enter 'in a book, to be provided, the date and hour of such 'examination.'

(*b*) 'To examine the state of the patients in the sick 'wards.'

(*c*) 'To examine, when required, such inmates as com-'plain of illness, to report to the Governor those found fit 'for work, and to give any necessary directions in writing 'regarding them; to cause to be removed to the hospital 'or sick wards those whose state of health is such as to require hospital treatment.'

POORHOUSE RULES.	PROPOSED AMENDMENTS.
MEDICAL OFFICER—*continued.*	MEDICAL OFFICER—*continued.*
	XLVIII. (3) (*d*) 'To inspect, once at least in every 'week, all children and infants, and prescribe in any case 'where the appearance indicates failing health.'
	(*e*) 'To revise the classification of inmates periodically, 'at such intervals as may be directed by the House-'Committee and approved by the Local Government 'Board, by examining each inmate as to his or her physical 'condition and fitness for employment generally or for 'employment at work of a particular kind, and to certify 'the result of such examination in a book, to be provided 'for the purpose; and also to revise the classification of 'any inmate on an application being made to him by such 'inmate or by the Governor.'
XLVIII. (4) To give all necessary directions as to the classification, diet, and treatment of the sick inmates, and inmates of unsound mind; and to intimate to the House-Governor and Matron, and report to the Chairman or acting Chairman of the House-Committee, any inmate of unsound mind whom he may deem to be dangerous.	XLVIII. (4) and (5). In lieu of rules (4) and (5) we recommend that the following should be substituted:—
	(*a*) 'To enter on the bed card of every inmate in the 'hospital or sick wards the name of the disease from which 'such inmate is suffering, together with all directions 'as to the medicines, diet, and any other treatment that 'he may consider necessary for such inmate; to enter in a book all necessary directions that he may give regarding 'any other inmate for whom he may prescribe. All bed 'cards to be filed and retained for purposes of reference 'for a period of three years.'
(5) To enter in a book, to be provided by the House-Committee for that purpose, and to be called the 'Medical Officer's Sick-Diet-Book,' all directions which he may give regarding the diet of sick inmates, and inmates of unsound mind, and to submit the same to the House-Committee at their ordinary meetings, and at such other times as they may direct.	(*b*) 'To revise, at least once in every four weeks, the 'diet of each sick inmate, provided that no allowance of 'fermented or spirituous liquor shall be continued for 'more than eight days, unless before the expiration of that 'period it be renewed for a further period not exceeding 'eight days, upon his direction in writing.'
	(*c*) 'To inform the Governor of every case in which an 'inmate becomes insane, and to grant a certificate to that 'effect; to report to the Chairman or acting Chairman of 'the House-Committee any inmate of unsound mind whom 'he may deem to be dangerous.'
	(*d*) 'To notify and to inform the Governor of any case 'of infectious disease that may occur in the Poorhouse.'
(6) To report in writing to the Chairman or acting Chairman of the House-Committee, any defect in the diet, drainage, ventilation, warmth, or other arrangements of the Poorhouse, or any excess in the number of any class of inmates, which he may deem to be detrimental to the health of the inmates.	(6) We recommend that this rule be abrogated and the following rule be substituted therefor:—
	'To inspect every part of the Poorhouse in the last 'month of every quarter, for the purpose of ascertaining 'that nothing exists therein likely to be injurious to 'the health of the inmates, especially that the ventilation, 'heating, and sanitary arrangements are sufficiently pro-'vided for, and properly attended to, and that there is no 'overcrowding; to record the result of this inspection in 'his Journal, and, if necessary, to report to the Governor, 'and to the Chairman or acting Chairman of the House-'Committee, any defect or insufficiency.'
(7) To give all necessary directions as to the diet of the children in the Poorhouse, and to vaccinate such as may require vaccination.	(7) In lieu of this rule we propose that the following should be the duties of the Medical Officer in regard to diet, in addition to what we have recommended in Nos. 4 and 5 above:—
	(*a*) 'To inspect frequently the food, cooked and un-'cooked, of the inmates, reporting thereupon in writing to 'the Governor when necessary.'
	(*b*) 'To prescribe the diet in as many different scales as 'he deems necessary for the sick and for infants under 'the age of two years, and also to give directions in writing 'as to the service of food to such infants and as to the time 'at which each infant should be weaned.'
	(*c*) 'To prescribe when necessary a special diet for any 'inmate, and especially for women advanced in pregnancy, 'women suckling infants, and infants under the age of two 'years, in respect to whom he may consider that the ordi-'nary dietary is unsuitable.'
	(*d*) 'To certify in writing to the House-Committee if, 'at any time, he deems a temporary change in the diet 'essential to the health of the inmates, or of any class or 'classes thereof.' (A copy of such certificate and of the decision of the House-Committee to be transmitted to the Local Government Board.)
	(*e*) 'To advise the House-Committee in the framing of 'dietaries for general use in the Poorhouse.'
	(*f*) As in Rule LXVII. (14).
	And we recommend that the following should be the duties of the Medical Officer with regard to vaccination:—
	(*a*) 'To vaccinate, within the statutory period or before 'a child is allowed to leave the Poorhouse, every child 'born in the Poorhouse, unless he grants a certificate that 'the vaccination should be postponed.'
	(*b*) 'To examine every child admitted to the Poorhouse 'before being passed into the ordinary wards, for the pur-'pose of ascertaining if vaccination has been duly per-'formed, and if on such examination it appears that vac-'cination has not been duly performed, to vaccinate such 'child unless he is of opinion that the vaccination should 'be postponed.'
	(*c*) 'To re-vaccinate any inmate of the Poorhouse when 'called on to do so.'

POORHOUSE RULES.	PROPOSED AMENDMENTS.
MEDICAL OFFICER—*continued.*	MEDICAL OFFICER—*continued.*
XLVIII. (8) To make to the House-Committee a return of the sick within the Poorhouse, in the prescribed form, weekly or monthly, as that Committee shall direct; and to enter therein the apparent cause of the death of every poor person who shall die in the Poorhouse.	XLVIII. (8) We propose to omit the last clause of this rule and to substitute for it a rule to the following effect:— 'On the death of any inmate, to record forthwith the 'following particulars, in a book to be provided by the 'House-Committee, and to be submitted to them at every 'ordinary meeting:— ' (i.) Probable duration of illness. ' (ii.) When the illness was first intimated to the Medical Officer. '(iii.) The nature of the disease. '(iv.) The date and hour of death. ' (v.) An account of the appearance after death in 'cases when a post-mortem examination is 'made; and, '(vi.) Any special remarks that may appear to be 'required.'
(9) To give the House-Committee, when required, any reasonable information respecting the case of any poor person who has been under his care—to make such written report relative to any sickness prevalent among the inmates of the Poorhouse, as the House-Committee, the Parochial Board, or the Board of Supervision, may require of him, and to attend the House-Committee when required by them to do so.	(9) After the words 'House-Committee' in the first line we propose to add 'and the Local Government Board.' After the words 'any poor person who' insert the words 'is or.'
(10) To keep a Register of all patients under his care in the Poorhouse, in which he shall enter the name, age, and other particulars of each patient, and an account of his visits, and also of the treatment of the more serious cases, and to submit such Register to the House-Committee and the Visiting-Committee when required so to do.	(10) We recommend the abrogation of this rule and the substitution of the following:— 'To cause a Register to be kept of all patients under 'his care in the Poorhouse, in which shall be entered the 'following particulars with regard to each patient:— 'Name, age, sex, date of admission to hospital or sick 'wards, disease, result, date of discharge from hospital 'or sick wards, or date of death, remarks; to submit 'such Register to the House-Committee when required so 'to do.'
(11) To promote peace, order, obedience, and observance of the rules of the Poorhouse among the inmates; and to inform the House-Governor, the Matron, or the Chairman or acting Chairman of the House-Committee, of any infringement of such rules that may come to his knowledge.	(11) We propose, with regard to the last clause of this rule, that, subject to the powers which we propose to give to the Medical Officer over the Hospital Staff, any report as to the infringement of the rules should be made to the Chairman or acting Chairman of the House-Committee. In addition to the foregoing we recommend that the following should be included among the duties of the Medical Officer:— (*a*) 'To make an annual report to the House-Committee 'with regard to the following particulars:— ' (i.) the sufficiency of the accommodation provided 'for the various classes of inmates. ' (ii.) the sufficiency of the ventilation and heating. ' (iii.) the cooking and distribution of food. ' (iv.) the sufficiency of the nursing arrangements. ' (v.) the furniture and furnishings of the wards. ' (vi.) the medicines and medical appliances provided. '(vii.) the sanitary arrangements. '(viii.) the supply and distribution of hot and cold 'water.' and to send a copy of the above report to the Local Government Board. (*b*) 'To certify in writing in every case in which an in- 'mate is to be punished by alteration of diet, confinement, 'corporal punishment, or extra work, that no injury to the 'health of such inmate is reasonably to be apprehended 'from the proposed punishment; and where he reports 'adversely to such punishment, to state his reasons there- 'for. In the case of confinement or corporal punishment, 'to satisfy himself as to the place of confinement or the 'methods of punishment.' (*c*) 'To give all directions as to the employment and 'bathing of the sick.' (*d*) 'To advise the House-Committee in any appointment 'of a Lady Superintendent, head nurse, trained nurse, 'probationer nurse, or ward-maid; to be responsible for the 'nursing arrangements; to suspend from office, if necessary, 'any Lady Superintendent, head nurse, trained nurse, pro- 'bationer nurse or ward-maid who may be found to be 'unfit or incompetent, or who neglects her duty; and to 'report such suspension immediately to the Chairman of 'the House-Committee and to the Governor.' (*e*) 'Whenever, in his opinion, it is necessary in the 'treatment of a case to obtain the assistance of another 'medical practitioner, he shall so intimate in writing to 'the Governor, who shall, if time permit, apply to 'the Chairman of the House-Committee for authority 'to do so. If, however, the circumstances be so urgent as 'to render it necessary to obtain the requisite assistance 'without first procuring authority from the Chairman, 'the Governor shall obtain such assistance at once, and 'shall report the circumstances to the Chairman of the 'House-Committee.'

POORHOUSE RULES.	PROPOSED AMENDMENTS.
MEDICAL OFFICER—*continued.*	MEDICAL OFFICER—*continued.*
	XLVIII. (*f*) 'If, in any emergency, it appears to him 'that further nursing is requisite for the proper treatment 'of any patient or patients in the ordinary wards or in 'the sick wards, he shall so intimate in writing to the 'Governor, who shall, if time permit, apply to the Chair-'man of the House-Committee for authority to employ 'an extra nurse or nurses as may be required. If, how-'ever, the circumstances be so urgent as to render it 'necessary to obtain such nurses without first procuring 'authority from the Chairman, the Governor shall forth-'with engage a nurse, or nurses, subject to the approval 'of the Medical Officer, and shall report the circumstances 'to the Chairman of the House-Committee.'
	(*g*) 'To recommend the House-Committee, in writing, 'to send to a special hospital or infirmary for surgical 'or medical treatment any inmate who is suffering from 'a disease that cannot properly be treated in the poor-'house, and who is fit to be removed.'
	(*h*) 'To certify such children as may be considered fit 'for being boarded out in the place selected.'
	'(i) To discharge from the sick wards such inmates as 'no longer require hospital treatment, and to report to the 'Governor any inmate that may have become able-bodied.'
	(*j*) 'In every case of death by accident, sudden and un-'expected death, or death under circumstances of apparent 'or alleged suspicion, to hand to the Governor a special 'written report as to the cause of death before the body is 'removed for interment.'
	(*k*) 'To make a *post-mortem* examination of the body 'when called upon to do so by the Procurator-Fiscal, or, if 'the Procurator-Fiscal intimates that he does not require 'a *post-mortem* examination, to make such examination if 'he is of opinion that it is necessary, provided always 'that the consent of the relatives (if any) of the deceased 'be first obtained.'
TRAINED SICK NURSES.	TRAINED SICK NURSES.
	There being no general Poorhouse rules relating to the powers and duties of trained nurses, we submit the following draft rules for consideration :—
	'The position of (*a*) the Lady Superintendent * or '(*b*) the Head Nurse,* or (*c*) the Nurse where only one nurse 'is employed in a Poorhouse, shall, as regards the sick 'inmates, except where otherwise stated, be the same in all 'respects in relation to the Governor as that of the Matron 'to the Governor as regards the ordinary inmates.'
	* We propose that, where there are more than five nurses one of them should be designated by the term 'Lady Superintendent,' and that where there are from two to five nurses one of them should be the 'Head Nurse.'
LADY SUPERINTENDENT.	LADY SUPERINTENDENT.
	The following shall be the duties of the Lady Superintendent :—
	(1) 'To superintend all trained nurses, probationer nurses, 'ward-maids, and inmates employed in the hospital ; and to 'maintain discipline, cleanliness, and order therein.'
	(2) 'To direct the work of the nurses, probationers, and 'ward-maids in the wards.'
	(3) 'To assist the Medical Officer in advising the House-'Committee in regard to the appointment of all trained 'nurses, probationer nurses, and ward-maids necessary for 'carrying on efficiently the work in connection with the 'treatment of the sick.'
	(4) 'To apply to the Governor for such number of in-'mates as may be required for the purpose of scrubbing 'and cleaning the hospital ; to point out their duties to them, 'and to report to the Governor in case of their disobedience 'or insubordination.'
	(5) 'To report to the Medical Officer every trained nurse, 'probationer nurse, or ward-maid who may be found to be 'unfit, or incompetent, or who neglects her duty.'
	(6) 'To give special attention to the proper heating and 'ventilation of the hospital or sick wards as directed by 'the Medical Officer, and to conform to his instructions as to 'the treatment of the sick patients, and as to all matters 'affecting the dietary and hygiene of the hospital.'
	(7) 'To visit the sick wards every morning before noon 'and see that such wards have been duly cleansed.'
	(8) 'To visit each ward, at least once a week, during the 'night, and record the time of her visit in the nurses' 'Report-Book and initial the same.'
	(9) 'To requisition, in writing, from the Governor, as 'required, materials for providing the female sick with 'sewing and knitting, and to keep them employed according 'to their ability ; in regard to their employment, to be 'guided by the instructions of the Medical Officer.'

POORHOUSE RULES.

LADY SUPERINTENDENT—*continued.*

PROPOSED AMENDMENTS.

LADY SUPERINTENDENT—*continued.*

(10) 'To requisition, in writing, from the Governor and 'take charge of such clothing, bedding, or other articles as 'may be necessary for use in the hospital, and to apply the 'same to such purposes as may be authorised or approved 'by the House-Committee.'

(11) 'To keep in a book, or books, provided for that 'purpose by the House-Committee, a correct account of 'all linen, clothing, bedding, blankets, sheets, furniture, and 'other articles, or materials confided to her care, and to enter 'therein the date at which every article was received, the 'date when it was first issued for use, and the date when it 'became unserviceable; such book to be at all times open to 'the inspection of the House-Governor and of the Visiting-'Committee, and to be submitted by the Governor to the 'House-Committee at every ordinary meeting.'

(12) 'To write up daily on the prescribed form the 'number of the several classes of diet required for each of the 'wards and for the nursing staff and other officials employed 'in the hospital or sick wards; to send the same to the 'Governor so as to enable him to enter up his Daily Diet 'Book and to enable him to issue from store in proper time 'the articles of diet required for the day; also, to order from 'the Governor on the prescribed form, from time to time, 'and to procure from him any extras that may be ordered 'by the Medical Officer in writing.'

(13) 'In the absence of the Medical Officer, to requisition, 'in writing, from the Governor any articles or provisions or 'any stimulant which may be urgently required for any sick 'inmate. Such requisition shall be made in a prescribed 'form with counterfoil, and it shall be her duty to exhibit 'the counterfoil of such requisition to the Medical Officer 'at his next visit, in order that he may initial the same or 'make such comments thereon as he may deem necessary.'

(14) 'To make to the Governor, on a prescribed form, a 'daily return of the names of all patients admitted to or 'discharged from the hospital; also the names of all patients 'who are transferred from one ward to another, and send the 'same to the Governor's office every morning at 9.30 o'clock.'

(15) 'To see to and arrange for the removal of any sick 'inmates from the probationary or ordinary wards to the 'hospital for treatment.'

(16) 'To report in writing to the Governor all repairs 'required either in the buildings, fittings, or furniture of 'the hospital.'

(17) 'To compare, from time to time, the quantities of 'articles of clothing, bedding, and general furnishings in each 'ward with the inventories, and to report to the Governor if 'any be unaccounted for.'

(18) 'To see that the medicines, appliances, and stimulants 'prescribed by the Medical Officer for the patients in the 'several wards are handed to the nurse in charge of each 'ward, and are disposed of in accordance with the instruc-'tions of the Medical Officer and the rules for supplying 'and dispensing medicines.'

(19) 'To receive from the Matron * the food for the several 'wards in accordance with the diet sheets, and to see that 'the meals are served as quickly as possible after arrival 'from the kitchen.'

(20) 'To cause all soiled linen, clothing, and bed-clothing 'to be removed to the laundry, and before such removal to 'cause two lists of such articles to be made out, one list to 'be handed to the laundress, who shall check the same and 'grant a receipt therefor on the other list.'

(21) 'To inform the Governor where she will be found 'when she has occasion to leave the Poorhouse, and never to 'be absent one whole night without leave from the Chairman 'or acting Chairman of the House-Committee.'

(22) 'To inform the Medical Officer and Governor when the 'sickness of any inmate appears to assume an aspect of danger.'

(23) 'To take care that, at the approach of death, every 'dying inmate is screened off from the other patients in the 'ward, and that such inmate is not left unattended either 'during the day or during the night.'

(24) 'Immediately on its occurrence to report to the 'Medical Officer and the Governor the death of every 'inmate, and to see that the nurse in charge shall write 'on the deceased's bed card the date and hour of death.'

(25) 'In the case of every death by accident, sudden and 'unexpected death, to take care that the body is not removed 'until after it has been seen by the Medical Officer.'

(26) 'To see that the body of a deceased patient is washed 'and dressed by the nurse in charge before it is removed to the 'mortuary, and that a card bearing the name of the patient 'and date of death is attached securely to the sheet or shroud.'

(27) 'Subject to the provisions of No. 25, to see that the 'body of a deceased patient is removed to the mortuary as 'soon as possible after death occurs.'

* Where there is a separate kitchen for the hospital this rule will be altered accordingly.

POORHOUSE RULES.	PROPOSED AMENDMENTS.
HEAD NURSE.	HEAD NURSE.
	Where not more than five nurses are employed in the sick wards, one of them shall be designated Head Nurse, and the following shall be her duties :—
	(1) 'To take charge of the ward or wards to which she is 'appointed, and, subject to the supervision of the Medical 'Officer, to be responsible for the cleanliness, ventilation, 'temperature, and good order of the same.'
	(2) 'To have a general supervision of all the sick wards, 'and to report to the Medical Officer any defects she may 'see therein, also any case of disobedience, insubordination, 'unfitness, incompetency, or neglect of duty on the part of 'those employed therein.'
	(Here will follow such of the rules for the Lady Superintendent as are applicable to the position of 'Head 'Nurse,' using the term 'sick wards' instead of 'hospital.')
NURSES.	NURSES.
	The following shall be the duties of the nurses :—
	(1) 'To take charge of the ward or wards to which she is 'appointed, and, subject to the supervision of the Medical 'Officer and Lady Superintendent or Head Nurse, to be 'responsible for the cleanliness, ventilation, temperature, 'and good order of the same.'
	(2) 'To conform to the hours of duty specified in the 'time-table in use in the Poorhouse.'
	(3) 'To attend to the comfort of the patients and to see 'that their persons and underclothing and bedding are 'kept clean ; to carry out the instructions of the Medical 'Officer with regard to all matters connected with their 'treatment, and to inform the Lady Superintendent or 'Head Nurse immediately of any serious complication or 'symptom requiring medical attention.'
	(4) 'To personally administer all medicines, stimulants, 'and applications, according to the directions of the Medical 'Officer, keeping them at other times safely under lock and 'key.'
	(5) 'To keep all poisons in a separate cupboard, which 'she shall keep locked.'
	(6) 'To allow no article of food or liquor to be brought 'into the wards, except what is ordered by the Medical 'Officer, and not to permit the patients to alter in any way 'their prescribed diet.'
	(7) 'Where only one nurse is employed in a Poorhouse 'to perform such of the duties assigned to the Head Nurse 'as may be applicable.'
GENERAL RULES FOR SUBORDINATE OFFICERS.	GENERAL RULES FOR SUBORDINATE* OFFICERS.
	The following rules shall be observed by the subordinate officers of a Poorhouse :—
	(1) 'They shall strictly conform to and obey the orders 'of superior authorities.'
	(2) 'They shall treat the poor persons kindly and 'humanely ; at the same time, they shall maintain order 'and discipline, and enforce complete observance of all 'rules and regulations.'
	(3) 'They shall forthwith report, in such manner as may 'be directed, any defect in the washing places, baths, and 'other provision for purposes of cleanliness or sanitation.'
	(4) 'They shall duly inform the Governor of any inmate 'who desires to see him or to make any complaint or prefer 'any request to him or to any superior authority.'
	(5) 'They shall direct the attention of the Governor to 'any inmate who may appear to be out of health, although 'he may not complain, in order that the opinion of the 'Medical Officer may be taken on the case.'
	* For definition, see p 129.
DISPENSING AND SUPPLYING OF MEDICINES.	DISPENSING AND SUPPLYING OF MEDICINES.
	In view of the terms of section 66 of the Poor Law Act, 1845, we recommend the following rules with regard to the dispensing and supplying of medicines :—
	(a) 'The House-Committee shall obtain and furnish 'such medicines and medical appliances as may be 'required by the Medical Officer from time to time for 'use in the Poorhouse. As far as possible such 'medicines and medical appliances shall be obtained 'under contract at scheduled prices.'

POORHOUSE RULES.

DISPENSING AND SUPPLYING OF MEDICINES—*contd.*

(b) The following rules shall be observed by the Medical Officer with regard to medicines and medical appliances :—

(i.) 'To obtain such medicines as he may require 'for use in the Poorhouse, in terms of the arrange- 'ments made by the House-Committee under (*a*) 'above.'

(ii.) 'To take charge of the stock of medicines kept 'in the Poorhouse ; to receive all medicines and 'medical appliances purchased or procured for stock, 'and before placing them in the store to compare the 'bill of delivery with the order given ; to ascertain 'whether the quantities charged have been delivered 'and whether they are in terms of the contract, and, if 'so, to authenticate by his signature the bills of delivery 'and hand the same to the Governor for payment ; or, 'if incorrect, to report the same forthwith to the Chair- 'man or acting Chairman of the House-Committee.'

(iii.) 'To keep an account of the consumption and disposal of all medicines and medical appliances issued from the store, in a book to be provided for the pur- 'pose.'*

(iv.) 'To prepare and dispense such prescriptions as 'he may be able to dispense from the stock of medicines 'kept in the Poorhouse ; to issue such medicines to the 'Lady Superintendent or Head Nurse, and to affix all 'directions to the medicines when necessary.'

(v.) 'All bottles containing poisonous medicines 'shall differ in shape and colour from those containing 'non-poisonous medicines. They should be, as far as 'possible, blue, fluted bottles.'

(vi.) 'Such bottles, as well as packets, etc., contain- 'ing like medicines shall bear labels marked "Poison" 'or "For External Use Only." The name of the 'patient shall be affixed to each bottle, packet, etc.'

(*c*) The following rules with regard to medicines shall be observed by trained sick nurses and others :—

(i.) 'Bottles, packets, etc. containing the medicines 'of patients in the sick or hospital wards shall be kept 'under lock and key in charge of the nurse in attend- 'ance.'

(ii.) 'Bottles, packets, etc., containing medicines for 'the use of patients, who are not in the sick or hospital 'wards, shall be kept under lock and key in charge of 'a paid official (not an inmate).'

(iii.) 'All medicines shall be brought to the patient at 'such times as may be prescribed by the Medical Officer 'for their use, and removed by the nurse or paid 'official immediately after being used.'

* When a qualified druggist is employed, this book will be kept by him under the superintendence of the Medical Officer.

PROPOSED AMENDMENTS.

DISPENSING AND SUPPLYING OF MEDICINES—*contd.*

RELIGIOUS INSTRUCTION.

XLIX. The religious instruction of the inmates of the Poorhouse shall be committed to a Chaplain, who shall be a distinct officer from the House-Governor, and the following shall be his duties :—

(1) To lecture or preach to the inmates of the Poorhouse, conjoining prayer and praise, every Sabbath-day.

(2) To visit any sick inmate of the Poorhouse from time to time, and when he may be applied to for that purpose by the House-Governor or Matron.

(3) To examine and catechise the children once in every month, or oftener ; and after each of such examinations to record the same, and state the general progress of the children, in a book to be provided for that purpose by the House-Committee, and which is to be laid before that Committee at their next ordinary meeting.

(4) To promote peace, order, obedience, and observance of the rules of the Poorhouse among the inmates, and to inform the House-Governor, the Matron, or the Chairman or acting Chairman of the House-Committee, of any infringement of such rules that may come to his knowledge, and to perform such other duties suitable to his office as may be required of him by the House-Committee, in terms of his agreement or appointment.

(5) To report his proceedings generally to the House-Committee at such times as that Committee shall direct, stating the name of the person, if any, who may have officiated for him since the date of his last report.

L. All inmates of the Poorhouse, except those who are incapacitated by sickness, infirmity, or infancy, shall attend morning and evening prayers every day, and divine service every Sabbath-day ; provided that inmates who refuse to attend on account of their religious principles shall be exempt from such attendance, and shall be engaged, during the time of divine service, in religious exercises, or in reading, or hearing read, such religious book, suited to their religious persuasion, as the House-Governor shall sanction.

RELIGIOUS INSTRUCTION.

XLIX.

(1)

(2) After 'Matron' add the words 'or Lady Superin- 'tendent or head nurse.'

(3)

(4)

(5) We think the Chaplain should be required to enter in a book, to be provided, the date of each visit to the Poorhouse.

L. We think that there should be an additional rule to the effect that a House-Committee may, if they see fit, grant permission to a well-conducted inmate to attend divine worship on any Sunday at any church or chapel of the religious denomination of such inmate that may be in the vicinity of the Poorhouse. This privilege should be at once withheld by the Governor if it is abused, in which case he should enter the circumstances in his Journal.

POORHOUSE RULES.	PROPOSED AMENDMENTS.
RELIGIOUS INSTRUCTION—*continued.*	RELIGIOUS INSTRUCTION—*continued.*
LI. Any regular minister of the religious persuasion of any inmate of the Poorhouse shall, at any time in the day, on the request of any inmate, be allowed by the House-Governor to enter the Poorhouse for the purpose of affording religious assistance to such inmate, or for the purpose of instructing his child or children in the principles of his religion; provided that such assistance or instruction shall be so given as not to interfere with the good order and discipline of the other inmates of the Poorhouse; and such religious assistance or instruction shall be strictly confined to inmates who are of the religious persuasion of such minister, and to the children of such inmates.	LI. After 'House-Governor' insert 'or Lady Superintendent or Head Nurse.'
LII. When a regular minister of any religious persuasion shall request permission to visit members of his congregation who may be inmates of the Poorhouse, orders shall be given for his admission at such hours as the House-Governor may consider proper; and if such inmates, or several of them, desire it, arrangements shall be made for assembling them in some convenient apartment, where religious instruction may be given, or divine service conducted with decorum, and apart from the other inmates.	LII.
LIII. No work, except the necessary household work and cooking, shall be performed by the inmates on Sabbath-day.	LIII.
LIV. No work, except the necessary household work and cooking, shall be required to be performed by any poor person who shall be entered in the Register as professing to be a member of the Episcopal Church on Good Friday and Christmas day; nor by any poor person who shall be entered on the Register as professing the Roman Catholic religion on any of the following days observed as holy days in the Roman Catholic Church, that is to say, the 1st and 6th days of January, the 17th and 25th days of March, the 29th day of June, the 15th day of August, the 1st day of November, Ascension day, Corpus Christi day, Good Friday, and Christmas day.	LIV.
PUNISHMENTS FOR MISCONDUCT OF INMATES.	PUNISHMENT FOR MISCONDUCT OF INMATES.
LV. Any inmate who shall neglect to observe such of the Rules and Regulations of the Poorhouse as are applicable to and binding upon him; Or shall make any noise when silence is ordered to be kept; Or shall use obscene or profane language; Or shall, by word or deed, revile or insult any person; Or shall threaten to strike or assault any person; Or shall not duly cleanse his person; Or shall refuse or neglect to work, having been required so to do; Or shall pretend sickness; Or shall play at cards, or other game of chance; Or shall enter or attempt to enter, without permission the ward or part of the premises appropriated to any class of inmates other than that to which he belongs; Or shall behave improperly at public worship, or at prayers; Or shall not return till after the appointed time when allowed to quit the Poorhouse on temporary leave of absence; Or shall wilfully disobey any lawful order of any officer of the Poorhouse; shall be deemed DISORDERLY, and the House-Governor may punish any such inmate, by requiring him, for a time not exceeding two days, to perform one or two hours of extra work each day, and by withholding, for the like time, all milk or buttermilk which such inmate would otherwise receive with his meals; or by deprivation of such other articles of diet, and for such time, not exceeding three days, as the House-Committee, after consulting with the Medical Officer, shall direct.	LV. We do not here propose to make any detailed criticism of the rules relating to punishment. For our remarks on the subject, see Report, paragraphs 118–124.
LVI. Any inmate who shall, within seven days, repeat any one or commit more than one, of the offences specified in article LV., or who shall by word or deed revile or insult the House-Governor, the Matron, or any other officer of the Poorhouse, or any member of the Parochial Board, or anyofficer of the Parochial Board, being in the Poorhouse in the discharge of his official duty; Or shall wilfully disobey any lawful order of the House-Governor or Matron, after such order shall have been repeated; Or shall attempt to introduce any fermented or spirituous liquor, or other prohibited article, without sufficient authority; Or shall unlawfully strike, or otherwise unlawfully assault, any person;	

POORHOUSE RULES.

PUNISHMENTS FOR MISCONDUCT OF INMATES—*contd.*

LVI. Or shall wilfully or mischievously damage or soil any property whatsoever belonging to the Poorhouse, or to the Parochial Board ;
Or shall be drunk ;
Or shall commit any indecency ;
Or shall wilfully disturb the inmates during prayers or divine worship ;
Or shall climb over any wall or fence, or attempt to quit the Poorhouse premises in any irregular mode ;
Or shall attempt to convey out of the Poorhouse any clothes or other article belonging to the Poorhouse or to the Parochial Board ;
shall be deemed REFRACTORY, and punishable by solitary confinement, with or without an increase in the time of work, and an alteration of diet, similar in kind and duration to that prescribed in Article LV. for DISORDERLY inmates, as the House-Committee shall direct ; but no inmate shall be so confined for a longer period than twenty-four hours ; or if it be deemed right that such inmate shall be carried before a magistrate, and twenty-four hours should not be sufficient for that purpose, then for such further time as may be necessary for such purpose.

LVII. The House-Governor may punish any *Disorderly* or *Refractory* inmate, by causing him to wear, during a period of not more than forty-eight hours, a dress different from that of the other inmates, either jointly with or in lieu of the deprivation of any articles of diet to which any such inmate might be subjected by the regulations herein contained.

LVIII. If any offence, by which an inmate becomes *Refractory*, be accompanied by any of the following circumstances of aggravation ; that is to say, if such inmate
Persist in using violence against any person ;
Or persist in creating a noise or disturbance, so as to annoy a considerable number of the other inmates, or any sick inmate ;
Or endeavour to excite the other inmates to acts of insubordination ;
Or persist in acting indecently or obscenely in the presence of any other inmate ;
Or persist in mischievously breaking or damaging any goods or property of the Poorhouse, or of the Parochial Board ;
Or persist in refusing to work ;
the House-Governor shall, without any special order of the House-Committee, place such REFRACTORY inmate in confinement for any time not exceeding twelve hours. But the House-Governor shall not confine any adult inmate without the special order of the House-Committee, except in one of the cases specified in this Article.

LIX. No inmate who is under medical treatment, or who is infirm, or who may reasonably be supposed to be under twelve years of age, or who may be pregnant, or who may be suckling a child, shall be punished by alteration of diet, or by confinement, unless the Medical Officer shall have previously certified, in writing, that no injury to the health of such inmate is reasonably to be apprehended from the proposed punishment ; and any modification, diminishing such punishment, which the Medical Officer may recommend, on the ground of health, shall be adopted by the House-Governor.

LX. No inmate shall be confined at any time between eight o'clock in the evening and six o'clock in the morning, without being furnished with a bed and bedding suitable to the season, and with the other proper conveniences.

LXI. No inmate shall be confined in any place which shall not have been previously examined by the Medical Officer, and certified to be a place in which inmates may be confined without injury to their health.

LXII. No inmate under fifteen years of age shall be confined in a dark room, or during the night.

LXIII. No corporal punishment shall be inflicted on any child except by the Schoolmaster, the Schoolmistress, the House-Governor, or the Matron, nor except with a rod or other instrument, such as shall be seen and approved by the House-Committee, or Visiting-Committee, nor until two hours after he has been convicted of the offence for which such punishment is inflicted, nor on any child whose age may reasonably be supposed to exceed fifteen years.

PROPOSED AMENDMENTS

PUNISHMENTS FOR MISCONDUCT OF INMATES—*cont.*

POORHOUSE RULES.	PROPOSED AMENDMENTS.
PUNISHMENTS FOR MISCONDUCT OF INMATES—*contd.*	PUNISHMENTS FOR MISCONDUCT OF INMATES—*contd.*
LXIV. The person who punishes any child with corporal correction shall forthwith report to the Governor the particulars of the offence and punishment.	
LXV. No corporal punishment shall be inflicted on any female child except by the Matron or Schoolmistress.	
LXVI. The House-Governor shall enter in a book, to be provided for that purpose by the House-Committee, and to be called the 'Report-Book of Offences and Punishments,' —1stly, All cases of inmates who may have been punished without the directions of the House-Committee, together with the particulars of their respective offences and punishments; and 2ndly, All cases of Refractory or Disorderly inmates, to be reported to the House-Committee for their decision thereon; and such book shall be submitted to the House-Committee at every meeting, when they shall give directions as to any confinement, or other punishment, of any refractory or disorderly inmate reported for their decision, and cause such directions to be entered in the minutes of that day's proceedings, and in the House-Governor's 'Report-Book of Offences and Punishments;' and they shall also enter in that book their approval or disapproval of the conduct of the House-Governor or other officer, in respect to each case in which punishment is reported to have been inflicted by the House-Governor or other officer, without the directions of the House-Committee.	
DIET OF THE INMATES.	DIET OF THE INMATES.
LXVII. The Dietary of the Poorhouse shall be framed in accordance with the following rules :—	LXVII. We have refrained from criticising the constitution of this dietary or of the revised dietary, recommended on 2nd February 1898 (see Report, paragraph 8). For our remarks on the administration of the present dietaries, see Report, paragraphs 92–97.
(1) No article of diet which is not of good quality, and in a wholesome state, shall be issued, prepared for, or given to any inmate.	
(2) The inmates—not under medical treatment—shall be divided, for the purposes of diet, into seven classes, viz. :—	
(Here follows the Dietary Scale that was withdrawn by the issue of the Board's Circular of 6th February 1903.)	
(14) The House-Committee may, under the written advice of the Medical Officer or Medical Officers, and by an order entered in the minutes of their proceedings, direct the use of other articles, in other proportions than the above, whenever the scarcity of any article, the season of the year, or any circumstance affecting the sanitary condition of the inmates, shall be deemed to justify such changes; but, in any such change, there shall be no diminution of the amount of nutriment, or of the proportion of nitrogenous or azotised nutriment required by these rules, unless with the previous consent of the Board of Supervision.	(14)
(15) The diet of any inmate who is under medical treatment, shall be such as the Medical Officer shall prescribe for him, and shall enter in a book, to be kept for that purpose, and to be called the 'Medical Officer's Sick-Diet Book,' which shall be submitted to the House-Committee at every ordinary meeting.	(15) *Vide* proposed amendments under Rule XLVIII. (4) (5).
MISCELLANEOUS.	MISCELLANEOUS.
LXVIII. Copies of the Regulations as to Discipline and Offences and Punishments, and as to Diet, shall be kept suspended in the dining-halls and wards of the Poorhouse; and a Copy of the Regulations as to Discipline and Offences and Punishments shall be kept suspended in each probationary ward, and shall be read to each inmate on his admission.	LXVIII. We recommend that the last clause should be deleted. We further recommend that an additional rule be framed providing that notices be hung up informing the inmates in what manner and to what person or persons complaints are to be made.
EXPLANATION OF TERMS.	EXPLANATION OF TERMS.
LXIX. Whenever the words, the House-Committee, or the words, the Parochial Board, are used in these Rules, such words shall be taken to mean respectively the House-Committee, and the Parochial Board or Parochial Boards, appointed or acting for the Parish or Parishes to which the Poorhouse subject to these regulations belongs.	LXIX.
LXX. Whenever, in describing any person or party, matter or thing, the word importing the singular number, or the masculine gender only, is used in these Rules, the same shall be taken to include, and shall be applied to, several persons or parties, as well as one person or party, and females as well as males, and several matters or things, as well as one matter or thing, respectively, unless there be something in the subject or context repugnant to such construction.	LXX.

POORHOUSE RULES.

EXPLANATION OF TERMS—*continued.*

LXXI. Whenever, in these Rules, any Article is referred to by its number, the Article of these rules bearing that number shall be taken to be signified thereby.

LXXII. Whenever, in these Rules, the word Inmate is used such word shall be taken to mean a poor person receiving parochial relief in the Poorhouse.

PROPOSED AMENDMENTS.

EXPLANATION OF TERMS—*continued.*

LXXI.

LXXII. We recommend the following additional definitions, viz. :—

(*a*) ' "Subordinate Officers" shall include all officers ' except the Governor, Medical Officer, Chaplain, Matron, ' Lady Superintendent, and Head Nurse.'

(*b*) ' The term "sick" shall be taken to include, and ' shall apply to, all inmates in receipt of medical attend- ' ance and nursing, unless there be something in the ' subject or in the context repugnant to such con- ' struction.'

(*c*) ' The term "children" shall be taken to include, ' and shall apply to, boys and girls between two and ' fifteen years of age inclusive, unless there is something ' in the subject or in the context repugnant to such ' construction.'

(*d*) ' The term "infants" shall be taken to include, and ' shall apply to, all children under two years of age.'

DEPARTMENTAL COMMITTEE ON POOR LAW MEDICAL RELIEF (SCOTLAND).

MINUTES OF EVIDENCE

TAKEN BEFORE THE

DEPARTMENTAL COMMITTEE

APPOINTED BY THE

LOCAL GOVERNMENT BOARD FOR SCOTLAND

TO INQUIRE INTO THE SYSTEM OF

POOR LAW MEDICAL RELIEF

AND INTO THE RULES AND REGULATIONS FOR THE

MANAGEMENT OF POORHOUSES;

TOGETHER WITH

APPENDICES AND INDEX TO EVIDENCE.

VOLUME II.

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ALPHABETICAL LIST OF WITNESSES.

Name.	Official Qualification.	Number of Answers.
AITCHISON, Dr R. S.	Consulting and Visiting Medical Officer of Craigleith Poorhouse, Edinburgh	3849–4066
BELL, Dr B. D. CRAIGIE	Medical Officer of Parishes of Firth, Holm, Kirkwall, Orphir, St Andrews and Deerness, and of Orkney Combination Poorhouse	5678–5847
BENNETT, Mr W.	Governor of Craiglockhart Poorhouse, Edinburgh	4400–4667
BIGGER, Dr E. COEY	Poor Law Medical Inspector under Local Government Board for Ireland	6022–6129
CAMPBELL, Mr A. J. H.	Chairman of Kilmore and Kilbride Parish Council, and Member of House Committee of Lorn Combination Poorhouse	5367–5525
CAMPBELL, Dr K.	Medical Officer of Kilmore and Kilbride Parish, and of Lorn Combination Poorhouse	5848–6021
CAMPBELL, Miss M. C.	Formerly Member of Ayr Parish Council and of Kyle Combination Poorhouse	2979–3117
CHISHOLM, Mr J.	Governor of East Poorhouse, Dundee	1832–1958
CORE, Dr W.	Resident Medical Officer of Barnhill Poorhouse, Glasgow	292–489
CRICHTON, Mr A. H.	Member of Linlithgow Parish Council and Chairman of House Committee of Linlithgow Combination Poorhouse	3478–3641
DOWNES, Dr A.	Senior Poor Law Medical Inspector under Local Government Board for England	5526–5677
DURRAN, Dr D.	Medical Officer of Thurso Parish and of Thurso Combination Poorhouse	4668–4889
FERRIER, Mr A.	Inspector of Poor of Edinburgh Parish	2469–2741
GORDON, Mr J. W.	Inspector of Poor of Rathven Parish	4176–4399
HALDANE, Miss E. S.		2742–2978
HENDERSON, Mr J.	Governor of Kyle Combination Poorhouse, formerly Member of Ayr Parish Council and of House Committee of Kyle Combination Poorhouse	3642–3780
HUNT, Dr LEIGH	Medical Officer of Perth Poorhouse	1188–1396
JOHNSTON, Dr J. M'C.	Resident Medical Officer of City Poorhouse, Glasgow	490–991
KYD, Mr J.	Inspector of Poor of Dundee Parish	3118–3311
LAIRD, Mr G. B.	Governor of Perth Poorhouse and Secretary to the Association of Poorhouse Governors	1397–1631
MACKENZIE, Sir K.	Chairman of Gairloch Parish Council and late General Superintendent of Poor under Local Government Board for Scotland	4067–4175
MCINNES, Mr M.	Inspector of Poor of Dumfries Parish and Delegate from Poor Law Officers' Association	3312–3477
MICKS, Mr W. L.	Poor Law Commissioner, Local Government Board for Ireland	6130–6142
MILLAR, Mr A. B.	General Superintendent of Poor under Local Government Board for Scotland	4890–5158
MOTION, Mr J. R.	Inspector of Poor of Glasgow Parish	1959–2255
MUIR, Dr W. L.	Outdoor Medical Officer of Glasgow Parish and Delegate from the Scottish Poor Law Medical Officers' Association	992–1187
ROSS, Mr A.	Chairman of Lochbroom Parish Council and formerly Inspector of Poor	5159–5366
SANDEMAN, Dr LAURA S.	Resident Medical Officer of East Poorhouse, Dundee	1632–1738
THOMSON, Mr J.	Governor of Govan Poorhouse, Glasgow, and President of the Association of Poorhouse Governors	1–291
WADE, Miss	Superintendent of Scottish District Training Home and Edinburgh District Nurses Home under the Jubilee Institute for Nurses	6143–6250
WALKER, Miss M.	Lady Superintendent of Nurses, East Poorhouse Hospital, Dundee	3781–3848
WALLACE, Mr A.	Inspector of Poor of Govan Parish, Glasgow, and Delegate from the Society of Inspectors of Poor	2256–2468
WHYTE, Dr J. MACKIE	Medical Officer of East and West Poorhouses, Dundee	1739–1831

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MINUTES OF EVIDENCE

TAKEN BEFORE THE

DEPARTMENTAL COMMITTEE

ON

POOR LAW MEDICAL RELIEF (SCOTLAND).

FIRST DAY.

TUESDAY, 23RD SEPTEMBER 1902.

At the Local Government Board Offices, 125 George Street, Edinburgh.

Present:

Mr J. Patten MacDougall, *Chairman.*
Dr W. Leslie Mackenzie.
Mr R. B. Barclay.

Mr J. Jeffrey, *Secretary.*

Mr John Thomson, called and examined.

Mr John Thomson. 23 Sept. 1902.

1. *By the Chairman.*—You are Governor of the Govan Poorhouse?—Yes.

2. How long have you held that position?—I have been governor in Govan Poorhouse for nine years, prior to which I was for about eleven years superintendent of Paisley Parochial Asylum, and for seven years governor of Buchan Combination Poorhouse.

3. Have you beside you a copy of the *précis* of your evidence?—Yes, I have a copy here.

4. Is the administration of Govan Poorhouse carried out in conformity with the Board's existing rules?—Yes, almost entirely, I should say.

5. Subject, in many instances, to the notes which modify these rules?—Yes, and our own good sense. There are some times when no rule is applicable, and I trust a little to one's good sense in overcoming any difficulty. I have had the satisfaction of working very harmoniously along with our medical officer. I do not know that there is a house of its size that is wrought more harmoniously.

6. Generally, what improvements do you suggest may be effected in the hospital and sick wards of poorhouses and in the administration of medical relief, both indoor and outdoor?—I think I have brought out in my *précis* that there is a growing tendency in our parish to take advantage of our hospital accommodation, probably owing to the limited accommodation in the Glasgow infirmaries. There is a tendency to treat in our hospital now cases which used to be treated in the infirmaries, particularly phthisis, and all that class of diseases. In fact the infirmaries won't take them. Now I think Mr Barclay will bear me out when I say that some years ago we brought our hospital into touch with the finest infirmaries that there are; I look on it as one of the best of its kind; I hold that the poor being treated in a poorhouse should have as good treatment as they get elsewhere, and I think the tendency of the present day is to bring poorhouse hospitals up to the same standard as that of infirmaries.

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7. In speaking of cases being treated now in your poorhouse hospitals which have been formerly treated outside, you are dealing with non-infectious cases?—Yes.

8. In non-infectious cases you include tuberculosis?—Yes.

9. You speak of your hospital being equipped with all modern requirements. To what extent do you carry that out?—I scarcely follow you. So far as sanitary equipment, ventilation, and sanitation are concerned, I think that we are possibly second to none. We have adopted the Plenum system of heating and ventilation. We lifted our white pine and put down pitch pine floors, which are anti-septic and polished with beeswax; the walls are all painted, and, taken all together, there is no one but will admit that it is up to most of our modern hospitals. The old part has been completely remodelled, and the new part was built on the most approved principles.

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10. Have you the appliances necessary to treat cases as they would be treated in the infirmaries?—Yes.

11. Have you the necessary instruments?—Yes. Two years ago we did one of the most delicate operations that can be done—ovariotomy—and we made a splendid recovery.

12. You have a fully-equipped operating room?—Yes.

13. Was that operation performed by your own staff?—Yes, with the assistance, I think, of a friend of the medical officer, just to make sure that they had plenty of assistance. As we now have three medical officers, there is no need for any assistance at any operation, and, as a matter of fact, no assistance is called in from the outside now.

14. In fact, your view is that a hospital in a poorhouse like Govan should be up to the same standard as the infirmaries, say in Glasgow?—Yes. I may state, further, that I think the number of patients in your hospital will grow as you have accommodation for them. We have found that to be the case with us, and possibly our next step will be to build a separate block purely for tuberculosis and that sort of disease, so as to keep them entirely to themselves, and treated on the most improved principles.

15. Owing to your being so thoroughly equipped, do you think there is an increase in the number of sick cases in your poorhouse?—Undoubtedly. If you take the ten years from June 1892 to June 1902, the average annual percentage of sick works out at 28·3 of the total inmates. For the last of these years it was 31·4, an increase of 3·1 per cent. For the year ending June 1892, during which there was a severe epidemic of measles, the number of sick who were under treatment was 1632, and for the year ending June 1902, the corresponding number was 2359, an increase of 727. (*Hands in return, vide* Appendix I.)

16. Proceeding to No. 2,[1] I suppose your answer would be that it is inexpedient to treat tuberculosis, malignant, and offensive diseases in poorhouses; that special provision should be made for their treatment?—I don't see how you can do otherwise, because, as a matter of fact, infirmaries won't treat them, and who is to do it?

17. Their treatment should be in separate buildings?—Yes, in larger houses; but in smaller houses that is out of the question at the present moment.

18. As to the classification under the third head, have you anything to suggest as to the division into 'sick,' 'infirm,' and 'ordinary'?—I have given my opinion upon that pretty fully in my note. We have no difficulty in the matter, but there may be difficulty in some places. Every inmate with us is seen on admission by the medical officer, and if there is any doubt as to their condition, it is he who decides. He notes in the admission book at the gate which division they are to go into. In the hospital they are continually under his care, and in the other departments of the house every inmate is seen every day.

19. Having noted this in the book, whose duty is it to carry it out?—They are sent to that department of the house next day.

20. By the Governor?—No. By the porter acting on the instruction of the governor.

21. Suppose an inmate is put into the 'sick' class to begin with, when is there any revision by the medical officer of his original view as to the condition?—The medical officer sees the inmate every day. I take it that if an inmate is able to work he should work, and the medical officer decides whether he is able to work or not. Besides that, all the working patients have an opportunity of seeing the medical officer in the morning before going to work, the females in the dispensary and the males in one of the stores, so that they have no occasion for complaint. If a working patient is not able to work, all he has to do is to go and see the doctor, and he decides whether the patient is able to work or not.

22. But, as a matter of fact, the medical officer sees all the sick every day?—Yes, and the infirm.

23. He won't see the ordinary inmates unless they desire to see him, or unless there is some special reason why he should see them?—That is so.

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24. Rule 23 provides that anyone admitted to the poorhouse shall be placed in a probationary ward or other apartment separate from the inmates of the poorhouse, and shall remain there till examined by the medical officer. That is exactly what you do?—Yes. Suppose a case is brought down by the ambulance or in a cab, if it looks at all feeble the medical officer is sent for, and the case is sent right away to the hospital if the medical officer so directs, without it being placed in the probationary ward.

25. Your view is that the medical side of the hospital should be entirely under the control and charge of the medical officer?—Certainly, in so far as treatment is concerned.

26. And that the Governor should have no concern with it, and no power or any sort of supervision as regards the management of the hospital?—I don't know how that would work. We would have two institutions conjoined. I should think that I was being very shabbily treated, if, having given my brains and my very best work to that hospital for nine years, I was told to step out of it. Moreover, the doctor might want the plumber or the joiner at the same time as I wanted him, and that might lead to friction. So long as both men are animated by a desire to do their very best, there is room for both, but I say that a layman should confine himself to administrative work and take nothing to do with the treatment of the sick.

27. What I am pointing to may be illustrated by reference to two of the rules—Rule 34,[1] which says, 'The House Governor and Matron shall fix, subject to 'the directions of the House Committee, the hours of 'rising and going to bed for the sick, the infirm, and 'the young children, and determine the occupation 'and employment of which such inmates may be 'capable; and the meals of such inmates shall be pro-'vided at such times and in such manner as the House 'Committee may direct." Rule 48 (4)[1] states as one of the duties of the medical officer, 'To give all 'necessary directions as to the classification, diet, and 'treatment of the sick inmates, and inmates of unsound 'mind,' etc. Those two rules are rather conflicting?—Yes.

28. As I understand it, you disregard Rule 34[1] as to the House Governor fixing the hours of rising and going to bed for the sick, looking upon that as a matter which rests with the medical officer?—Yes, I take nothing to do with it at all. I don't think that that should be in the rules.

29. Everything connected with the classification, diet and treatment of the sick inmates, and also, I suppose, of the infirm and the young children, should rest with the medical officer?—Yes, but at the same time so far as regards the infirm, I think the instructions should be carried out through the Governor direct as they are in the body of the house, and where you have dual administration in the body of a poorhouse it does not work out very well. I think there should be one supreme power there working through the others.

30. The medical officer should report to you what he thinks should be done as regards the infirm?—Yes, any instructions he has to give should be given to the Governor, and where they are of an important nature they should be in writing, so that the Governor may have an opportunity of submitting them to his Chairman, and, if need be, the House Committee. I think that that is a necessary safeguard, because it might be an order which might bring the Governor into conflict with his Committee right away.

31. How often does the medical officer inspect the poorhouse?—I suppose in the case of Govan he is always there, and there is constant inspection?—Yes, there is constant inspection and constant consultation between himself and me.

32. Does the medical officer inspect the ordinary inmates at regular intervals?—He inspects them every day.

[1] This number refers to the Memorandum that was issued, *vide* Appendix LXXI.

[1] Poorhouse Rules and Regulations.

33. The ordinary inmates?—Yes. Every inmate, as I stated before, who wants to see the medical officer has a chance of doing so. At stated periods the medical officer and I make a thorough inspection of the inmates, and those who are able-bodied are brought before the Revisal Committee, who decide what is to be done with them.

34. As regards the cleanliness of the persons of the inmates and of the beds and bedding, how often are the inmates bathed?—When they come in they are bathed, unless the medical officer says that they are not able. As a matter of fact, they are all bathed, because those who are not able to be bathed at the probationary are sponge bathed by a nurse. The infirm are bathed practically every week. If there is any cause to suspect that the man or woman is likely to breed vermin, as some old people do more readily, then they are bathed oftener, and very likely the medical officer will give them something. All the working inmates are bathed once a week.

35. I see that in their Annual Report for 1883 the Board of Supervision suggested that the bathing of the inmates should be regulated by the written instructions of the medical officer, the temperature of the bath and so on. Is that carried out?—We have never had any necessity for altering our mode of operation, because there has never been any complaint by an inmate as to the temperature of the baths. Of course I never interfere in the case of sick inmates.

36. They fall under the medical officer exclusively?—Yes.

37. Has he any duty as regards the cleanliness of the persons of the inmates?—Yes, most certainly. Of course I have two warders in the male division and three in the female division. One of these takes special care of the infirm, and I should hold him very lax in his duty if I were getting anything dirty or unclean about any of the persons. His first duty, if there is anything calling for special attention, is to point that out to the medical officer, who is visiting every day. Suppose a man is liable to get dirty or breed vermin, then the medical officer's attention is called to him at once.

38. Have you anything to say as regards the admission and discharge of the inmates?—I think that might be modified to a certain extent. Of course I presume that neither the medical officer nor I have any discretion in the matter of discharge. We sometimes find in the hospital that the friends of a man or woman may wish to take the patient out, and we have to agree. All we can do is to take an obligation in writing that they remove the patient entirely at their own risk. I do not think that we can legally go further at the present moment, but we have done that, and I have again and again given them the use of the ambulance in which they might take away their friend. In some cases it may be a husband or wife who may wish to die at home; that is quite reasonable, and I have given them the use of the ambulance. In every case we fortify ourselves by making the parties removing the patient sign an obligation that they are doing it entirely on their own responsibility. Where it is a case of ordinary inmates, and there is no doubt as to their ability to leave the house if they wish, then we have no power of detaining them, and I question if it would be desirable, unless you are going to deal with that other class which we all wish to give a little wholesome discipline to, the 'outs and ins.' There are some men whom we have admitted thirteen or fourteen times in the course of a twelvemonth, and we have to clean them every time.

39. There is a Bill[1] before Parliament just now relating to that question, and we need not go into it here. Then as regards the treatment of infectious diseases—have you anything to say about that?—We are particularly well situated in Govan, for the reason that we have, or claim to have, a share in the Combination Hospital in connection with Govan and Kinning Park. That share has not been contested.

40. They are willing in that hospital to take all your inmates who may be suffering from infectious disease?—Yes, there is no difficulty at all. The medical officer there and Dr Richard, the resident medical officer of the poorhouse, work very well together. In fact Govan, in its old days acting as Local Authority, built part of the hospital, and they claim to have a certain share in it still.

41. You mean the Parish of Govan?—Yes. We have never had the slightest difficulty. It is very convenient to us, because all we have to do is to 'phone over, and within ten minutes the patient may be away in the ambulance.

42. You have never had cases when there was no room to receive them in this hospital?—No. We have sometimes had cases of whooping-cough and measles when they were very full, but we can manage to treat these cases ourselves. We have a small hospital for infectious disease, which was built even before the Govan one, and it adapts itself well to that sort of infantile work, but they always take such cases at Govan if they have room. Sometimes they don't want to mix them, and we deal with them ourselves in this small hospital.

43. That is in your own grounds?—Yes.

44. You think that the power to call in extra nurses should only be given with the consent of the Chairman of the House Committee?—My own impression is that it would be a means of causing friction if it were given without consulting the Chairman, whereas, as a matter of fact, I do not think the Chairman would ever object if it was an absolute necessity; and then it puts the responsibility on him, he having consented. It is a safeguard to an official.

45. Have you had occasion to call in extra nurses?—Yes, several times.

46. It is always in an emergency that that occurs, and, of course, time is of great value then?—Yes. At one time we had difficulty in getting a sufficient staff of nurses, but we have no difficulty now. On several occasions we had to get nurses from the nursing homes in Glasgow. The doctor and I consulted together, and then we went to the Chairman, who gave his consent, and the whole matter was arranged right away.

47. We know that your system works very well in Govan. You think that the consent of the Chairman should always be obtained. But where, as may often be the case, the Chairman is not available, don't you think that the Governor and the medical officer should have themselves the power of calling in extra nurses?—In most houses he is available enough so far as I know. I do not say that it is a power that might be abused, but I hold that where you can get the consent of the Chairman, it is a safeguard to the official.

48. What cases of sudden or unexpected deaths do you intimate now? Supposing that there is a sudden death among the sick, is that intimated?—It would depend very much if it was a thing which might have been expected. If a man is known by the medical officer to be suffering from heart disease, and may drop down suddenly, then there is no doubt about the cause of his death, and it is not reported. If, however, there is any doubt about the cause of a death, I have always reported it to the authorities and the Local Government Board.

49. What standard do you fix as to the deaths you should intimate?—If the medical officer is not able to say exactly what is the cause of death, and that he knew that it might occur at any time, then that is my standard.

50. Is there a record kept in the poorhouse of the diseases from which the sick are suffering?—Yes.

51. Would that afford a standard? Supposing you had in that record a statement by the medical officer to the effect that a certain inmate was suffering from heart disease and he died suddenly, that, in your view, would not necessitate a special intimation?—That is so.

52. I see that Rule 48 (8)[1] provides that it is the duty of the medical officer 'to make to the House

[1] Detention of Poor Persons (Scotland) Bill, No. 286—1902.

[1] Poorhouse Rules and Regulations.

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'Committee a return of the sick within the poorhouse, 'in the prescribed form, weekly or monthly, as that 'Committee shall direct.' Have you a prescribed form?—The medical officer does that monthly,

53. But you have a prescribed form?—No, but he reports monthly. You will find it in all our minutes.

54. You think that the present system of reporting and intimating sudden deaths works well?—I think that, on the whole, it works very well.

55. Is the discipline of the poorhouse carried out in conformity with the rules, or are the rules modified?—They are modified, particularly as regards children. I don't like to punish a child. If I take a child to my room and keep it there for two hours, then that is looked on as a disgrace. The inspector of poor and I work very well together, and he gives me a perfectly free hand, and I find that the most effective form of punishment is, that if a man or woman does not work or do what they are told, then I get the medical officer to examine them, and if able-bodied I simply put them outside the gate, and, at the same time, inform the inspector of what I have done.

56. Do they not get back?—Not very readily. I very often find an absolute strike amongst many of the able-bodied women as to going to the hospital as warders. If they don't go, and are perfectly able to work, then they should not be in the poorhouse, as they are not obeying orders, and I therefore send them out. If they come back, then they are sent direct from the gate to the hospital as warders.

57. Do you inflict punishment upon the 'disorderlies,' as provided by the rules?—To a certain extent.

58. I see that the Governor may punish a 'disorderly' by requiring him, for a time, not exceeding two days, to perform one or two hours' extra work each day and by withholding for the like time all milk or buttermilk which such inmate would otherwise receive with his meals?—I have never done that for more than twelve hours, and, in fact, have very seldom done it for that, but in a large house such as ours, dealing with such a class as we very often get, particularly in winter, it is absolutely impossible to carry on the institution without punishment of some kind.

59. You think that that is a power that the Governor should have himself?—Most certainly. But if there is any doubt as to the physical ability of the person to be punished, then the medical officer should be consulted on the matter. As a matter of fact, I generally do that, even although there is no doubt whatever—that is, as regards disorderlies.

60. Do you take the same precaution as regards refractories?—It makes no difference if I have to punish them at all.

61. You very seldom inflict corporal punishment?—Very seldom, and the older I get the more I regret having to do it.

62. Do you have someone present when you inflict corporal punishment?—It is done in my own room.

63. Take the prison rules: you will find that there is always someone present when corporal punishment is being inflicted. You don't think that any change as regards that is necessary?—How could you carry it out? Take the example of the first house in which I was Governor, Buchan; you would be bringing a member of the Committee two or three miles to see a child get perhaps half a dozen strokes with a strap or cane. If it is to be done simply in the presence of a fellow official, I don't see that it is any safeguard at all, unless you call in some outside person altogether. It has never come under my own observation, and I don't think there are many governors who would willingly inflict punishment, and certainly not excessive punishment.

64. There is no limit of age as regards punishment. Do you inflict it alike on those up in years and on those who are younger?—It very seldom needs to be done, and if it has to be done, it is only for a very serious offence. The last adult I had punished was a man who, although well up in years, was a very strong man. He struck a fellow-patient to the effusion of blood, and I put him in the cell for six hours. I have never deprived a man of food when in the cell.

65. Let me draw your attention to Rule 60,[1] which states, 'No inmate shall be confined at any time between 'eight o'clock in the evening and six o'clock in the 'morning without being furnished with a bed and 'bedding suitable to the season, and with the other 'proper conveniences.' Is that carried out?—So far as I am aware, it is, but I have never but once in all my life confined anyone in the cell during the night. That is many years ago now, and it was the case of a young Dunfermline miner whom we had at Buchan. I had no option in the matter, because the man got perfectly furious.

66. You don't inflict punishment on any female children?—No.

67. Rule 65[1] is practically a dead letter in your experience, which covers Govan and your two previous poorhouses?—Yes.

68. Buchan was your first poorhouse. What was the second one?—When I left Buchan I went to Paisley, and for about eleven years I was superintendent of the asylum there, and although I had nothing to do with the poorhouse, I was still in close touch with the poor law all the time.

69. Will you kindly let us have your views as to trained sick nursing?—I don't think there is anyone doubts now, whatever he may have done at one time, that it is becoming an absolute necessity; and everyone who has the good of the poor at heart wishes that it may not only continue, but be extended. We, as I say, have no difficulty in training a sufficient number to meet our own wants, although at one time we had some difficulty. We get any amount of probationers, and we always find that a nurse trained in our own hospital, or in a poorhouse hospital, gives better satisfaction than a nurse trained in an infirmary. The word 'parochial' seems to stick in an infirmary-trained nurse's throat. I don't mean to say that our nurses are not equally well trained. We have great difficulty in getting English nurses to stay with us, even although our hospital is possibly better than that in which they were trained.

70. Why should that be felt more by English nurses?—I do not know, but I have never found English nurses to be so satisfactory as Scotch nurses, particularly nurses trained in our own wards. We are losing one of our nurses just now, and she, along with two or three before her, have gone to private nursing. The last one who did go is at present nursing in one of the best families in Pollokshields, in Glasgow. I therefore think that it is now becoming recognised that a three years' training in our hospital is possibly as good as they can get, and it perhaps gives them a better all-round training, because they are not confined to one department.

71. You think that the objection to take nurses who have been in a poorhouse is an unreasonable prejudice more than anything else?—Yes, I think so. There is no doubt that if you can get the larger houses to train a sufficient number, the difficulty in the smaller houses will be minimised to a great extent, because a greater number will have a tendency to go to that kind of nursing. When trained in a parochial hospital, they won't have the same repugnance to go to other work of the same kind.

72. *By Mr Barclay.*—Is your training superior to the training in an infirmary or general hospital?—It is quite as good.

73. I am told that it is superior for this reason, that you have no students, and the nurses have to do everything, things that the students do in the infirmary?—Yes, that is so—dressing sores, and so on. The medical officers will be better able to speak to that than I.

74. *By the Chairman.*—What about the number of nurses, the recognised proportion being one for thirty patients?—You ask whether the numbers should be modified and largely reduced. I think that that is a question which might be discussed in so far as we are concerned, where we have a larger number of probationers than nurses. It is a question whether you

[1] Poorhouse Rules and Regulations.

should not give us any credit for a probationer after having served a certain period. I have no hesitation in saying that after a probationer has been trained for twelve months, she is of great assistance, and relieves the staff nurse immensely.

75. And you think that some credit should be given for them after they have served a year?—Not only that, but I think that in fixing the ratio of nurses to the patients, say one nurse to twenty patients, you should give credit for probationers, although, of course, not to the same extent as a staff nurse. You should not make hospitals, where you have a large number of probationers, give the same number of nurses to the patients as a hospital where they have no probationers at all.

76. You have one nurse to something like thirty patients?—We always comply with the rules of the Local Government Board, and we always keep on the safe side. With the probationers we have little difficulty, but I should say that where you have a night staff to provide out of that number, and no probationers, you should reduce the number. I think that thirty is too high.

77. At present it is one to thirty where there are over sixty sick. To what extent would you reduce it?—I should say almost twenty.

78. *By Dr Mackenzie.*—You mean if you had nothing but trained nurses?—Yes.

79. With the assistance of probationers, you might make it one to thirty?—Yes.

80. *By the Chairman.*—Two probationers would probably equal one nurse?—Yes; I should say that in a parochial hospital, where you are treating a large number of senile cases, they can possibly do the work as well as trained nurses, but of course they are not of the same use where you have acute surgical or medical cases. Then I question whether it might not be worth while for the Local Government Board to give a modified grant for probationers after they have served one year. It might have the effect of getting parish councils to train a still larger number.

81. Do you get your probationers from all quarters?—Yes. We got one from Aberdeenshire this month, recommended by an old friend of mine. We get them from all parts of Scotland, and we have been very fortunate. We have one from Sweden just now.

82. You have rules for the guidance of your nurses?—I produce a copy of them. (*Hands in copy of rules, vide* Appendix II.) There is a footnote which I might explain: in appointing probationers there is a consultation between the medical officer, the lady superintendent, the chairman, and myself, but, as a matter of fact, the chairman and I take very little to do with the matter. What I insist on is that I should know when a probationer is engaged. As a matter of fact, the chairman and I never bother our heads if the doctor and lady superintendent are satisfied.

83. I understand that in connection with your poorhouse you have started a convalescent home in Bute?—Yes.

84. Is that working well?—It is exceeding our expectations. A number that we sent down were perfectly unable to be boarded out; they have been brought back and are boarded out now. It has certainly been a great boon to the children; in fact, I think that some of them are very unwilling to come back.

85. You don't keep the house open in winter?—We have not actually decided whether we shall keep it open or not. The climate of Bute is pretty mild, and possibly they might be better there than with us in Govan, but it has not really been decided as yet.

86. You treat this home in Bute as a boarding-out establishment?—Yes, and I have practically to manage it, although I really should have no interest in it at all. It should be connected with the outdoor department, but the inspector of poor will take little to do with it, and I have to manage it. We are fortunate in having a splendid woman, who has been with us for five years, as nurse of the crib children, that is, children from two to five, and although not a trained nurse, she has got along so very well with those children that she is possibly as good as a trained nurse, and then she is a good housekeeper. We sent her down, and she has done very well. She and a servant manage the whole thing between them. We have sixteen children there at the present moment.

87. When they become physically fitted for it, you then board them out?—We take them back and board them out and send down others to take their place.

88. Have you any limit of age among those you send down?—Yes, in the boys particularly. We sent a girl the other day who was about sixteen years old. She had come to us some four months before suffering from an attack of chorea. She was sent down to Bute preparatory to being sent to a friend in England. I don't see why Glasgow or Govan or other large poorhouses should not have a convalescent home for adults, and I think it should be placed under the grant in aid of both medical and sick nursing, because it would be a very useful and valuable adjunct to any hospital in the city.

89. I think you wish to say something about two points not referred to in the Memorandum. The first is in regard to the treatment of epileptics?—Yes, that is a question that the medical officer and I have discussed again and again. Such cases cause a very considerable amount of anxiety. We sometimes have men and women who get quite furious. Besides that, suppose such a man or woman is wandering about on the stair-head and takes a fit of this kind, then he tumbles down and may break his neck. Taking them in certain conditions there is no human being more quarrelsome than an epileptic. They are apt to strike their fellow inmates.

90. You think that special provision ought to be made for their treatment?—Yes.

91. *By Mr Barclay.*—In the poorhouse?—I think they should be allocated apart from the others and be under constant supervision. At the present moment we have fewer than we have had for a considerable time. We have four men, one boy, and eleven women, but we very often have more than that.

92. *By the Chairman.*—The only other matter which you propose to deal with is the cost of maintenance in the hospital?—Yes. I think that that really is a matter which should be taken up now by the Local Government Board. There is not the slightest doubt but the cost in the hospital is very much more than in the ordinary wards. That must be admitted. I will take, for instance, one case that we have had to deal with: we have a certain woman belonging to a parish in Lanarkshire who was admitted in March 1899, and again and again certified as being able to be removed in the ambulance and under the charge of a trained nurse, but she was not removed. The parish knew perfectly well that we were keeping her at a lower rate than she could be kept elsewhere, and we had to keep her till July.

93. Where did you propose she should be removed to?—She should have been removed to Motherwell, which is not a very long distance off.

94. That is her own parish?—Yes. We had actually to keep her for almost three years, and I am quite certain that she cost us £15 more to keep her than we got for doing so. I don't see why a parish which is relieving a sick person should simply be fined for doing so. There can be no difficulty with us. My committee are quite willing to keep a separate system of books for the hospital, and show its cost exactly, and to charge exactly what it costs to keep the people of other parishes instead of simply charging the overhead rate. You include in that rate a child of three, four, five and six, and possibly you can keep such a child for three shillings a week. Now that is a question which is assuming very great importance in all large parishes. I have talked the matter over with Mr Wallace, and he is at one with me that it should be dealt with, and that there is no difficulty. I cannot see the difficulty. The General Board of Lunacy fixes a rate for boarders. Suppose you take an average—we will keep in Glasgow and in Edinburgh a separate system of books stating

the cost of the sick apart altogether from the ordinary poor—and you may strike an average if you like, or the parish can fix a rate with your approval. In the first house I was in, there was no difficulty at all, because they fix their own rates, and the rate there for a sick inmate is, I think, 2s. more than for the ordinary—in fact, it is almost equal to the lunatic rate.

95. I don't know that it is so simple as you suggest?—I don't see any difficulty, because with us, we really do keep a separate account; we show the cost of maintenance in each department—that is, the hospital, the lunatic wards and the poorhouse proper. Now it would be very little more trouble to us, and it would not be much trouble in houses where there is a sufficiently large staff to do the clerical work, to keep a separate system of books. Our lady superintendent orders from the store everything she requires.

96. Is this to be confined to diet?—No.

97. Is it to be the medical officer's charges?—Yes, and the nurses, exclusive, of course, of the grant.

98. Are you to confine that to the sick, or is it to extend to the infirm?—No.

99. They have a certain amount of nursing and the medical officer's attendance?—It is comparatively little as compared with real hospital cases. What I maintain is that it is a manifest injustice that we in Govan—

100. You have splendid appliances, and you desire a return for these?—We should get some return; we can only charge an overhead rate.

101. The other parishes say to you, 'We will do 'something for you: we will give your poor medical 'attendance in return'?—But not to the same extent. I don't see why the cost of a poorhouse inmate should not be charged at what it really costs the parish.

102. The rule as I understand it is, that where it is the ordinary treatment by the medical officer, you have to do that at your own cost, and you get in return for that the same service from the parish to whom this pauper is chargeable for any of your paupers they may have there, but where it is necessary to call in extra attention and advice from another medical man, or where there is an operation to be performed, or anything like that, you are entitled to claim the cost of that from the other parish?—I don't think so.

103. Yes, that is our rule. But you tell us that in Govan you are able to perform all the operations with your own staff. Take the case of a patient where it is necessary to call in a second doctor, there the parish in question, who has to do that, is entitled to claim the extra cost that they have to pay, whatever it may be—they are entitled to claim that from the parish of settlement?—But apart altogether from that, is it not fair that if a man or woman costs so much to keep, then the actual cost should be charged, and not simply taking advantage of the other person and slumping the two when the one cost 3s. and the other cost 7s.

104. I don't know that the present rule works very well, but it seems to me you would be introducing a new form of accounting, and it would involve a great deal of trouble, new books and new everything, before you could really do what you propose?—I don't see that there is much trouble in it. I maintain that if you can, with a fair amount of trouble (and it can only be a little amount of trouble), get at the actual cost, then the actual cost should really be charged. I don't see that it can be a great deal of trouble, because in a large number of poorhouses it is already enforced, and prior to the decision which was given not so very long ago, it was enforced in Govan where a sick inmate was charged at 7s. a week.

105. That is the decision in Beattie *v.* Muir?—Yes.

106. *By Dr Mackenzie.*—You say that there is a growing tendency to send to poorhouse hospitals cases that used to be treated in the infirmaries, and you also say that infirmaries are getting so filled up that they have to refuse a large number of cases?—Yes, that is so.

107. Is it the case that, assuming that you don't take them in, and no other provision is made for them, there would be a considerable residue of people that could find no hospital accommodation anywhere?—Yes, that is my opinion.

108. That is really the basis of your proposition, that the Parish Councils should therefore develop their infirmaries?—They are doing so, in Glasgow particularly.

109. On the ground that you would have a residue of people untreated who could not get access to any hospital?—That is so.

110. You spoke of phthisis. Of course we know that phthisis is rejected at infirmaries?—Yes, and there is bronchitis, and then last winter we had quite an epidemic of pneumonia. In one month we admitted some forty-five cases; it was a very bad epidemic.

111. These were all paupers?—They were people who had to come to us as they had no other alternative.

112. They would not have been taken into any hospital unless you had provided for them?—That is so.

113. Your proposition is that your parochial infirmaries should be equal to doing all the work of an ordinary general hospital?—Yes.

114. That is to say, both medical and surgical?—Yes.

115. And maternity also?—Yes.

116. Your own hospital is equipped up to the standard?—Yes, we have done all that we possibly can do meantime. We may do a little more afterwards; we are busy with other work just now.

117. Then with regard to the number of the sick: do you find in your experience that the fixing of a standard of one nurse to thirty patients has acted so as to increase or to diminish the number of the sick? You state that when you provided the accommodation you got the sick. Do you think that fixing so many patients for each nurse has acted in the same direction?—I do not know, but I think the adopting of trained sick nurses in poorhouses has had the effect of increasing the number treated in these hospitals, because cases which might otherwise not have been treated are now treated. They come there knowing that they will be as well treated as they would be in an infirmary.

118. The meaning of that is, that the number of your sick being treated is steadily increasing?—Yes.

119. Has the proportion to your total paupers increased?—Yes.

120. If the proportion had remained the same, still a bigger proportion from the outside now may be treated than would have formerly been?—Yes.

121. That is what you think, a bigger proportion of the sick are brought in to you?—Yes, and more acute diseases are brought in than used to be brought.

122. When did trained nursing begin in Govan?—In 1892.

123. Did you notice any special result from it?—I went to Govan just shortly after it was introduced. Those who are qualified to speak on the matter, who were members of the Committee then, and were largely interested in adopting it, say that there has been a marked improvement.

124. You told us something about the doctor seeing all the patients. I should like a little more detail about what actual means are taken to find out the sick among the infirm when they are admitted. Will you tell us what is done to find out the sick?—I will give you the routine for the day. At nine o'clock Dr Richard, the chief medical officer, goes to the lunatic wards, the senior assistant goes to the clothing store on the male side, which is very convenient for the male inmates, and the junior assistant goes to the surgery, which is very convenient for the female inmates. Every inmate has an opportunity of seeing one or other of the medical officers.

125. Directly and without any intervention on your part?—Yes. Medicines are given out to those in the poorhouse dispensary.

126. Are those the ordinary working inmates?—Yes. Then the doctors go to the hospital, and they see the patients there. The senior assistant, who is a male, then

takes the male department of the poorhouse and goes through every ward in which there is a patient in bed and sees such patients. The junior assistant, who is a female, takes the female wards, and goes along with the matron through every ward in which there is a person in bed. The senior assistant is accompanied by a warder, who takes his instructions and sees that they are carried out. In that way absolutely every sick or infirm patient sees the medical officer, and every working patient has an opportunity of seeing him if they wish.

127. Does that occur every day?—Yes, that is the routine one day after another.

128. So practically every ordinary inmate has the opportunity of seeing the doctor, and you ensure that all the sick and infirm are actually inspected?—Yes.

129. If you were asked to propose a medical parade for the whole house, you would have no other suggestion to make than what you have told us?—No.

130. You are satisfied that they have direct access to the medical officer?—Yes.

131. I am not aware that there is anything special in the rules making that an obligation on the poorhouse?—I don't think there is.

132. You have developed that yourself?—It is really the doctor and I who carried it out between ourselves. That morning parade and inspection is our own suggestion.

133. How long has it been going on?—For seven or eight years, and it works splendidly. Every man and woman has a chance of seeing the doctor, who, of course, is perfectly able to say whether they are fit for work or not.

134. If a system like that were embodied in the poorhouse rules, you don't think that that would involve too much labour on the other governors or medical officers?—It need involve no labour at all beyond doing one's daily duty. I question if it would work very well in the smaller houses, because you may have a visit from the medical officer on alternate days only.

135. Have you any suggestion as to how it could be done?—Take the house I was in first; there the medical officer only visited three times a week, and he lived about three miles from the house.

136. How many sick would there be?—Not a great many. A considerable number came in the winter time, but it was more the aged and infirm.

137. Do you think it is impossible to institute a medical inspection of inmates, apart from the mere inspection on admission, in the smaller poorhouses?—No, but it would be impossible to do it every day. I think it should be done on alternate days, or at stated periods.

138. Once a week or once a fortnight?—I would leave that to your own discretion, but I think that in any case it is a safeguard to the Governor, because it helps him in the classification.

139. As I understand the rule, it is that the patient complains to the Governor, and he calls in the medical officer if necessary. What you do is to put the inmates in direct touch with the medical officer?—Quite so.

140. What standard do you go by in determining whether a man is able-bodied or not able-bodied?—You can understand that, dealing with the enormous population we have to deal with in Govan, we have a number of loafers, men who really if they cared could maintain themselves perfectly well if it were not that they are either drunken or dissipated or too lazy. These men possibly, after being out for a period, do get down in health, and it is possibly no great stretch of conscience for the medical officer to certify that they are not able to work, but after a rest and fair feeding in the poorhouse they become perfectly able-bodied. It is then no kindness to keep them there.

141. The test you apply is that they must be in a condition physically to earn their own living?—Yes.

142. At the medical inspection you have instituted, do you turn out a fair number from time to time?—Yes, I think at the last meeting we turned out something like twenty.

143. Out of a total of about 1000 inmates?—Yes, about 900 odds of ordinary inmates.

144. *By the Chairman.*—Have you any malingerers?—Yes, a good few.

145. *By Dr Mackenzie.*—Do you think it would be any advantage to a smaller house, if through these medical examinations they did get rid of loafers and so on?—It would be an advantage, but the difficulty is in combination poorhouses, particularly where a governor has to do with a number of inspectors, and some of them at a very great distance. It would scarcely do to discharge an inmate without the consent of the inspector of the parish that had put him there. Of course, the inspector of poor and I work very well together, and what I do is this, I simply get the medical officer to certify whether a certain person is able-bodied and able to do all they are asked, and if they are able, then they have the alternative of doing what they are told to do or leaving the house.

146. What do you actually do with tuberculosis at present?—As far as possible we keep them all in wards by themselves. All the dressings are burned in the furnace.

147. About how many cases will you have?—I have not taken that question up, but I should think that we will have about thirty of each sex just now.

148. Do you provide them simply with the ordinary hospital treatment, or are you making an effort to apply the modern sanatorium treatment?—We apply the modern treatment. I can give an instance of three young girls who came to us. We are pretty much in the open country, although we are getting built up: the prevailing current of wind is from the south and south-west. We fed these girls up and kept them steadily outside when the weather was suitable. Although these three girls came to us with their lungs in a very bad condition, they are now in service. We are fortunate in having a lady on the Parish Council who is in touch with the Friendly Girls' Society, and we had no difficulty in placing these girls in very suitable situations in the country.

149. You think from your experience that it is probable that parishes might find it to their advantage to apply the sanatorium treatment?—Yes, I have no hesitation in saying that Govan will do that within a very few years. I know that it is the medical officer's ambition to get something of that kind now in connection with the hospital, but apart altogether from the hospital.

150. Whatever accommodation is ultimately made, you have to take those cases into hospital in any case?—Yes.

151. You cannot get rid of them; you must do something?—Yes. In fact, we are getting them in increasing numbers.

152. Now as to the powers and duties, what exactly is your relation to the hospital administratively? What control have you over the staff?—None, unless I am appealed to.

153. The lady superintendent occupies to you the same relation as the matron would?—Yes.

154. That is to say, she is not directly under the control of the matron, but under your control?—No, she is not under my control.

155. What is the position?—If she wanted to dismiss a nurse, she would simply suspend her and report to me. That gives me an opportunity, and I think a very important one, of consulting the Chairman, and it gives the nurse a right of appealing to the Chairman. Then, again, supposing she wants any of the tradesmen to attend to anything, she will consult me.

156. The rule for the lady superintendent says that she is to superintend the nurses employed in the hospital, appointing and suspending the nurses and assistant nurses as may be considered necessary for the work of the hospital, reporting to the Governor, and then, subject to the approval of the Chairman, the medical officer and Governor, she is to select and appoint probationers. The matter of appointing and suspending nurses is entirely carried through by the

lady superintendent and yourself, although you might apply to the Chairman?—Yes.

157. She appoints the nurses, and you practically confirm the appointment?—As a matter of fact, I take nothing to do with them.

158. But the point I want to get at is, the exact position that a nurse is in. She is appointed by the lady superintendent, subject to your approval?—And the approval of the medical officer.

159. Where does that come in?—That should be there, because, as a matter of fact, I take no interest in the nurses.

160. It is not you personally we are thinking of?—The medical officer should be there.

161. But, as a matter of fact, the rule actually is that the nurses are appointed by the lady superintendent, who reports to the Governor?—Yes.

162. You think that the medical officer should have some voice in the matter?—I think so. I think he should precede the Governor in the appointment of a nurse.

163. That is not in the rule at all?—No, but it should be. As a matter of fact, the medical officer has possibly as large a responsibility in the nurses as the lady superintendent has.

164. Has he not really larger responsibility?—Yes, but he holds the lady superintendent responsible.

165. At present he has no voice either in the appointing or suspending of a nurse—at any rate, there is no formal rule?—No, but in the case of Govan the medical officer really has the supreme say.

166. But that is an actual fact?—I think that, as you say, it should be embodied in the rules.

167. What I mean is, that according to rules he has no voice in the choice of the nurses?—No. Of course, when you have a direct understanding, and the men working hand in hand, that is better than any rules.

168. At the present moment it is open to the lady superintendent to dismiss a nurse, and then ask you to confirm that, the doctor being none the wiser?—That is so.

169. The best nurse might be dismissed without his knowing anything about it?—Yes. I think the medical officer should be one of the parties consulted.

170. You are quite satisfied that this rule is not exactly what it should be?—I am quite satisfied of that.

171. Of course you are speaking for your own place, but what would you say, taking it as a general rule?—I think that where a nurse is carrying out the instructions of the medical officer, he should have a direct say both in her appointment and in her suspension, if necessary.

172. Is there any reason why the medical officer and the Governor should not both have the approval or disapproval of the lady superintendent's action?—No.

173. There is no reason in any poorhouse that you know?—No; in fact in every well-organised poorhouse, where the officials are working harmoniously together, that really prevails.

174. Of course in Govan you are large enough to have a lady superintendent and a big staff of nurses, but take a place where you have only trained nurses?—I think the necessity there is all the greater, particularly if you have an untrained matron, and where there is often friction, and a nurse possibly not very well dealt with; I think there should be an appeal to the medical officer, who should have a direct interest in the matter.

175. Would you go as far as to say that the medical officer should be supreme in that matter, subject to his house committee?—I think that nurses should not be dismissed or appointed without the consent of the medical officer. I would put it as far as that.

176. Whatever other arrangement might be made?—Yes.

177. Who actually regulates the diet of the infirm and the children in the hospital; who is responsible for that?—The medical officer and myself. We conform to the diet of the Board of Supervision so far, but we have a special diet for our privileged class, which was approved at the time by the Local Government Board, and then we have a special diet for our children. It used to be that the children got porridge night and morning. We only give it to them now two nights a week, on other two nights we give them cocoa, and one night coffee. Some years ago we thought we might make use of a large amount of the waste that there is in cutting the loaves, and which was sent to the pigs, but now on two nights a week we make it up with three-quarters of a pint of sweet milk and sugar for the children. It is very excellent, and we have not so much trouble now with the eczema or poorhouse itch, which seemed never to be absent before.

178. With the infirm ward, how do you test the sufficiency of the diet? You get a scale to work upon, but how do you test whether it is enough or not?—That is left entirely to the medical officer. If, when going through the infirm wards, he sees anything that is necessary, he simply goes to the sick diet book, which lies in the kitchen or surgery, and he adds there whatever he thinks necessary.

179. That is for a particular case?—Yes.

180. Do you weigh your infirm at all?—No. In fact, there are some you could not weigh because they are always in bed. Weighing is a big question.

181. You never, as a matter of fact, weigh either the sick or the infirm?—No.

182. You don't weigh them on either going into the poorhouse or coming out?—No.

183. Are there many patients taken from the infirm wards to the hospital?—Yes, we scarcely ever have a patient dying in the poorhouse; they are all removed to the hospital before death takes place.

184. You are continually weeding out?—Yes, night and day. If the medical officer is called up during the night, as he very often is, the order is, 'take him to 'the hospital.'

185. In fact, that is the chief source of supply for your patients?—Yes, and from the outside.

186. Referring now to the Governor's rules,[1] your first rule states that it shall be the duty of the House Governor 'to admit poor persons to be inmates of the 'poorhouse in accordance with the rules of the poor-'house and the orders of the house committee, and not 'otherwise.' You might explain that rule a little more?—I think it would read better 'in accordance 'with the rules of the Local Government Board and 'house committee, and not otherwise.'

187. You would contemplate including among the orders of the Local Government Board many suggestions made in the notes?—Yes. I would take the very first rule here, where there is a long letter, and cut away a long part of it.

188. Are we to understand that you never admit any patients whatever except in accordance with these rules? You get them within the rules somehow in your emergency cases?—I would ask you to turn to the rules as to the porter, which I think conflict with and usurp part of the rules of the Governor. Rule 22[1] states: 'No poor person shall be admitted on any 'written or printed order bearing date more than three 'days before the day on which such order is presented 'at the poorhouse, unless such poor person, at the time 'of receiving the order, was residing at a distance of 'more than five miles from the poorhouse; and no 'poor person shall be admitted on any such order if it 'bears date more than six days before the day on which 'it is presented at the poorhouse.' Now, is it right that the porter should have that right?

189. *By Mr Barclay.*—That rule does not refer to the porter. It is a rule as to the admission of patients.

190. *By Dr Mackenzie.*—Have you any alterations to suggest on that rule?—I have put it under the duties of the porter that 'he is to receive all poor per-'sons who apply for admission, and should the admis-'sion order not be in proper form, he shall at once 'communicate with the governor, and in his absence 'the medical officer or matron.'

[1] Poorhouse Rules and Regulations.

191. You propose that as an amending rule?—I think so.

192. Does the porter deliver up the keys every night at nine o'clock?—That rule is inoperative.

193. Do you ever admit a case after the keys are delivered up?—I admit cases at all hours of the night. I maintain that if the hour at which a pauper comes to the poorhouse is the only barrier to their admission, we have no power to refuse.

194. So you are practically open all the twenty-four hours?—Yes. I have admitted them at all hours. That rule about delivering up the keys at nine o'clock is quite inoperative, because the porter must have the means of opening the gate, and many times we are getting them brought down from the police office at all hours of the night.

195. Of course you have a night porter?—No.

196. Does the same porter take in the night cases?—Yes.

197. Is he on duty the whole twenty-four hours?—Only if he is required.

198. Turning now to No. 14[1] of the Governor's duties, 'to appoint, subject to the approval of the 'House Committee, all the hired servants employed in 'the poorhouse, and to select from amongst the inmates 'all the nurses and helpers, and to suspend or dismiss 'any or all of such hired servants, and to remove any 'or all of such nurses or helpers, whenever it is just 'and proper so to do.' Of course that rule, so far as it is inconsistent with your hospital rules, will also be inoperative. It does not apply now?—No. The only alteration I would make there is that nurses should not be included.

199. That is just the point. You would exclude nurses?—Yes, it would be exclusive of nurses, but inclusive of the house porter, because I think the house porter should be added to that rule.

200. You recommend that the Governor should be in the position of appointing the porter?—Of being the porter's real superior.

201. To appoint and dismiss him?—I would have the power to suspend him, and report if need be. The Governor should have the power to appoint the porter.

202. Of course, subject to the house committee?—Yes.

203. You would not propose to alter that?—No. I would leave the rule as it is, except that the nurses be excluded and the porter included.

204. *By Mr Barclay.*—The nurses referred to there are pauper nurses?—Yes, but I think that nurses should be taken away from that rule altogether.

205. *By the Chairman.*—You would just leave out that clause referring to the nurses and helpers?—Yes.

206. *By Dr Mackenzie.*—Would you omit the helpers?—I would omit the nurses in any case.

207. That is because they are provided for elsewhere, and you wish to prevent confusion of terms?—Yes. Then I think that Rule 18 (11)[1] might be altered, the rule referring to the keeping of books and accounts. I would leave out accounts altogether, and make it read, 'to keep all books which the house committee direct 'and require him to keep,' etc. Then there is Rule 18 (17),[1] 'to obtain the order in writing, of the house 'committee, duly entered in the order book to be pro-'vided for that purpose, and signed by the Chairman or 'acting chairman, before purchasing or procuring any 'article for the use of the poorhouse, or ordering any 'repairs of any part of the poorhouse or premises, or 'of the furniture or other articles thereto belonging.' I don't think that that is an order which can be carried out in any house.

208. *By the Chairman.*—It is quite antiquated?—Yes. Rule No. 18 (19)[1] is the same, 'To cause the in-'mates to be inspected, and their names called over, 'immediately after morning prayers every day, in order 'that it may be seen that each individual is clean and 'in a proper state.'

209. What about Rule No. 18 (18),[1] which makes it the duty of the Governor to read prayers to the inmates or cause prayers to be read in the absence of the chaplain?—I have to do that sometimes, and I think it is quite a proper rule.

210. The chaplain does it if he is there?—Yes, but I have done it for three weeks in succession when he was unable to do it.

211. *By Dr Mackenzie.*—There is no hardship in it?—No.

212. Rule 18 (19) is really an impracticable rule?—Yes.

213. Everything that would be intended by Rule 18 (19)[1] you accomplish by the daily routine inspection that you have told us about?—Yes.

214. *By the Chairman.*—There is practically no call-over now?—No.

215. *By Dr Mackenzie.*—Then Rule 18 (25),[1] 'To 'visit all the wards of the male inmates at or before 'nine o'clock every night, and see that all the male in-'mates are in bed, and that all fires and lights are 'extinguished.' How does that apply in actual fact?—I visit the wards every day, unless I am on other duty, which I sometimes am, with committees and all that. I make sure that all the wards of the male inmates are visited at or before nine o'clock.

216. You personally could not undertake that?—No. As a matter of fact, either one or the other of the warders do it, and then there is a bell in communication with each stairhead, so that if an inmate is taken ill he rings that bell and the warder knows at once where to go.

217. As to this rule about extinguishing all fires and lights, you don't do that as a matter of fact?—No.

218. You cannot do it?—No. We put the light down as far as we possibly can, but it is not put out.

219. Do you have gas or electric light?—Gas.

220. How do you maintain the temperature in the general poorhouse?—We have steam, and open fires, and radiators.

221. So if you do extinguish the fires, you have means of keeping up the temperature?—Yes.

222. In many of the smaller houses the only means of keeping up the temperature is by fires?—Yes.

223. It would be nonsense to say that the temperature is to be maintained at a reasonable height and that the fires are to be put out?—Yes. In the hospital blocks we never have fires on, because we can get any heat we want without them.

224. You think that that rule also is an antiquated one?—Yes.

225. It would not in any case apply to the sick?—No. I think there should be separate rules for the sick, which should be embodied in the rules dealing with the medical officer.

226. This rule applies to everything, as it says 'male inmates'?—Quite so.

227. You maintain a proper temperature in all your Govan Poorhouse wards. What standard do you go by?—In the hospital the standard that the doctor likes is 65 degrees. In the infirm wards we like it a little higher, because the old people feel the cold as keenly as anybody, and no one will tell you more quickly when your heat is deficient than an old woman.

228. You keep the temperature at about 65 degrees?—From 65 to 70 in the infirm wards, because we have any amount of heating power.

229. You have thermometers to indicate the temperature?—Yes.

230. Are you responsible for the registration of deaths?—Yes, the registrar and the inspector take my chief assistant as my substitute, and he goes and signs all the notices every Friday.

231. What do you do with regard to the registrations of births?—We send the women themselves to register the births.

232. *By the Chairman.*—You take no responsibility about that?—No, beyond taking care that they are registered in due time.

233. There is no provision for that in the rules at all?—No.

[1] Poorhouse Rules and Regulations.

234. *By Dr Mackenzie.*—Are all your hospital sudden deaths reported, as well as other sudden deaths?—Yes, if there is any doubt about the cause of death.

235. You have no sort of understanding that, say, a death occurring within so many hours of the medical officer's attention being called to the case, would be called a sudden death irrespective of cause?—Not if the medical officer is perfectly certain as to the cause of the death, but if there is any doubt about the cause, or if the death is unexpected, then there should be no option.

236. *By Mr Barclay.*—Do you not think it should be 'sudden and unexpected' instead of 'sudden or unexpected'?—Yes, I think that that would be a better phrase, as it gives you one definition instead of two.

237. *By Dr Mackenzie.*—You mean that a great many heart cases that you know of may go off suddenly at any time?—Yes, they are sudden, but not unexpected.

238. Does it really amount to much in actual practice?—No.

239. Does it cause you any great annoyance?—No. The fiscal has complained about being brought down for trivial cases, but I prefer to be on the safe side. I think it is a safeguard for officials. A man or a woman may die suddenly, and while it may be easily explained and be simple enough, if no inquiry is held, there may be trouble with friends, and you have no safeguard, whereas if you put the onus on the procurator-fiscal, you are quite safe.

240. Do you find the form of medical certificate on page 29[1] to work satisfactorily?—Yes. There has been a paragraph added as to whether a patient should be accompanied by a sick nurse or not. We, of course, have very often to send out a sick nurse along with the ambulance. I think that in a place like ours that is an absolute necessity. It would be an advantage if you were to add to that whether the certifying surgeon thinks that patient may be bathed before being examined by the medical officer. That would assist governors where they have not the same opportunity of consulting the medical officer as I have, and I think it might safeguard the inmate at the same time.

241. Those are the two amendments that you suggest — that the certifying surgeon should say whether a nurse should accompany the patient, and also whether he may safely be bathed before seeing the medical officer?—Yes.

242. You have a note in the most recent form of your certificate including the nurse?—Yes, that was added about a year ago.

243. You think that the certifying medical officer should give suggestions as to the treatment of the patient?—I think it would be better if bathing were mentioned.

244. Normally you send a nurse to remove every sick case?—Only if asked for.

245. You leave the responsibility for that entirely on the certifying medical officer?—Yes, the certifying surgeon; he states whether or not a nurse is needed. He has instructions to be careful in the matter, and we err on the safe side. They telephone to us that a nurse is needed with the ambulance, and the medical officer, as a rule, sends stimulants for the patient.

246. You don't make it a rule that a nurse shall always be sent?—No.

247. Have you much actual trouble in the matter of infectious disease?—No.

248. It is measles and whooping-cough that you have chiefly?—And enteric and typhus fever, and we have had smallpox.

249. But you get those taken off your hands?—Yes, we have no trouble at all.

250. In the case of whooping cough and measles, you sometimes cannot get them off your hands?—No, but we have accommodation ourselves.

251. Would you suggest that every poorhouse should have an isolation room of some sort pending the removal of every case to hospital?—There is not much in it; even though they had one or two beds, I think it would be advisable.

Mr John Thomson. 23 Sept. 1902.

252. There is a certain set of rules for a visitation committee on page 10.[1] Have you any suggestions to make about that Committee?—No.

253. Is there a visiting committee in Govan?—They visit in rotation.

254. You mean the members of the house committee?—Yes. There are thirty-one members, and it is their turn to visit every ten weeks. They visit in sections of three, and one of four. The week commences on the Sunday and ends on the Saturday.

255. Do they visit regularly?—At certain seasons of the year. Sometimes in the summer, when a large number of them are away, they do not visit so regularly; but, on the whole, they visit very regularly, and I have not much to complain of there.

256. They enter the necessary particulars in the register?—Yes.

257. Do you go round the house with the visitors?—Yes. I have never had any trouble about that. None of them has ever asked to be allowed to go alone.

258. A word or two about the trained sick nursing. Are you aware that in England, by Order dated 1897, there is the following rule: 'If on emergency it appears 'to the medical officer of the workhouse that the em-'ployment of a temporary nurse,' etc. (*Reads rule.*) There is also an Irish rule dated 1901 in similar terms. (*Reads rule.*) Do you know of these rules?—No, I have not seen them, although I had a good deal of communication with one of the Local Government Board in Ireland at the time they were drawn up.

259. The Irish rule states that when communicating with the master the medical officer shall at the same time report fully in writing the full facts to the guardians and also to the Local Government Board. You suggest that if extra nurses are wanted, then, as a safeguard, the chairman should be consulted?—Yes.

260. Do you think that that would be likely to lead to delay in getting nurses?—In some houses it might, but it depends a good deal on the officials themselves.

261. Do you think this would be a fair rule to put in operation?—I see no objection at all. The fact of his reporting at the same time to the chairman or the house committee is a check.

262. *By Mr Barclay.*—Since your hospital was so much improved, you find that there is no reluctance on the part of people outside to be removed to the poor-house hospital to be treated?—That is so.

263. That has a tendency to increase the numbers?—Yes.

264. The medical officer is supreme with regard to the treatment of the sick, but not with regard to the warders that are sent in to clean. That is where friction is likely to arise?—Not with us. The only difficulty is sometimes with the matron. If a warder is needed, and I don't see the lady superintendent of nurses in going round the hospital, then she sends me a note that a warder is wanted, and I simply score out her name, put in my own, and send it to the matron.

265. Can you give any suggestions as to how friction could be avoided?—I have never had any trouble.

266. But there may be friction in other places?—We have no difficulty; we have plenty of young women to do the work in the house, and the work in the hospital also. We require about twenty-eight warders to do the work in the hospital, and that is quite a different duty from that of the other warders. You can easily understand that if there is much movement in a house, there will be considerable strain, and sometimes the matron has difficulty in getting the washing and other work in connection with the poorhouse performed. Where an order is passed on in that way, the matron, if she cannot send a warder, must report the fact to the Governor; I don't see that there need be any friction at all. The Governor has simply to use his discretion and to judge fairly between the two parties.

[1] Poorhouse Rules and Regulations.

267. You said that the rules of the Board as to nursing might be modified—that where probationers were employed you would not require so many nurses as one to every thirty patients. What benefit would result from that if the Board were to modify their rules?—I don't know that there would be any benefit, but there would be an effect in this way: suppose you insist upon Govan, for instance, keeping the same ratio of nurses to patients as houses where there are no probationers, then that gives them no incentive to train nurses.

268. You mean for getting a share of the grant?—Yes.

269. That is the thing I was driving at. Would it make any difference in Govan whether the house committee received the grant or not—would they change their system of nursing?—I think so—at least you would give them a strong incentive to do so.

270. They would not keep up the standard of nursing that they have at the present time if they had not the stimulus of the grant?—That is not a question I am prepared to answer.

271. *By the Chairman.*—The question is, whether your proposed equivalent of two probationers being equal to one nurse is sound or not?—Exactly.

272. *By Mr Barclay.*—I meant this, I think the Govan Parish Council are now so satisfied with their nursing system, that they would not depart from it for an inferior system even if the grant was to be withdrawn?—I don't think so, but all the same I don't think that Govan would refuse the grant; I don't think they are beyond the necessity of it yet. What I maintain is, that if you give a modified grant you are doing a benefit, not to Govan alone, but to every house, by inducing them to train a larger number of nurses, and I think nurses trained in that way make the most satisfactory poorhouse nurses of all.

273. *By the Chairman.*—Suppose the grant were given for probationers who had been with you for a year: you say that it would be an inducement to have more probationers, who are of great future use and better than those nurses you import from elsewhere?—Yes. My point is this, we train just now fourteen probationers to our twelve staff nurses. That is all the accommodation we have. Until we have trained a probationer for two years, the cost falls entirely over ourselves. After that, of course, we get a half of their salary and 3s. towards their board. If at the end of one year you gave us a modified grant, the cost to the Parish would be less, and the inducement to train a larger number would be greater; the question is whether the benefit to other houses and to our own is worth such a grant.

274. Your contention is, we ought to give a grant to these probationers?—I say that it is worthy of your serious consideration.

275. Of course, you know that at the present moment the house committee is not a statutory body at all, but I suppose your experience would lead you to say that it is absolutely essential and necessary, and that it works well?—Yes.

276. Of course, the rules in many cases oblige matters to be put before the chairman of the house committee, with a view to his bringing them before his committee in some cases, while in other cases he will take the responsibility of acting himself?—Yes.

277. You think that that system works well?—Yes, and it is a safeguard to the Governor or medical officer, because, if the chairman is consulted and his consent obtained, then the onus is to a certain extent removed from officials, as they have the chairman to fall back on.

278. Is your whole parish council the house committee in Govan?—Yes, but I don't know if that is an advantage.

279. As regards the separation of the children from the adults, for which there is provision in the rules, are the rules carried out?—Yes, and we are going to carry them out even more completely, as we are just finishing a separate building for children.

280. Our rule is this, that they are to be *absolutely* separated from adults. That does not apply, I suppose, to such children whose mothers desire that they shall remain with them, or to children who are being suckled?—No. Our present system is that all infants and children who are being nursed by their mothers are in a separate section of the house, and each child has an old woman who takes charge of it. At stated hours the mothers go to suckle the children, so often as the medical officer thinks necessary.

281. The child at that period is for certain portions of the day removed from its mother?—Yes, it is under the charge of a nurse, because it is on that class that you depend for your workers to a large extent.

282. In Ireland the rule is that the mothers of the children shall have access to them at all reasonable times. 'All paupers of class five' (that is where they are children of under two years of age) 'whose mothers 'are inmates of the Workhouse, shall be allowed to 'remain with their mothers if the mothers so desire, 'and all paupers who are children under two years of 'age, and girls above the age of three and under the 'age of fifteen, shall be placed in some apartment 'specially provided for them, and the mothers shall 'have access to them at all reasonable times'?—Yes, but what is a reasonable time? Take an infant who is under the charge of a paid official, and has a special old woman set apart for nursing it, would it be any benefit to be under the charge of its mother if the mother is allowed to nurse the child? They are with them all night.

283. The mother is with her child at all times of the day consistent with her work and other duties?—Yes. All the children have an opportunity of seeing their mothers twice a week—Wednesday and Sunday afternoons.

284. The infants are with them all night?—Yes, up to two years of age.

285. You in Govan, as in some other poorhouses, have experience of the working of the Brabazon Committee, an organisation of ladies who go to the poorhouse and teach the inmates. I suppose it is the inmates of the sick and infirm wards mainly?—Yes, it is principally the sick and infirm.

286. They teach them certain things. You think that these people engage themselves in this work to very great advantage?—Yes, certainly.

287. You think that the work which is being done by this Brabazon Committee is of great use in the poorhouse?—Yes.

288. Does it tend to lighten the lives of the inmates?—Yes.

289. Do you think it should be encouraged?—Yes, and it has been encouraged with us, because I have every sympathy with it. They have done a great amount for us in coming in close contact with a number, and the ladies going through the wards have a cheery word to this and the next one, and they help to brighten their lives. They don't interfere at all.

290. At present that work is purely voluntary?—Yes.

291. Have you any suggestions to make with a view to its being put on a more permanent basis?—I really don't know if that could be done, beyond the fact that the Board might indicate their approval of it. I think that our people got a grant of £30 from the Brabazon Society. Mr Gourlay of Glasgow, a philanthropist, gave them £30 as a present. That commenced them. The sale of each year's labour provides for the work of the next year, and not only so, but I have always insisted that whatever benefit was gained from the surplus should be given to all the infirm and sick, and not be confined to the workers. They generally give an entertainment of some kind, and give the old creatures and the children their tea in the evening.

292. *By the Chairman.*—You are Resident Medical Officer at Barnhill Poorhouse?—Yes, I have been so since 1876.

293. Generally speaking, what improvements have you to suggest in the hospitals and sick wards of poorhouses?—I think you should have increased cubic space, perhaps up to 1000 or 1100 feet.

294. What is your cubic space just now in Barnhill?—We have over 800 cubic feet, but I think it ought to be increased to at least 1000.

295. What other suggestions have you to make with a view to the improvement of the present condition of matters?—I think that the lavatory and water-closet accommodation should be more convenient to the wards.

296. The city parish are at present providing fresh hospital accommodation?—Yes, they are building a new hospital at Stobhill.

297. Will this new hospital meet your views as regards the additional requirements?—Yes.

298. Do you find that the number of sick poor whom you have to treat in your hospital is increasing?—Yes, very much so.

299. To what do you attribute that?—In our case to the amalgamation of the parishes of Barony and Glasgow.

300. You mean that whereas under the old system they did not go to either the hospital of Barnhlll or the City Poorhouse, they now go to Barnhill?—No, I don't mean that. I mean that since the amalgamation, the hospital wards of Barnhill have been much more occupied than they were formerly. I used to have a little margin of space, especially in summer, but I have had no margin this year.

301. Why should the amalgamation produce that result?—I expect they will be dividing the sick poor between the two places. We never had so many sick in summer before the amalgamation.

302. May it not also be due to this, that your appliances are better now, and they are more anxious to take advantage of the provision that you have for the treatment of sick in your Barnhill hospital?—I am afraid that that would not account for it all. We still find a reluctance on the part of a great many people to go into a parish hospital.

303. Just because it is a parish hospital, and because it is parochial relief?—Yes.

304. We have been told in regard to other parochial hospitals that that old prejudice is not so strong as it once was?—I don't think it is so strong, but it exists still in some cases.

305. Do you treat all cases, both medical and surgical, in your hospital at Barnhill?—Yes.

306. Whatever the type and however serious?—Yes.

307. Have you an operating theatre?—We have a ward which has been arranged for that.

308. Do you conduct operations of all kinds with your own existing staff?—Yes.

309. You conduct them just as they would be conducted in the Glasgow infirmaries?—Yes.

310. There is no case that you would consider too serious to be dealt with by yourselves?—No.

311. You think that you ought to be equipped in the Barnhill Poorhouse hospital as efficiently and as thoroughly as the Glasgow infirmaries are equipped?—Yes.

312. You would have it up to the same standard in every way?—Yes.

313. That, I suppose, would probably result in a large increase of pauper inmates, who would go there to be treated?—It might, but I really could not say.

314. As regards tuberculosis and other malignant and offensive diseases, your view is that they should be treated in separate buildings, apart from the hospital?—Yes.

315. Such cases should be isolated?—Yes.

316. Have you provision for that at present at Barnhill, or is it contemplated in your new buildings?—It is contemplated in the new buildings.

317. What exactly is contemplated in the new buildings?—We are building wards.

318. For what diseases?—Consumption.

319. Are you to have separate blocks for tubercular patients?—Yes.

320. Do you treat them at present with the open-air treatment?—Yes, we do that in Barnhill.

321. You carry it out so far as your present appliances and surroundings enable you to do?—Yes.

322. I should like now to ask you about your duties as medical officer. When inmates are brought into the poorhouse, when does your duty begin?—Whenever they are admitted.

323. They are put into the probationary ward by the porter?—They are put into the waiting-room first.

324. Your duty then is to inspect them?—I visit them, and initial the admission book, and then they are bathed after that. I then see them again, and allocate them to the various apartments.

325. Having done that, it is the duty of the Governor to proceed in terms of your instructions as to whether the individual paupers are to be put into the class of sick, infirm or ordinary inmates?—Yes.

326. Supposing a man comes into the poorhouse, and is inspected and bathed, how long does that take as a rule? When does the probationary ward come in?—Parties admitted at, say, one o'clock in the day, would be seen by me at about 1.30, and they would be bathed during the afternoon. I visit the probationary ward at 5.30, and at any time I may be specially sent for.

327. They go there after being bathed?—Yes, I visit the probationary ward at 5.30 for the purpose of again examining them and allocating them. I may say that anyone who is not considered fit for being bathed is at once sent up to the hospital.

328. Having so disposed of them on that day, do you see them again from day to day?—Yes.

329. Do you see all the inmates from day to day?—No, only the hospital inmates.

330. You don't see the infirm?—Not every day.

331. How often do you see the infirm?—Twice a week, unless I am specially sent for.

332. You are able, from the inspection that you make twice a week, to say whether any of them ought to be removed and put into the class of sick, or to say what other treatment should be given them?—Yes.

333. Is it a careful examination?—I cannot say that. I don't examine them physically; I merely go and ask how they are keeping, and if they have any complaints to make.

334. We find in certain cases people who are in the infirm class, and who ought probably to be removed into the sick class. We find that sudden deaths often take place where illness is present and has not been detected. Is your examination of the infirm such as to enable you to detect any illness of that kind?—Not unless the inmate makes a complaint.

335. Do you think there is anything that calls for an additional safeguard in connection with the examination of the inmates?—I have never thought so. I have never thought anything more could be done than is done.

336. You are a resident physician, and you have other resident physicians with you at Barnhill?—Yes, there are other two.

337. How often do you see the ordinary inmates?—I only see them when they come to consult me if they are complaining about anything.

338. There is no special inspection?—No.

339. There is no special parade of them before the resident medical officers?—No.

340. You don't think that that is necessary?—No.

341. Your medical scrutiny when they come into the

poorhouse is, you think, sufficient, unless they afterwards ask to be examined by you?—Yes.

342. I see that you say, with regard to the discharge of patients, that you discharge patients from hospital only?—Yes.

343. When you have ordinary inmates who, when they come into the poorhouse are not able-bodied, but who afterwards become able-bodied through regular habits and diet, is it you who decides whether they are able-bodied or not?—Yes; a list is submitted to me at stated times, and I examine the people and decide whether they are unfit, partially fit, or fit.

344. That report goes to the Governor?—Yes. The revisal committee meets at the poorhouse and sees the people.

345. It rests with you to say really when inmates in the poorhouse are able to be discharged because they are able-bodied?—Yes.

346. You say you discharge patients from the hospital only. That does not mean to the outside; it means merely from the hospital to other parts of the poorhouse?—Yes, they may go outside or to the ordinary wards. If I wish them sent to the infirm wards, then I mark them infirm.

347. Have you any difficulty as regards the treatment of infectious diseases in Barnhill?—No. We remove all infectious diseases to the hospital in Glasgow.

348. You have no difficulty, and you never have had any difficulty?—No.

349. Are the patients removed without any delay?—Yes. The only infectious diseases that we have are some skin diseases.

350. And of course you have tuberculosis?—Yes.

350A. What about whooping-cough and measles?—These, along with enteric fever and scarlet fever, are taken away to the infectious hospital in Glasgow.

351. You have never found it so full that it could not accommodate your patients?—No, but I have heard them say that they would be pleased if we did not send any more cases.

352. If there was no accommodation for them, you would have to isolate them yourselves?—Yes.

353. Have you ever had occasion to call in nurses from outside?—That has been done once or twice in my experience, when we were short-handed.

354. How did you do it?—It was done by the matron applying to a nursing home.

355 Did you require the sanction of your house committee?—The chairman of the house committee approved.

356. You and the matron agreed that an extra nurse was required, you applied to the chairman, got his approval, and then got the nurse?—Yes.

357. With regard to sudden deaths, do you intimate all sudden deaths occurring among the inmates without the exception of the sick, or do you except them?—We except those in hospital.[1]

358. Upon what footing do you do that?—The only reason I could have for it is that they were under treatment, and were being seen regularly and properly attended to.

359. If a patient were being treated for one kind of disease, and died, say, of heart disease, which had not been diagnosed, would you report that as a sudden death?—No, not if the patient died in hospital.

360. You don't regard as a sudden death the case of a patient who dies in hospital, no matter how suddenly he may die, or whether he dies from a different complaint from that for which he was being treated in hospital?—No. I would not admit that I had not diagnosed the heart disease.

361. We are only human, and it is conceivable that there might be symptoms which you had not diagnosed. You say that you have the hard and fast rule, that you don't report as sudden any cases of death in the 'sick' wards, no matter how sudden the death may be?—No.

362. I see from your returns that from 1894 there have been no intimations made from Barnhill of sudden deaths not on the 'sick list'?—Those dying in the ordinary wards are reported.

363. There have been none since 1894, according to the returns. How do you account for that?—I did not know that we had had such a long interval as that. I am sure we have had deaths reported in that interval. To make the number of deaths correspond, I include all deaths in my own list. Supposing a man dies in the infirmary part of the poorhouse, I include him.

364. He is removed by the fact of his death from the 'ordinary' or 'infirm' inmates to the 'sick' class for matters of accounting?—Yes.

365. Accordingly, all the sudden deaths that are reported would be found on your list, as in the 'sick' class?—Yes.

366. Even although they had not been treated in hospital?—Yes.

367. And yet you have told us that you don't report them if they are on the sick list when they die?—No.

368. Is that not rather inconsistent?—When you put it in that way, it does look a little inconsistent.

369. *By Dr Mackenzie.*—Suppose you have a case of illness occurring in the infirm or ordinary wards, and the person suddenly dies, don't you report that to the Board?—Yes.

370. *By the Chairman.*—Although it has not *de facto* been removed from the 'infirm' list to the 'sick' list, you remove it in your books, and then intimate it?—I merely include that death in the half-yearly returns. I put it into my hospital deaths.

371. *By Dr Mackenzie.*—Is there any obligation on you to report sudden deaths at all? Is that not the business of the Governor?—Yes, but I have to intimate the death to him in the first place.

372. How many inmates altogether have you in Barnhill?—About 1300.

373. Since 1894 there has not been a single sudden death other than in the hospital?—There have been some sudden deaths reported from the infirm wards.

374. *By Mr Barclay.*—Some have died in the infirm wards before you have seen them?—Yes.

375. *By the Chairman.*—And you report these as being on the sick list?—I don't think I have made myself plain enough.

376. Tell us exactly what happens if there is a sudden death in the infirm ward?—I would at once send a letter to the Governor that I had been summoned to see this body which had been found dead in the ward, and I would certify what I considered to be the cause of death. I would take no more note of that until I made up my half-yearly return for the Board, when I would put that death as happening among the deaths in the poorhouse.

377. And as having occurred in the sick wards?—It really did not occur in the sick wards, but it is entered in the return as if it did. The idea for that is to have the number of deaths in my return corresponding with the number of deaths in the Governor's return. The number of deaths that he returns is the same as mine.

378. That is your practice at Barnhill?—Yes.

379. Have you any difficulty in obtaining trained nurses?—We have no difficulty in obtaining nurses to train. We have never tried to get trained nurses: we train them ourselves.

380. And you think that system is a good one?—Yes.

381. You prefer your own probationers?—Yes, we prefer our own nurses.

382. Do you get plenty of probationers now?—We have no difficulty in getting them.

383. From all quarters?—Yes.

384. How many probationers do you have now in Barnhill?—We have forty-two or forty-three nurses, including probationers; I could not say exactly how many probationers we would have.

385. How many nurses do you have to the number of sick?—Including nurses and probationers, we have one to every ten cases.

[1] In a letter dated 24th September 1902, Dr Core explains that a patient dying in the hospital as the result of an accident, or during the administration of chloroform, or from an overdose of, say, opium, would be regarded as having died suddenly, and the death would be reported accordingly.

386. But how many nurses have you, leaving out the probationers?—I have twenty-two or twenty-three staff nurses fully trained.

387. So you are within the Board's requirements of one for thirty?—Yes. We are about one for eighteen.

388. Have you any suggestions to make as to trained nurses?—No, I have no special suggestions to make.

389. You think that the present system is working very well?—Yes.

390. Have you any views as to the grant being extended to the probationers, or do you know about the distribution of the grant?—I don't know much about it. I don't see that it would be reasonable to give a grant for probationers.

391. You have rules regarding the duties of the nurses?—Yes. (*Hands in rules*, which are included in Appendix XIV., *vide* pp. 243–4).

392. Do you find these rules to work well?—Yes.

393. Do you desire to say anything with regard to the visitation of poorhouses?—Do you mean by the patients' friends?

394. By the patients' friends and by the House Committee?—I think that the patients' friends should be given every facility to visit the sick poor.

395. More than they have at present?—Yes, I would be inclined to think that they should be allowed to come daily, if they wished, at a certain hour.

396. How often can they come now?—They are allowed two days on the male side, and two days the following week on the female side.

397. In the case of a patient whose life is in danger, you intimate the fact to his friends?—Yes, and they visit as often as they wish.

398. They may desire to move the patient from the hospital before his death?—Yes.

399. You give them facilities for doing that?—Yes, but I try to advise them not to remove the patient.

400. If they do remove the patient, then they take the responsibility?—Yes.

401. What is the present practice in regard to dispensing medicines in Barnhill?—I have a female dispenser. She is not qualified in the strict meaning of the Act, in that she has not been examined by the Pharmaceutical Society, but she has been trained by myself and my assistant. This has worked very well, but I think it would be better to have a fully-qualified dispenser.

402. Is the whole time of the dispenser fully occupied?—Yes.

403. Might there be a dispenser, not only for Barnhill but for various hospitals in the neighbourhood, or would you require one entirely for Barnhill?—We would require one entirely for Barnhill.

404. Is the whole time taken up in dispensing?—Yes.

405. Your experience has been entirely gained in Barnhill?—Yes.

406. *By Dr Mackenzie.*—What is your relation to the Governor in the hospital? Are you his subordinate, or have you any definite relation?—As far as treatment is concerned, I am supreme.

407. Your word is absolute?—Yes, but as far as discipline or management is concerned, I don't take much to do with that.

408. You leave that to the Governor?—Yes.

409. What is your relation to the nurses: have you power of dismissal or suspension?—No, I have no power either to appoint or dismiss. That lies with the matron.

410. And with her alone?—Yes, she appoints and discharges, reporting, of course, to the Governor and the chairman of the House Committee. The matron is the lady superintendent in Barnhill.

411. Is her dismissal of the nurses absolute? Supposing there is a nurse she wishes to dismiss, she can dismiss her without any consultation with you or any confirmation by the Governor or the House Committee?—She may dismiss her, but she must have the approval of the Governor and the chairman of the House Committee. She does not require my approval.

412. Not at any stage?—No.

413. In fact, you have no jurisdiction over the nurses at all?—No.

414. Do you find that to work well in actual practice?—Yes, so far I have found it work well enough. If I have made any complaint about a nurse's incapacity, it has been attended to at once.

415. Judging from your experience, do you think that it is a satisfactory system?—Yes, I have never had any difficulty in working with it.

416. Have you any jurisdiction in the ordinary wards among the ordinary inmates or the infirm?—I can visit them whenever I wish, but I have no special jurisdiction unless I want a special treatment given.

417. You say that you can visit them whenever you wish. Is that included in any system of rules applicable to you? Is there anything in your poorhouse rules that authorises or requires you to examine the general inmates?—No, there is nothing.

418. If you did it, it would be voluntarily on your part?—Yes. I am expected to see to the heating and ventilation, and all these things, and I occasionally walk through the wards.

419. Do you make any general detailed examination of the infirm inmates and the ordinary inmates, with a view to finding out if there is any sick among them?—No.

420. You have to wait until you are summoned by the Governor?—Yes. I attend if any inmate complains.

421. Does he complain direct to you, or is his complaint made to the Governor first?—He complains to the infirm warder, who leaves the name in the dispensary, and I attend to it.

422. But, strictly speaking, the complaint comes to you through the Governor?—Yes.

423. You don't necessarily know of any case being ill, except through the Governor or his report?—That is so.

424. Do you think that that is a satisfactory system?—It works very well.

425. Have you had any cases in the infirm wards that you thought you should have been called to earlier?—No, I don't think so.

426. How long have you been superintendent of Barnhill?—Since 1876.

427. And in all that time you have had no case where you thought that you should have been summoned sooner, or where you could have discovered the case earlier if you had systematically examined the wards?—No.

428. Who regulates the diet of the infirm and the children? Is that part of your duty?—There is a special diet drawn up which I sanction.

429. It passes through you?—Yes.

430. Do you apply any tests for the sufficiency of the diet?—No, except examining them and sometimes tasting.

431. Do you have any systematic examination for that purpose?—I see the food every day.

432. Do you see the patients at their food?—Not always, but sometimes.

433. Do you see them systematically at any time for that?—No.

434. You don't weigh them periodically?—No. I proposed weighing them, but our committee objected.

435. You think that it would be a good thing?—Yes, I think it would be a benefit.

436. Occasional weighing would not be a serious increase of duty on anyone?—No. I thought of weighing them when they came in and weighing them some time afterwards.

437. That could be quite easily instituted as part of a systematic inspection?—Yes.

438. And it would be a check, to a certain extent, on the sufficiency of the diet?—Yes.

439. Where do your sick ward patients come from?—Mostly from the outside.

440. Not from the infirm inmates?—Perhaps one-third come from the inmates.

441. Suppose you have a moribund case coming direct to the hospital, and it dies within six or twenty-

four hours, would you count that as a sudden death?—No.

442. Would you not report it?—No.

443. Even a moribund case dying just after it was admitted?—No, we would not report that.

444. In fact, we may take it as absolute that no cases, either transferred to the hospital or admitted direct to the hospital, are ever reported as sudden deaths, even if they are moribund on admission?—That is so.

445. You say that the calling in of extra nurses should be in the discretion of the medical officer. Have you ever found any difficulty?—No.

446. You have got extra nurses whenever you wanted them?—Yes.

447. On the present footing?—Yes.

448. You say that the hours of duty might be shorter, that they might be allowed off more frequently and for a longer period. The time allowed off for your nurses is twice a week from three to five, and for recreation one afternoon from four till ten, and three hours another day. Is that one afternoon in the week?—Yes.

449. Is that instead of this recreation or in addition?—The times have been altered.

450. The present custom is that they get a whole afternoon from four to ten once a week, and three hours also once a week?—Yes.

451. That is the actual allowance at the present time?—Yes.

452. Is that sufficient to keep the nurses in good health?—I think so.

453. Would you propose to increase that?—Yes, I would like to see it increased, but then we would require to increase the staff.

454. Have you anything to do with the punishing of inmates?—All I have to do is to certify whether or not they are fit for punishment.

455. *By the Chairman.*—Are you asked about that in every case?—Yes, I don't know of any case being punished without its coming under my hands.

456. *By Mr Barclay.*—Do you certify as to whether a person can do without his milk, for instance?—Yes.

457. *By Dr Mackenzie.*—That refers to everybody in the house?—Yes, the ordinary and infirm inmates.

458. Are you satisfied from your own experience that you get all the complaints of illness that are made by every inmate in the house?—Yes, they come very readily to complain, and about very small things too.

459. You say that classification under present conditions is difficult, if not impossible. What do you mean by that?—In our own case we cannot exactly keep the different classes separate.

460. Why is that? Is it because you have no accommodation?—We do not have sufficient accommodation.

461. You can keep the sick separate from the well?—Yes, but if you wish to classify the infirm and the ordinary, it is more difficult.

462. That would be a thing of the past when you get your new buildings?—Yes.

463. *By Mr Barclay.*—Have you no regular system of communication between an inmate and the medical officer? Does it rest with the warder in the ward? If an inmate does not feel well, how does he communicate with you?—He can come and see me at my office.

464. At a certain time of the day?—Yes, we have an hour every day, 2.30, for these people to come and see me.

465. Both males and females?—Yes.

466. Is that in your office?—Yes; they come to the dispensary.

467. Supposing an infirm inmate felt unwell, and was not able to get up in the morning, how would he communicate with you?—I am told about that.

468. By whom?—The paid official.

469. You don't make a regular perambulation of wards to see if there are any inmates lying ill?—No.

470. You say that the accommodation for sick poor should be increased in cubic space. Your present conditions at Barnhill will be changed when you go to Stobhill?—Yes.

471. *By the Chairman.*—Is there any punishment of children at Barnhill?—Sometimes they are punished, and I have to certify as to whether they are fit to bear the punishment or not.

472. Have you ever seen punishment inflicted?—No.

473. Does anyone see it besides the Governor?—I cannot say.

474. It is the Governor's duty to inflict it?—Yes.

475. How often are you asked about that?—It is a long time now since I have been asked to certify any boys for punishment.

476. In fact, it is very rare?—Yes.

477. You are certain of this, that in every case in which it is inflicted you are consulted?—Yes.

478. That is punishment of all kinds, whether deprivation of diet or something more serious?—Yes.

479. *By Dr Mackenzie.*—Do you give a written certificate in such a case?—Yes, and there is a note taken of it.

480. *By Mr Barclay.*—Is there also a written certificate if a man is able for certain kinds of work?—Yes.

481. *By Dr Mackenzie.*—Do you take any means to find out if there are any able-bodied amongst the inmates that could be discharged from the poorhouse?—No.

482. Are you ever asked about that?—There is a list submitted to me once or twice a week of inmates whom they propose to dismiss, and I am asked to certify whether they are fit or unfit for work.

483. You make no scrutiny of the ordinary inmates to certify as to whether they might be discharged as able-bodied?—No.

484. You only go in when called?—Yes.

485. In the treatment of the sick in Govan, it is a rule that cards must be fixed near the bed of every patient, and these must be preserved for a certain time. Do you have such a system?—Yes, we have cards.

486. Do you preserve them at all for reference?—They are kept for perhaps a year.

487. *By Mr Barclay.*—Does the card state the disease from which the patient is suffering?—Sometimes, but I don't always mark the disease on the card.

488. *By the Chairman.*—That is in the interests of the patient?—Yes.

489. *By Dr Mackenzie.*—But you have a note of it in the register?—Yes.

The Committee adjourned.

SECOND DAY.

WEDNESDAY, 1st OCTOBER 1902

At the Local Government Board Offices, Edinburgh.

Present:

Mr J. Patten MacDougall, *Chairman*.
Dr W. Leslie Mackenzie.
Mr R. B. Barclay.
Mr J. Jeffrey, *Secretary*.

Dr J. M'C. Johnston. Oct. 1902.

Dr John M'Cubbing Johnston, called and examined.

Dr J. M'C. Johnston. 1 Oct. 1902.

490. *By the Chairman.*—You are the resident Medical Officer in the City Poorhouse, Glasgow?—Yes.

491. Now called the Town's Hospital?—No, that is the old name of it. It is the City Poorhouse.

492. You have been there for how long?—Ten years.

493. The City Poorhouse is administered in accordance with the Rules and Regulations for the management of Poorhouses issued by the Local Government Board?—Yes.

494. Speaking generally, I suppose you have found in these rules there are some matters which might be said to be out of date, these rules having been framed a number of years ago. In your experience I suppose you found that there were some provisions which required amendment, and for which you would suggest amendment?—Yes, that is so.

495. Taking the memorandum which you have got, which we issued, and taking these points one by one, what improvements do you suggest generally might be effected in the hospitals and sick wards of poorhouses?—Well, to begin with, I think they should be separate. That is the most sweeping assertion I would make, that the large hospitals should be separate altogether. I have always advocated that to my Board (*cf.* Appendix III., p. 226).

496. Separate from the poorhouses?—Yes. It is one of the very best conditions I think you can make. If they are together, you cannot get rid of the dual management of governors and medical officers. No matter how well these two officials get on, there are always difficulties cropping up. Personally, I don't have any difficulty at all with my Governor, but then, on the other hand, there are certain things I don't like to interfere with in his department, and there are certain things he does not like to interfere with in mine. I think the result makes for laxity.

497. How would you define the medical officer's duties?—I should say the medical officer should have complete control over the treatment of the sick, and, of course, that includes complete control over the nursing and complete control over the arrangements, such as the ventilation, heating, distribution, admission, and dismissal of all hospital cases. Then, further, with reference to the classification, I think that the medical officer is the proper person to classify cases; I don't see how the Governor can do it without risk. For example, he might classify a person as able-bodied while that person might be suffering from heart disease, and could not be put to work. These people sometimes are not the people who complain, and yet these cases do constantly occur in the house. I have heard of instances where, with the best intentions in the world, governors have made such mistakes. I think this rule, which is given in the book, as to the Governor having control of the classification, should be altered; I don't think that it is for the best interests of the inmates (*cf.* Appendix III., p. 227).

498. Which rule is that?—It is the note to Rule 25.[1]

499. You think that rule requires reconsideration?—Yes, I think so.

500. I don't want to interrupt you, but as regards the inmates, I suppose in your view it would be right that the medical officer should see the inmates at once when they come to the poorhouse?—Yes.

501. And that he should there and then classify them into three divisions—of sick, infirm, and ordinary?—Yes.

502. And how would you proceed then. They will be remitted to the Governor to put into that part of the house which is appropriate to each class, and your duty would cease then?—Yes, unless the Governor had any objection, in which case a case might be reconsidered. That is to say, the Governor would have no interference in the classification of the sick, but in the classification into infirm and ordinary there would be bound to be cases where the Governor would have objections to these cases, and they should be considered.

503. Is that your practice now in the City Poorhouse?—Well, practically it is so, except that, not having the power to make the classification, I only recommend. When I get a person who does not appear to me to be suitable for the ordinary wards, I write on the admission card, 'Recommended for infirm 'ward.' Of course, the Governor has power to do as he pleases with them, but almost invariably he adopts my suggestion. I never have any reason to complain of him in any respect.

504. I should like to direct your attention to Rule 24, page 32,[1] where it says, 'If the medical officer, upon 'such examination, pronounce the poor person to be 'labouring under any disease of body or mind, the poor 'person shall be placed in the sick ward, or in such other 'ward as the medical officer shall direct.' Does that not give you power to do as you say ought to be done?—Yes, but not with the infirm class. For example, I give a definition in my *précis* of infirm. I include as 'infirm,' people who suffer from any physical and mental disability, who are unable to support themselves, but who are not sick. Then I give examples, such as aged, epileptics, mentally weak, deaf mutes, blind, partially paralysed, chronic bronchitis, chronic heart cases, and persons with amputated or useless limbs through any cause. Rule 24,[1] you see, does not apply to any of these.

505. No, not unless it be that these are labouring

[1] Poorhouse Rules and Regulations.

under some 'disease of body or mind'?—Yes, but they could not be put into hospital.

506. Because they don't require nursing or medical treatment?—Yes.

507. But, at any rate, your view is that the medical officer should have the classification of all paupers when they come first into the poorhouse?—Yes.

508. As a matter of practice now, when do these inmates come before you again; is there a parade of the inmates at any stated time or stated interval?—I see the sick every day, and the infirm wards are visited at stated intervals—three times a week.

509. And if, on these occasions, you find an infirm pauper whom you think ought to be moved into the sick ward, you intimate accordingly to the Governor?—Yes.

510. Or if you find that there is a pauper in the infirm wards, but whose state is such that he may be removed into the ordinary class, you suggest removal; is that so?—No, I never do that. That would be interfering with the Governor's duties, I think.

511. You only suggest removal where the case is sick?—Yes.

512. You class as infirm persons with amputated and useless limbs from any cause. It might be that these people may become in a better condition to earn their livelihood than when they came into the poorhouse; would you not suggest to the Governor that such people should be removed from the infirm class?—We have another method. I will just explain my system. With the ordinary inmates I have an appointed hour every day, at stated places, where I see all the ordinary inmates who are complaining, and deal with their ailments accordingly. I think it was the old Barony Board who were responsible for the committee making a rule for revising the condition of all inmates once a fortnight by putting down a list of cases to be seen. I revise these. The cases may be from ordinary wards or they may be from infirm wards.

513. Who prepares that list?—It is prepared by the Governor—partly by the Governor's man and partly from the inspector's office. The inspector includes cases which have been recently dismissed from hospital but which have not left the house. The Governor's list includes all whom he thinks may be removed from the house, who may be fit to earn their livelihood. That list is gone over by me once a fortnight, and I state my opinion in each case. In that way we get over all the inmates in the house. The committee then take up this list of mine and go over these cases with the assistant inspector, and they decide what is to be done with each inmate, whether he is to be allowed to remain in the house, in which case they will, say, give him three months or two months or one month longer, or whether he is to get a sum of money and be allowed to go; also whether he is to be put out without getting anything, according to the circumstances of the case. That is the complete method we have just now.

514. And you find that works well?—Very well; yes.

515. And, in your view, so far as possible, that is the practice which should be extended to all poorhouses?—Yes, I think so.

516. To all poorhouses?—Yes.

517. I see your view is that poor relief should be in the proportion of one hospital case to 2½ ordinary inmates and infirms combined?—Yes.

518. Upon what do you base these statistics?—Well, I don't know whether these would apply to every place or not, but they apply to the number that I find we usually have. Out of 1750 inmates of all departments, we have usually about 650 to 700 sick.

519. Are you talking of the City Poorhouse?—Yes.

520. That is the City Poorhouse of the Glasgow Parish?—Yes.

521. In the 1750, how many were sick?—From 650 to 700.

522. According to the statistics of the inmates which I have here in the Glasgow City Poorhouse since 1872—I take the three decades—the average of sick for the first ten years, from 1872 to 1881, is 46·7 per cent.; from 1882 to 1891, 37·4; and from 1892 to 1901, 34·8. Accordingly the proportion of sick seems to be diminishing; is that in accordance with your experience?—No, it is not.

523. *By Dr Mackenzie.*—It is the proportion of sick, not the absolute number; the absolute numbers may be increasing?—They may be, but it does not seem to be so, but I think that may be explained by the fact, as the years go back our chronic cases are accumulating, consequently our numbers of sick are increasing, but still our number of admissions of sick are not. Consequently I believe the number treated in the year will not bear the same proportion as it did. I think that is the explanation. I mean to say we have more cases in the hospital, but we don't have the same number of cases passing through our hands in the year.

524. As I take it, all these cases would be included in these statistics?—Yes.

525. Have you made out the figures in view of the total inmates of the poorhouse?—Yes.

526. You are not speaking to absolute numbers, simply of sick alone, irrespective of the relative proportion?—I am taking the total at 1750, and from that the numbers have been varying within the last nine months. They have varied between 650 and 700. It has seldom been below 650.

527. *By the Chairman.*—700 is the figure I have got here; the figures I have in 1897 are 1682, and there were 588 sick?—Yes; however, our sick are in a very confused way just now. For example, there are two large wards which are under the house management entirely; they don't come under the trained nursing, and consequently they don't figure in that report. These are a large skin ward and a large venereal ward, the two making as many as fifty beds. That makes the difference; I meant to include these.

528. We have a report which is sent in half-yearly by the Governor, and your figures are taken from that?—Yes.

529. You don't refer to the nursing reports, which are sent in monthly?—It is the same thing, of course. As I say, we have more patients than that report shows, because we have a certain number of sick who are not under nurses.

530. Your impression and your experience is, because you are able to judge, that there is an increasing number of sick in the house?—Yes, in our place.

531. You don't account for that; or can you account for it?—I think the Parish Council are much more careful in not admitting casuals in the manner in which they used to do. We used to get a large number of able-bodied men into the house, men who were practically able-bodied. They simply came there for a few days' rest in severe weather. There is very little of that now. The class of inmates altogether is of a very much more infirm type than they used to be.

532. More people require medical treatment than there used to be?—Yes.

533. Is that due to any extent to the appliances in your hospital being better than they were or more complete than they were?—No, I don't think so. I don't know that that has much to do with it.

534. You treat all kinds of cases, medical and surgical, in your poorhouse hospital?—Yes.

535. You have a sufficient staff to deal with all cases, however serious?—Yes.

536. And however important and difficult the necessary surgical treatment and operation may be; there is no operation, however serious, that you don't undertake now in your poorhouse hospital?—No.

537. Just as would be the case in the infirmary?—That is so.

538. Accordingly, cases probably come to you now to be treated in your poorhouse hospital which, in the olden days, would have been admitted to the infirmary for treatment?—I don't know about that either, because the infirmaries are always more than full. I have found this often happen, that cases who have a

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line of admission to the infirmary, and who are told they have to wait three months before they can get a bed, that such cases prefer to come to us rather than wait. I may say we only get the surplus of the infirmary cases.

539. Do you accept all these cases?—That depends on the inspector, of course.

540. *By Dr Mackenzie.*—Supposing you refused these cases, they would not be treated by any other institution but yourselves: what would they do?—They would have to lie at home and wait until they got admitted to the infirmary.

541. *By the Chairman.*—These inmates face the result that they shall be pauperised?—Yes, but that does not seem to affect them.

542. That would not have been so much the case in the olden time; there was more independence of spirit and a greater aversion to entering a poorhouse?—Yes.

543. *By Dr Mackenzie.*—It is a mere money consideration that makes the difference?—No, because they have to pay in a parish hospital—at least, their friends have to—and they don't have to pay in the infirmary.

544. Do you think that that is a serious item in the creation of paupers now?—I think the infirmaries do more in creating paupers than we do.

545. General infirmaries?—Yes, undoubtedly. If there is any blame to be put on either institution, it is certainly the voluntary system that has done it.

546. What space do you think should be provided in each hospital for each case per head?—Not less than 1000 cubic feet, and between 1200 and 1500 cubic feet for tubercular cases, maternity cases, and offensive cases—particularly cancerous cases.

547. In the new hospital that is to be erected in your own parish, is there accommodation up to that extent for these cases?—Yes, it is rather beyond that.

548. So far as possible in country poorhouses, you think that that space should be provided?—Yes, I think so.

549. Although I suppose you would say that in the country there is probably not so much necessity as in a large city like Glasgow?—No.

550. *By the Chairman.*—Mr Barclay has drawn my attention to the fact that there is some rule in Glasgow about charging for treatment; is that so?—Yes, the inspectors take as much as 6s. per week for treatment in the poorhouse hospital.

551. Is there any rule about that?—Yes. The fee is 5s. 6d., but small contributions down to 1s. are taken.

552. Is that the rule of the Glasgow Parish Council?—Yes, I understand so. I got that from one of the assistant inspectors, to whom I made special application to know about that. I asked how much they charged for hospital cases.

553. Would you kindly read us the provision that you find about it?—It was for a paper I wrote myself, some two years ago, that I got the information. In that paper I say, 'If the person has sons working 'and earning good wages, or a daughter, grandson, 'granddaughter, or a grandparent, male or female, in 'a position to maintain her, these relatives are charged 'for her support at the rate of 5s. 6d. per week, but 'small contributions down to 1s. are accepted, if the 'full amount is unattainable.' (*Hands in copy of paper referred to, vide* Appendix III.)

554. *By Dr Mackenzie.*—In point of fact, your Parish Council Hospital is a paying infirmary?—Yes, although they are paupers.

555. The general infirmary in Glasgow is not a paying infirmary; it is a purely charitable institution?—Yes.

556. *By the Chairman.*—Your view is that tuberculosis, malignant and offensive diseases ought to be specially dealt with in poorhouses, and ought to be isolated from the ordinary cases?—Yes.

557. And that separate wards and siderooms should be provided?—Yes.

558. As regards the definition of the three terms to which you have been speaking, the three classes into which the paupers are put, do you think that our rules don't sufficiently provide for distinctions between these classes, and you would like them more accurately defined?—Yes; there is no definition of infirm in these rules.

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559. Do you think it is possible to make a hard and fast rule as regards infirm cases, who are infirm and who are not?—I think my definition of infirm covers it; 'adults, who, from any physical or mental dis-'ability, are unable to support themselves, but who do 'not require nursing.'

560. In any case you would be of opinion that a great deal must be left to the discretion and individual judgment of the medical officer?—Certainly, and to the Governor too.

561. Opinions may differ?—Yes.

562. *By Dr Mackenzie.*—How would you distinguish those from the ordinary inmates of a poorhouse who, in Scotland, are understood not to be able-bodied, as not able to support themselves; what criterion would you apply to them?—I call the ordinary inmate a test case.

563. What do you mean by that?—I mean by that there is a doubt as to his disability, and he is there to be tested.

564. And would you mean that, as a temporary inmate, and if it is shown that he cannot support himself for many of the causes that you specify, he would be infirm?—If he cannot support himself?

565. If he has been classified as able-bodied, and it is found that he cannot support himself?—Then he would be infirm.

566. So that, strictly speaking, there should be no ordinary inmates in the poorhouse except those on probation?—That is so.

567. All the rest would be infirm or sick?—Yes.

568. You mean that all the aged, for example, who would not be able to support themselves are necessarily infirm?—Yes.

569. Even if they were able to work for the poorhouse?—Yes.

570. You would not classify them as ordinary inmates?—No.

571. By supporting themselves, of course, you mean supporting themselves outside the poorhouse?—Yes.

572. Unable to earn a living outside the poorhouse?—Just so.

573. It does not exclude their capacity to do a certain amount of work for the poorhouse?—No.

574. *By the Chairman.*—I see you define 'sick' as 'all who require nursing.' I think the definition which is to be found in the rules is rather those who are 'under medical treatment'; don't you think that would be a more complete definition of sick?—No, because many of the infirm are under medical treatment.

575. By requiring nursing, you mean requiring a nurse in constant attendance?—Yes.

576. I suppose the complete definition would be all who are under medical treatment and also require nursing?—Yes.

577. You see on page 55, Rule 67, section 15,[1] that it says, 'The diet for any inmate who is under 'medical treatment shall be such as the medical officer 'shall prescribe for him, and shall enter in a book 'to be kept for that purpose, and to be called the '"Medical Officer's Sick Diet Book," which shall be sub-'mitted to the House Committee at every ordinary 'meeting?'—Yes, that simply means for any inmate in the poorhouse, no matter what class he belongs to; the medical officer, if he thinks fit, can change his diet and take a note of that in his own sick diet book.

578. The sick diet book does not refer to the sick inmates only?—No, not to them only.

579. Let me direct your attention to page 44, Rule 48, section 8,[1] where it says, 'To make to the House 'Committee a return of the sick within the poorhouse, 'in the prescribed form, weekly or monthly, as that 'Committee shall direct; and to enter therein the 'apparent cause of the death of every poor person who 'shall die in the poorhouse.' What sick do you include in that?—Those who are under trained nurses.

[1] Poorhouse Rules and Regulations.

. M'C. nston. 1902.

580. Those who are under medical treatment and who also have a trained nurse in attendance?—Yes.

581. No infirm are included in that, even although they may be under medical treatment?—No, they are not included.

582. Nor those who are on sick diet?—No, not the whole of them.

583. Take the last sentence of that section: 'And 'to enter therein the apparent cause of the death of 'every poor person who shall die in the poorhouse.' That applies not only to the sick, but also to the infirm and ordinary inmates?—Yes. Of course we never have deaths among the infirm or ordinary inmates.

584. If there were deaths they would be included?—Yes.

585. Look further down that page to section 10; it says, 'To keep a register of all patients under his 'care in the poorhouse.' 'All' there would mean, in either the sick or the infirm classes?—That really includes the hospital.

586. It does not include the infirm?—No.

587. Then they may be under medical treatment and not have their names put on this register?—That is so.

588. In fact, the register is confined to those who require nursing?—Yes.

589. Look at page 52, Rule 67, section 2[1]: 'The 'inmates—not under medical treatment—shall be 'divided, for the purpose of diet, into seven classes'; and there you see at letter D, 'Infirm persons of 'either sex.' That rather conflicts with your practice, because, to begin with, that rule assumes that infirm persons are not under medical treatment?—Yes, but it depends on what one means by medical treatment. The medical treatment of infirm is usually a temporary thing. It is a matter of giving them something to rub their rheumatic shoulders, or a bottle if they have a weak heart.

590. It all comes to this, that in your opinion, if your practice is such as would recommend itself to the Board, these rules would need considerable revision in order to comply with it?—Yes.

591. *By Mr Barclay.*—Rule 67,[1] although it includes the infirm in the dietary of the poorhouse, section 15 of it allows the medical officer to change the diet of any of these classes?—Yes, that is so.

592. Every one in the poorhouse is, in a sense, under medical treatment?—Yes, the whole poorhouse is under medical treatment.

593. *By the Chairman.*—You have already told us what you think the power and duties of the medical officer ought to be, and the relations of the Governor and the medical officer respectively towards the treatment of the sick?—Yes.

594. I think you have also told us, that in your opinion the medical officer should have control of the nurses?—Yes.

595. As regards the appointment of the nurses, who does that in practice?—In practice the lady superintendent does it, with the approval of the Governor.

596. And has the medical officer no say?—The medical officer theoretically has no say at all.

597. But as a matter of practice?—I just take a say, and the Governor very wisely considers that it is not in his sphere, and he does not take anything to do with it really.

598. So far as regards the administration of your poorhouse and the hospital, you work harmoniously; but supposing the question came to be, how are we to provide for an amendment of the rules, what would be your suggestion?—I think the lady superintendent should have the appointment, subject to the approval of the medical officer. I don't think the Governor should have anything to do with it at all.

599. Do you extend that to probationers; have you probationers in your hospital?—Yes.

600. How many nurses and how many probationers have you at present; you say you have on an average 700 sick?—The trained nurses just now are about 23 or 24, or thereabouts, and the probationers a little more; we have about 50 altogether.

601. You have a nurse at that rate for how many sick?—1 to 15. It is the statutory 1 to 30 for staff nurses.

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602. You think that sufficient?—Yes, that is sufficient.

603. Including as sick only those who require nursing?—Yes.

604. In your experience there is no need for more?—No (*cf.* Appendix III., p. 226).

605. Have you ever to bring any fresh nurses, additional nurses?—Not unless our staff nurses fall below the statutory requirements, and then we have had to bring in outside nurses, but as far as working is concerned, we could have done quite well without them, seeing we have so many probationers.

606. As regards the discipline and the removal of nurses, do you think that the Governor should have any say there, or should that be left, as you suggest, to the lady superintendent and the medical officer?—Yes, and, of course, the chairman of the House Committee.

607. The lady superintendent at present has power to suspend, has she not?—Yes.

608. After reporting to the Governor for confirmation?—Yes.

609. Is that confirmation a mere matter of form, or is it a power of review? I suppose you have had cases of discipline to deal with?—Yes, but the lady superintendent always refers these matters to me, not to the Governor, although she is not entitled to do so. I think it is absurd that the Governor should have anything to do with that, because he does not know what constitutes a grave fault on the part of a nurse.

610. And, of course, he has not had the personal experience?—No.

611. Nor the personal knowledge which your daily attendance in the ward must give you?—One could imagine, for example, a nurse neglecting a patient, and that neglect causing the patient's death, and the medical officer ordering the instant dismissal of that nurse. The Governor would become the judge of the question, hear evidence, and decide on his own responsibility whether that nurse should be dismissed or not. I think that would be an intolerable position to be in. The medical officer, rather than meet with a rebuff, would prefer to say nothing at all.

612. Do you think the nurses should not have power to appeal against a possible mistake or misjudgment of the medical officer?—Yes, to the chairman of the House Committee, but not to the Governor.

613. *By Mr Barclay.*—Or to the Board in general?—Yes, but to the chairman of the House Committee in the first place.

614. *By the Chairman.*—You don't carry it this length, that the nurses should have no power to appeal against the decision of the medical officer?—No.

615. The person to whom she should have that appeal should be either the House Committee or the Local Government Board, rather than the Governor, who is head of the other branch of the poorhouse?—Yes.

616. As regards the discipline of the inmates, as a matter of fact in experience, what is your practice in the City Poorhouse? Are you, as medical officer, called in before any discipline is exercised or inflicted on any inmate of the poorhouse?—No, our Governor never does inflict punishment. If it be a trifling fault he does nothing, and if it be a crime he charges it before the police.

617. I am not quite sure that the returns we have got are consistent with what you say?—Except in the case of the sick, that is what he does. The confinement is really not confinement. It is simply putting them into a ward called a test ward, which is not imprisonment at all, and asking them to do a certain amount of work in the day. It is such a trifle that it is not worth my while interfering with it at all.

618. As a matter of fact, you are never asked by the Governor to say whether an inmate, who is to be subjected to a confinement, is fit physically to do it?—Not, perhaps, more than once or twice, but very seldom. I have had the inmates in these test wards making complaints. Where they had that the Governor or

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matron always sent for me to investigate the complaint. I have had occasion to remove a case from the test ward to the hospital, but only, perhaps, two or three times in my actual experience. It is not imprisonment; it should not count as confinement at all.

619. Is that a case of discipline?—Yes, but it is the discipline which the Governor would be entitled to show to any ordinary inmate.

620. Do you think that a doctor ought to be called in in all cases of corporal punishment before it is inflicted?—I don't think so, for the kind of punishment which is inflicted in our place. It is just the ordinary corporal punishment that a father would inflict on his own children, and nothing more.

621. Do you know that in prison discipline the doctor is always called in?—Yes.

622. Or is always consulted?—Yes.

623. Don't you think that in the case of poorhouses that it is even more necessary?—In prison it is a severe punishment, but in the poorhouse it is a mere trifle.

624. In England and in Ireland there is a provision in all workhouse regulations that the Governor (or Master) and the schoolmaster shall (if possible) both be present when corporal punishment is inflicted. In your opinion, so far as the City Poorhouse in Glasgow goes, there is no need for that, the discipline which is being inflicted being of so mild and trifling a nature?—That is so.

625. *By Dr Mackenzie.*—What evidence has the Board as to the trifling nature of it if there is only one person present?—I have seen the instrument with which it is inflicted. It is made of very soft leather and could not hurt a fly.

626. It is quite a possibility that the Governor might use such a power?—Yes.

627. Would you be prepared to say, as a result of your own experience, that there is no necessity for the presence of a second person?—Yes.

628. Would you be prepared to say that in no poorhouse is there any necessity?—No, I can only speak for my own place.

629. If you were asked to suggest a rule that could be laid down applicable to everybody, would you be prepared to suggest that a second person should be present even for a trifling offence?—The medical officer should give his certificate to the effect that the person is able to bear it.

630. You will be prepared to suggest that as a general rule?—Yes.

631. Including trifling offences?—Yes.

632. *By the Chairman.*—Rule 61 [1] says, 'No inmate 'shall be confined in any place which shall not have 'been previously examined by the medical officer and 'certified to be a place in which inmates may be con-'fined without injury to their health'; have you certified such a place?—In the winter time I have had occasion to object to that ward, and the Governor immediately removed the case from it, because of the fact that the heat is very defective. That is the only objection to it. The same thing applies to the whole building.

633. Is that building to be done away with very shortly?—Yes.

634. You are of opinion that some standard of work indoors should be provided for infirm inmates?—Yes.

635. Is there no such standard now?—There is no standard work provided. There is not enough variety, I think, in the work.

636. To go further, is there any work now which infirm inmates do within the poorhouse wards?—The old women do a little in the way of knitting and darning, but there is really nothing for the old men.

637. It is all purely voluntary what the old women do?—Yes; consequently the results of the Brabazon Society are very disheartening to the workers, because they don't see why they should be made to work and get no return for it. The Brabazon Society cannot afford to give them much. The cost of the material and getting up suits of clothes for the working men swallow up the profits. The kind of work they do is mostly in the way of ornamental things, which have to be put up at a sale of work, and benevolent ladies have to come and buy. That does for a time or two, but it dies a natural death.

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638. Do you suggest that some kind of work shall be provided for infirm inmates under the direction and supervision of the Parish Council?—Yes.

639. Just as you have work provided for the ordinary inmates?—Yes.

640. That work, I suppose, shall be work suited to these people, work such as may be approved of by the medical officer?—Certainly.

641. Is that to be other than voluntary; is the inmate to be obliged to do that, in your view?—Yes, if they can be certified as personally able to work. Of course, you can expect nothing from aged people. A great many of the infirm are people who are bronchitic, not able to be out of doors, but yet are able to walk about. There are also cases of heart disease, and people who are old and yet have their eyesight. They might be doing something in the way of mat making, rugs, baskets, and wire work, and such like.

642. You make that suggestion, because you think it would conduce to the health or comfort of these inmates, and at the same time would brighten their existence inside the poorhouse?—Yes.

643. You don't do it because of the results, pecuniary or otherwise, which might arise to the Parish Council?—No.

644. You look at it from the point of view of the inmates themselves?—Yes, that is so. I don't mean that the Parish Council should make capital out of it. I don't believe in that at all. If they see some little reward before their eyes, which they don't see under the Brabazon method, I am quite certain a great many would work who say they can do nothing and don't wish to do it.

645. They don't see any reward from the work they do for the Brabazon Society, but is it not the fact that they get some return from it?—They get a little, but it only amounts to a concert and half a pound of tobacco, or something, twice a year.

646. Are they not driven out in the summer; I know some poorhouses where that is done?—They have not been able to afford that in Glasgow.

647. *By Mr Barclay.*—It is on a very small scale in Glasgow?—Yes, it is very disappointing to the promoters of it.

648. *By Dr Mackenzie.*—What sort of rewards do you think would stimulate the work?—Something in the way of food or tobacco for the men, and tea for the old women. That would certainly be a great inducement.

649. And that would be sufficient?—And a little extra in the diet.

650. An increase of the luxury?—Yes.

651. You think it would be possible to organise that upon a sound footing?—I think so.

652. *By Mr Barclay.*—Don't a great number of the old women get tea at present?—Yes, they do, in a limited way.

653. *By Dr Mackenzie.*—They are not entitled to it, perhaps?—No.

654 *By the Chairman.*—Before we leave that, the working time you propose is 'not exceeding eight hours 'for five days in the week'; don't you think that that is rather a long period?—Yes.

655. That would be subject to regulation by the medical officer in each individual case?—Exactly.

656. I see that you say children under five years should be treated as 'sick' or hospital cases; do you mean by that that children under five years should always have a nurse in attendance?—Yes.

657. As a matter of practice, is that so?—Partially, with us. We have a nurse in attendance, but that nurse is not in the hospital.

658. She may be a pauper nurse?—No, she is not. She is a trained nurse, but she is under the jurisdiction of the house matron, and consequently does not figure as a sick nurse.

659. Are all these children under five years returned as 'sick'?—They are not returned. In practice

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we have a trained nurse in charge of them, but yet that trained nurse, being under the matron, does not count as a trained nurse; in other words, there is no grant given for her.

660. You have one trained nurse for how many children?—There is only one trained nurse with an assistant.

661. How many children?—They go as high as 200.

662. One trained nurse for 200 children?—Yes. When I say 200 children, I mean all the children. She has charge of the whole of them up to fourteen years of age.

663. I suppose she has others under her?—No, she has only one assistant who is not a trained nurse, and other pauper nurses. These are healthy children. Of course we have children in the hospital as well.

664. *By Dr Mackenzie.*—You don't consider the personal supervision of children beyond a medical officer's duties?—No.

665. You would prefer they should be called 'sick'?—Yes.

666. *By Mr Barclay.*—It will be so at the new hospital at Stobhill?—Yes.

667. *By the Chairman.*—As regards infectious cases, have you any difficulty in having these removed at once to the infectious diseases hospital?—No.

668. That works thoroughly well in your poorhouse?—Yes.

669. Supposing the fever hospital was full, and they were not able to receive your case; have you ever had a case of that kind?—Yes, I had one, some eight years ago.

670. If you had cases of that kind which could not be treated in the fever hospital, because it was full, you would treat them in isolated wards?—Yes.

671. I should like you to explain what happens as regards consultations and as regards calling in extra assistance when you require it, either in the treatment of a medical case or a surgical case; tell us your views about it?—When I say that they should be procurable gratis on the principle of reciprocity, I mean this, that any medical man who has charge of a poorhouse, the poorhouse work would simply be part of his practice, inasmuch as in ordinary practice it is the usual thing to have a friend whom you could call in for consultation. That friend does so without payment, and you in return give him your services for similar cases in his practice.

672. You give a case of acute alcoholism *pro tempore* dangerous, an emergency operation such as strangulated hernia, an epidemic of pneumonia or puerperal septicæmia, a case of difficult labour; are all these cases where the medical officer in charge would be entitled to call in extra help, and that extra help would be paid for by the Parish of chargeability?—Yes, the medical officer already has that power.

673. You think there ought to be provision for that in the rules?—Yes, I think so. There is nothing in the rules about it.

674. Have you anything to suggest in regard to the rules which you find on page 18[1] about post-mortem examination? The rule as at present says, 'In every such 'case of death, the Medical Officer of the Poorhouse 'shall make a special written report as to the cause of the 'death, which he shall deliver to the Governor of the 'Poorhouse at least forty-eight hours before the body is 'removed for interment. But the Medical Officer 'shall not make a post-mortem examination of the 'body until he has been called upon to do so by the 'Procurator-Fiscal, or until the Procurator-Fiscal has 'intimated to the Governor of the Poorhouse that he 'does not intend to order such examination. If no 'such intimation is made by the Procurator-Fiscal 'within four days after the despatch of the report 'referred to, the Medical Officer may conclude that the 'Procurator-Fiscal does not intend to make a post-'mortem examination, and the Medical officer may, 'if he sees fit, after such four days, himself make such 'post-mortem examination.' Have you anything to suggest in regard to that?—I have several times received notice about a case which had been reported to the Fiscal, and the Fiscal took no action in the matter. If I said nothing further about it, I had a communication from the Local Government Board asking if the post-mortem examination had been done by me, and if not, why not. From that I inferred that the Local Government Board expected me to do the post-mortem in such a case, if the case has been reported to them as a sudden death.

675. Has that request not been in cases where the diagnosis was doubtful, where you were not able to certify absolutely the cause of death?—Yes. I think something ought to be added.

676. *By Dr Mackenzie.*—Have you ever, as a fact, been asked that question as to why you made no post-mortem examination in the case where the diagnosis was quite distinct before death?—No, I did not say that.

677. Would you not think it quite a proper thing to make a post-mortem if you are not aware of the cause of death?—Undoubtedly. I think it is a thing that should be put in. It is an omission in the rules. I think it should be compulsory that medical officers should make a post-mortem in such cases, not if they think fit, but if the Local Government Board think fit.

678. You think that the action of the Local Government Board is quite right?—Yes.

679. But you think that provision should be made for it in the rules?—Yes.

680. What is your actual position in that matter just now; is it to make a post-mortem examination, as a rule, where you are not sure about the diagnosis?—Yes.

681. Is there any difficulty in getting such a thing done?—The difficulty is with the friends. I would like to know if the Board could remove that difficulty for us in such cases.

682. What sudden deaths do you report to us here; is it all sudden deaths occurring in the hospital?—Yes, sudden and unexpected. I take these together.

683. What is your definition of 'sudden and unexpected'?—I return it as sudden and unexpected when I don't expect death.

684. Then in the sick and infirm classes, if an inmate died from a cause that you have not previously diagnosed or discovered, supposing that he died of heart disease in the hospital while being treated, that would be a sudden death?—Not if they were in the hospital. That is the only way I can draw the line. If a case is in the hospital, then I would not report it at all. In a case of heart disease, I know that the man has heart disease, and he is under treatment for it. He may be going about a ward or able to be up part of the day, and then he may simply drop and die immediately. I would not call that a case for reporting; but if that man was in the house in the ordinary wards, and was not under daily observation, I would report it, even although the case had been diagnosed at one time as heart disease.

685. I suppose from that, we may take it that all cases of sudden deaths occurring in the ordinary wards or in the infirm wards would be reported?—Yes.

686. They would not be sudden deaths in the sick wards?—No.

687. And they would not be reported?—No.

688. You have cases admitted directly from the outside without coming from the infirm wards at all?—Directly to hospital?

689. Yes?—Yes.

690. Have you a fair number of these cases?—Yes.

691. Supposing you had a dying case come in, would you report that?—Certainly

692. You don't exclude that from cases occurring in hospital?—No, because there we would have an imperfect diagnosis or some suspicious circumstances.

693. Then you would make exception for all hospital cases where the diagnosis was imperfect, or where some suspicious circumstances existed, or a moribund case, or a case of injury without a definite history ascertainable by you, and such like; you would report all these as sudden deaths?—Yes.

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694. *By the Chairman.*—I notice in the poorhouse return of ordinary poor for the half-year ended 30th June 1902, under the column, 'Died in the course of 'the half-year,' there are 514, and then in a column further down you have the total number on the sick list in the course of the half-year, of whom there died 514. You will thus observe that all the 514, which is the number of deaths in the course of the half-year, are entered as having been on the sick list?—By sick list is meant hospital.

695. And hospital includes infirm?—No.

696. There are other deaths outside?—No. I mean that all die in the hospital, unless there may happen to be one death in the six months which has occurred outside the hospital, but that death I must include in my hospital returns in order to make the list balance.

697. You don't enter any case as dying in the non-hospital part of the poorhouse?—No.

698. Even if they die in the infirm wards or in the ordinary?—No.

699. They are all separated and transferred at once to the sick list?—Yes.

700. *By Dr Mackenzie.*—But is it a fact that you may have cases dying before they can be removed?—That occurs occasionally.

701. But not very often?—No.

702. *By the Chairman.*—But for the purpose of these returns you have them all on the sick list?—Yes. It would make the information misleading if I did not do that.

703. *By Dr Mackenzie.*—What purpose is served by that; would there be any difficulty in separating it, of making a separate list of all those who die among ordinary inmates?—The list would be so small it could be included entirely. It is not worth while separating them.

704. Would it not be less trouble to record it?—They are apt to be overlooked in making up the complete return, which one wants to have perfectly accurate.

705. You would have a register of deaths or a register of sick, which would include a column for deaths?—I keep a separate register for deaths.

706. Would it not be a simple matter to have separate columns for those that occur outside the sick wards?—Yes, I have it all marked.

707. You don't put it into the return?—No. I mark every ward of the house in which a patient dies, and the number of days after admission. I have a complete thing—the duration of their stay in the hospital, the ward they died in, and whether it was reported as a sudden death or not. If there are such cases, I would have a separate report.

708. What is that separate report?—I would write a notice stating this person died suddenly in the house at such a time, and the cause of death was probably so and so. That would be sent on to the Local Government Board.

709. Would that cover, supposing you had a column in the returns, 'Died in the course of the half-year,' and they were classified into the sick, infirm, and ordinary?—Yes, that would do, and if you could have as a special entry those who are on the sick list.

710. You think the thing is capable of improvement?—Yes.

711. The nature of the return is not specially specific?—No, but one wants to put in all the deaths.

712. *By the Chairman.*—You get your trained nurses now, I suppose, mainly from your probationers?—Yes.

713. Do you think this system is better than getting them from the outside?—Yes.

714. You think your own trained nurses are better for your work?—They are.

715. And you find you get them easily, a large supply of them?—Yes, a great many more than we want. We are quite able to make a selection.

716. And until you trained them yourselves, and had probationers in your sick wards, you experienced difficulty in getting nurses from the outside?—Yes, very considerable difficulty.

717. An aversion to come to a poorhouse, was that your experience?—Yes, and an aversion to stay.

718. Because, I suppose, the fact that they came from poorhouses did not conduce to their promotion elsewhere?—I think so.

719. And pauper help, you think, should be dispensed with in hospitals?—Yes (*cf.* Appendix III., p. 226).

720. What suggestions have you to make in regard to night nursing; apparently you don't think that it is all that it ought to be?—No. We have improved it very considerably of late by having a night superintendent of nurses, and making some of our probationers take night duty, increasing the staff, indeed. We have a superintendent who goes round at different intervals. Every hour she makes a round through the whole of the hospital, not through the wards only, but through the nurses' side rooms and the nurses' quarters, and gets their reports. She sees that they are attending to their work and attending to bad cases. It is a supervision for night nurses, and, I think, a very important thing.

721. That is different from what it used to be; you find that this is necessary for proper attendance upon the inmates during the night?—Yes, in a large hospital.

722. You think there ought to be night nursing in all such establishments, poorhouses and hospitals, as far as possible?—Yes.

723. However small?—Yes, there should be the same thing. There may be nothing but a few chronic cases in very small hospitals, but wherever there are any bad cases there should be night nursing.

724. Do you think a two years' training of a probationer is sufficient to entitle her to be promoted to the class of trained nurses and to earn a grant?—I am a little undecided on that. It is enough for some girls who are intelligent and clever, but there are others, again, where I think it is hardly enough. I was just examining eight days ago for certificates. I have grave doubts as to whether two years has been enough for half of them.

725. Accordingly you think it would be safer that the rule should remain as it is?—In the meantime it might remain as it is. So far as I am concerned, I would like to try it a little longer. In some places, in general hospitals they are given a training of four years, so that the question is whether we might find it expedient to increase the registration to three years and give them a four years' certificate.

726. In your opinion would that be expedient?—I say I am doubtful just now. I am very undecided, because I think that some girls who are intelligent, clever, and well-educated are quite good enough after two years, but others are not.

727. *By Dr Mackenzie.*—Do you think this Board's rules for registration purposes, that trained nurses should be not less than two years in a public hospital—do you think that rule satisfactory for purposes of registration in connection with the grant?—It would not affect your Parish Council doing as it chooses with your own nurses so far as giving special certificates for training is concerned?—No.

728. But for purposes of registration, do you think two years sufficient and satisfactory?—Fairly, but I say I am undecided. I don't know but what it might be advisable to increase it to three years.

729. Before any nurses would be entitled to rank for the grant?—Yes.

730. Would that seriously affect the advance of your nursing staff?—No, it would not; the tendency is to increase the period of training forward, and I think, in the near future, possibly that will come.

731. Supposing the matter of registration remain as it is at present on the basis of two years, would you have any difficulty in getting nurses to stay with you?—We always have a difficulty, and that is why I refuse to give certificates until they have been a year longer.

732. Your real reason for thinking this rule is not satisfactory is a double one—first you doubt whether it is sufficient training, and secondly the tendency of your nurses to go away?—Yes.

733. As to the matter of each nurse being not under twenty-two years of age, would you approve of that or would you put it younger?—No.

734. Would you limit the registration to forty-five?—Yes.

735. On what grounds do you not find good enough nurses over that age?—It is a difficult matter to train a woman over forty-five, or even over forty.

736. You might get an exceptional case where you would allow them in for registration?—Yes; if she had a training and had been engaged in nursing she might be quite good at forty-five, or even older.

737. The rule is not over forty-five when first registered?—It is not over forty-five when trained.

738. Have you actually had any experience of training nurses over forty-five?—No.

739. *By the Chairman.*—There is only one other question,—about the dispensing and supplying of medicines; how is that done with you at present?—I have a qualified chemist.

740. In the establishment?—Yes.

741. You do all your own dispensing, the preparation of medicines?—Yes.

742. That is necessary, I suppose, in a hospital the size of yours?—Yes.

743. Is his whole time occupied at that?—No, he dispenses also to the outdoor patients.

744. Have you any rules regulating the dispensing of medicine?—No, I have nothing to do with him at all. He is directly under the Medical Committee, and I, just like one of the medical outdoor men, send my prescription to him, and he makes it up and keeps a record of it.

745. He is under the control of the Medical Committee?—Yes.

746. That is the Medical Committee of the Poorhouse Committee?—Yes.

747. How often do they meet, do you know?—Once a month.

748. What are their duties?—I am not quite sure.

749. Are they the Hospital Committee too?—No, it is quite a separate committee. The inspector could tell you about that.

750. As regards dispensing in other small poorhouses; I don't know whether you have had any experience of small poorhouses?—Yes, a little smaller. I was assistant in Merryflats, in Govan, for two years, and there we did all the dispensing ourselves.

751. You think, as a rule, the dispensing ought to be done for each individual poorhouse itself?—In a small poorhouse the medical man can do it quite well. Of course he should have a dispensary on the premises.

752. *By Dr Mackenzie.*—You told us that the majority of your sick came directly to you from the outside?—Yes.

753. But you have a fair percentage from the infirm wards?—Yes.

754. Do you find that, as a fact, the method you take at present of appointing a place for seeing ordinary inmates that complain, and your occasional inspections of the infirm wards, is quite complete; you don't miss any real sick people that you should have under your control. You want to get under your control in the hospital all those that are sick among the ordinary inmates and the infirm; do you think your present system of discovering these cases is adequate?—Yes, quite.

755. You don't miss any real case?—No.

756. You are quite satisfied?—I think the fault is on the opposite side. We get so many people complaining, and so many malingerers, that it is difficult to keep the numbers down.

757. If you were asked to suggest a method of making a systematic medical inspection of all the inmates of the poorhouse, you would have practically no improvement to make on your present system?—No, I don't think we could improve on it.

758. You miss nothing?—We miss nothing, without simply taking one case after another and examining them. That would be a terrible task.

759. Of course the ordinary inmates are entitled to complain, according to the rules, and they make their complaints to the Governor; have you any occasion to come in contact with the ordinary inmates apart from the Governor?—Yes.

760. In actual practice?—Yes, I have an appointed place and time to see cases, and the poorhouse warder, who is acting for the Governor, brings these cases together at that time to me.

761. They are all brought to you through the Governor?—Yes, it is really through the Governor.

762. And it is only the cases that complain to him that are brought to you?—I should not say that either, because when I enter the dispensing ward an inmate goes down to the hall where all the ordinary inmates are congregated and calls out that the doctor is present. Any of those can come up, and in addition to that, any men who are complaining in other parts, who are engaged at work or who may not be in this hall, the warder brings these men to me himself.

763. Have they really all a free access to you if they choose?—Yes.

764. There is no such thing as a case of complaint being suppressed?—No.

765. To go back to your definition of sick, infirm and ordinary, I should like to ask a little more about it. Do you think if your suggestion were adopted it would secure uniformity in the classification?—I see a big difficulty in the infirm, because that would become a very elastic term, to say that all who are unable to support themselves outside the poorhouse were infirm. There would be a considerable difficulty in that.

766. Do you think it is possible to secure uniformity of classification all over by any method?—I am afraid not.

767. Is that the result of your actual experience?—A great deal must be left to the individual.

768. A great deal would depend upon their localities?—Yes.

769. As regards epileptics, would you advise these to be nursed in a poorhouse at all?—Not if we could get any other place to take them.

770. Where are they actually nursed in your City Poorhouse?—It depends pretty much on the case. Some are in the hospital, some in the observation wards—that is to say, wards from which they will probably have to go to the asylum—and others are in the house and able to work.

771. You would not include in the infirm all epileptics?—No.

772. Would you have to make some exceptions, some of them would be among the sick?—Yes, and some might be almost included among the able-bodied.

773. These you would not include in the sick you would prefer to include among the infirm?—Yes.

774. When you say 'Aged and epileptics,' you don't mean absolutely all epileptics?—No, there are exceptions.

775. As to mentally weak, can you give us any idea of what that means; you don't mean cases of incipient insanity?—I mean cases of congenital weakness, not amounting to imbecility or madness; cases of dementia, not amounting to insanity.

776. That is to say, people who are harmless, who have a certain amount of will power and intelligence left?—Yes.

777. As to deaf mutes, on what ground would you include these among the infirm; is it simply because they are among speaking people that they cannot get on?—They have not been educated.

778. You would say uneducated deaf mutes?—Yes.

779. A great many deaf mutes are quite able-bodied and able to work?—Yes.

780. Supposing there was a special provision made for them, that they could work among themselves and were properly educated, would you include them as infirm?—No, not if they were educated and able to work.

781. Is there any provision for having them in the poorhouse at present?—Not at all.

782. Have you many cases?—Not many.

783. How many of your 1700 will be deaf mutes?—I know of three just now.

784. What ages?—One will be a man of about fifty, the other a woman of about the same age, and the third a boy. He is paralysed, and in hospital.

785. Are these two adults mentally capable enough; could they have been educated, or are they mentally feeble?—They are mentally feeble, but, I believe, from want of education.

786. You don't have many children coming to you as deaf mutes?—No, we don't see them.

787. They are sent now to be educated?—Yes.

788. As to the blind, much the same would apply?—Yes.

789. It would depend on the education as to what they had been doing?—Yes, being helpless, I say they should be in the infirm ward.

790. As regards partially paralysed, chronic bronchitis, chronic heart cases, persons with amputated or useless limbs from any cause, are these cases that you have found that you do include among infirm in your classification, you have been in the habit of including among the infirm?—Yes, for the most part. In the case of the aged and epileptics, some discipline is necessary, and these cannot be included in the infirm.

791. But you would include them among ordinary test cases?—You would not call them test cases, I think; they would have to be a kind of degraded infirms, or infirms put on a lower scale of diet.

792. Would you have a reclassification of every case admitted?—Yes.

793. Do you think that the matter of classification affects seriously the efficiency of the administration; does it make a difference to the good or bad administration of the poorhouse that you should have these classes called infirm; does anything depend upon it?—The kind of treatment, particularly in the way of work and diet. It is a question of being somewhat generous to people who are infirm.

794. As regards ordinary, a great many of these are included among test cases?—Unfortunately, yes.

795. You would have, in the first instance, these dealt with as infirm?—Yes.

796. And you could weed out those that were not requiring treatment?—Yes.

797. It would affect the administration adversely if all these classes were, as a matter of course, regarded as test cases?—Yes.

798. That is your ground for making this classification?—Exactly.

799. You call all cases of tuberculosis sick?—Yes.

800. What is your actual habit with tuberculosis at present; how many cases will you have?—At present we have about 100 cases.

801. Are all these phthisis, or all classes of tuberculosis?—I mean phthsis only. I don't mean bone diseases.

802. You have about 100 cases of phthisis?—Yes.

803. And you treat them on the sanatorium principle?—No. The Glasgow poorhouse is a miserable place, and our wards and air are bad. I could not treat them on that principle. I do the best I can in the way of instructing these patients as to the value of ventilation and the value of attending to the spittoons properly. I give them portable spittoons when they go out, and I put them into the grounds to walk about.

804. Your new hospital provides for the sanatorium treatment?—At Stobhill they are going to have special pavilions.

805. Have you ever been able to get cases so far improved that they are able to work?—Yes, over and over again.

806. Even with your bad conditions?—Yes.

807. That all comes under your trained sick nursing; it is all directly under your hospital?—Yes.

808. You say as to the infirm, that as the medical officer is the judge of the health of the patients, they ought to classify all admissions; that is really the case now, you do classify all admissions?—Yes, with a recommendation.

809. You further say, 'This would mitigate such 'dangers as chronic heart cases being made to break 'stones, or chronic bronchitics being compelled to work 'in the open in cold weather. If, for disciplinary reasons, 'the Governor demurs, all changes suggested by the 'Governor in the way of deprivation of food or labour 'tasks should only be made under the written sanction 'of the medical officer, because these changes might be 'detrimental to health.' You made that recommendation as the result of your experience?—Yes.

810. You say further, 'The medical officer should at 'stated intervals be asked to revise the list of infirms, or 'to re examine after a stated interval any who, in the 'opinion of the Governor, might be removed from this 'class.' Have you anything to add to that?—No, I don't think so.

811. Do you, as a matter of fact, carry this out now, that the medical officer at stated intervals revises the list of infirms?—No. Under the present conditions I have no right to remove a person from the infirm class to the class of ordinary inmates, nor from ordinary inmates into the infirms.

812. You have that right when the patient is admitted, to state whether they are to go to the sick, infirm or ordinary, but immediately they are admitted, you have no further right to say yes or not?—No, except in the case of removing to hospital or dismissing from hospital.

813. If you were of opinion and prepared to certify that an infirm person has now become fit for the ordinary wards, or to be discharged altogether as able-bodied, you have no power to do so?—No.

814. Supposing you do so certify a person, it would not necessarily be carried into effect or reported to the House Committee?—No.

815. Regarding the general health of the inmates, the cleanliness of their persons and their bodies, and the admission and discharging of inmates and the bathing of inmates, you say 'in these matters a medi-'cal officer should make a statement to the Governor 'only when such come under his notice in his medical 'inspections or examinations. It would be intolerable 'to the Governor were the medical officer to pry into 'the kitchen, the laundry, the dormitories, and the 'bathrooms, and make complaints to the House 'Committee, unless the medical officer be made head 'official. In the hospital, however, I maintain that no 'other than the medical officer is or can be head 'official; and here the medical officer's actions are 'under the House Committee only.' You are stating that as a fact. Is that what you propose?—I do not state that as a fact. I mean in actual practice it is so.

816. But it is not so according to rule?—No.

817. I suppose that is 'on the ground that the 'hospital staff are trained by the medical officer, and 'are taught to obey the medical officer and to do 'all nursing under medical directions. Nursing 'includes the clothing, dieting, cleansing, and exercise 'of patients, the heating and ventilating of sick rooms, 'which means more than the mere dosing with drugs at 'stated intervals. No rules,' in your opinion, 'can 'prevent this, and to arm the Governor with authority 'may obstruct the work, and can hardly effect progress 'in any case.' That statement is also based on your experience?—Yes; indeed, the fact that the Governor has power which, although he does not use it, still it makes him very careful about asking things; for example, if I find a defective pipe—a gas pipe not right, or a water pipe not right, or the hot water supply not right, or some improvement required in the lavatories, and such like things—I can only request the Governor to attend to these things. I have no power to say that these things must be attended to, even when you are satisfied that the non-attendance injures your patients.—Yes, I think I should have power to do that.

818. Would you look at page 43 of the rules: Rule 48, sub-section 6,[1] which says, 'to report in writing 'to the chairman or acting chairman of the House 'Committee any defect in the diet, drainage, ventilation, 'warmth, or other arrangements of the poorhouse, or

[1] Poorhouse Rules and Regulations.

'any excess in the number of any class of inmates 'which he may deem to be detrimental to the health 'of the inmates.' Do you not think that that rule covers what you mean in your report?—No, because in the first place it would be rather a mean thing to go and write on any defect which the Governor could put right. I think the medical officer's first duty would be to call the Governor's attention to it, and ask the Governor to see that it was done. If the Governor does not do that, then there will be the usual row.

819. Do you mean that the Governor should act in the hospital under the directions of the medical officer?—Yes, I think so.

820. That the Governor should be responsible to the medical officer for seeing that all his instructions regarding these matters are carried out?—Yes.

821. Subject always, of course, to the House Committee?—Yes.

822. Supposing the rules were amended in that way, would that meet your views?—Yes.

823. You think that to report directly to the chairman or acting chairman of the House Committee under the present rules is such that it looks like going behind the back of the Governor?—Yes.

824. In fact, it deters you from having a defect rectified which, under this rule, you may have rectified?—Yes.

825. An attempt to enforce this rule might result in discord?—Yes.

826. Of course this rule covers the whole poorhouse, not the hospital alone?—Yes.

827. Would you have a separate arrangement altogether for the hospital?—Yes. If we were not separated, at all events the actual administration should be as much in the hands of the medical officer as possible.

828. In fact dual management is the usual thing?—Yes.

829. As to the matter of calling in an extra nurse or another medical practitioner, for the purposes of consultation or assistance when required, you say that 'consultations should be procurable gratis on the 'principle of reciprocity, and that active assistance by 'medical men or nurses should be procurable on emergencies, and that he should notify the same to the 'chairman of the House Committee. If the House 'Committee consider the medical officer's act unreasonable, they should obtain from him a statement of the 'case, which statement, along with their objections, 'should be forwarded to the Local Government Board 'for decision as to payment. If the case be not one of 'emergency, and the House Committee object, then the 'request should be forwarded by the clerk to the Board 'with the Committee's reasons for refusal to the Local 'Government Board.' Then further you say, 'for the 'guidance of the medical officer, the Local Government 'Board should make some statement as to what they 'would consider cases of emergency—namely, a case of 'acute alcoholism *pro tempore* dangerous, an emergency 'operation such as strangulated hernia, an epidemic of 'pneumonia or puerperal septicæmia, and a case of 'difficult labour.' Have you found the assistance indicated there necessary in your experience?—Yes.

830. And you consider that the medical officer should have the power to call in such medical assistance or nursing assistance as the emergency may indicate, subject to this report to the House Committee?—Yes.

831. What is actually the practice at this moment with you?—When I call in anyone to assist me, it is usually as an obligement. I never have paid anybody, except, I think, for extra vaccinations.

832. But still you think you ought to be in the position to ask assistance and be in a position to pay for it?—Yes.

833. Not to have to depend on voluntary assistance?—No. In any case the Local Board should not have the official decision as to whether payment is to be given or not. I was rather thinking of the Highlands and the benighted parishes, where the Local Board simply refuse these things out of sheer pig-headedness. If I want anything, all I have to do is to ask my chairman, and such things are given. We never have any trouble in getting extra nurses when we require them.

834. *By Mr Barclay.*—You mean that in a case of emergency you would call in outside assistance at once, and the question of payment would arise afterwards?—Yes.

835. *By Dr Mackenzie.*—And, in a case of doubt, refer to the Local Government Board?—Yes.

836. As to operations, you say, 'In return for the 'small amount of salary given, the special skill required 'for surgical operations cannot be expected. But the 'medical officer may be a surgeon, and the question is 'then one of expense as regards equipment. In small 'poorhouses surgical work on any but a small scale is 'impracticable. In large institutions a full equipment 'is advisable. This comprises the services of three 'medical men and three nurses, an operating room 'with sterilizing apparatus, instruments, and dressings. The advantages are great in the training of nurses, 'who cannot be called "trained nurses" without a 'knowledge of surgical work. If the medical officer 'is not a surgeon, then a visiting surgeon should be 'appointed.' What are your arrangements at Glasgow as to that?—We have everything—a full operating room.

837. Have you a visiting surgeon?—No, I do it all.

838. You are surgeon?—Yes.

839. As to trained nursing, you say you would advise the standard to remain as at present—two years to qualify, but a three years' certificate given?—Yes.

840. You also say that the training can be efficient in large hospitals only where surgical and midwifery training are procurable. That means, in your opinion, that it would not be possible in the smaller poorhouses?—No.

841. It would not be possible in large poorhouses like Glasgow ones?—That is so; it would not be a complete training.

842. You might give us a short statement of the actual training that you put your nurses through at present?—As soon as the nurse comes there, she is on probation for a month. We have an educational test first, to see that they are fairly well educated and able to read well and spell well, then they are a month on probation, during which time they are under the staff nurse, who reports as to their conduct and general behaviour; then, if necessary, a second month is given under another staff nurse if the case is doubtful; then we either accept or reject them. The nurse is usually for the first year on day duty, and at the end of the first year she is asked to take night duty. She is under staff nurses all the time. I lecture to them one day and my assistant another day. We do that two days a week, and we continue it for about 7½ or 8 months in the year. Then we have written examinations at intervals on the work gone over. There are special months when the probationer has a time given to medical wards and to surgical wards, and then she has a special time of the chronic wards as distinguished from acute. In addition to that, we try to get our nurses to attend twenty cases of midwifery before her two years are up. I then send them to London, because we have no official qualification in Scotland for nurses. I ask them to enter for the obstetrical examination. If they do not do so, I insist on them passing a similar examination with me. At the end of two years I give them an oral examination, and a practical examination with the assistance of the lady superintendent; and if they show efficiency, I then give them a certificate to that effect, that they are capable of registration. Then another examination of a more advanced nature is to be passed at the end of the third year, and they get their full certificates.

843. Do you know of any other poorhouse that gives as thorough a course of training as you do?—I think they do the same at Barnhill.

844. Do any of the infirmaries include midwifery in their training?—No.

845. Strictly speaking, you are giving more than is required in an ordinary trained nurse?—Yes.

846. You cover all the grounds of medical nursing, surgical nursing, and obstetrical nursing?—Yes.

847. Do you think that that training is highly essential for nursing in poorhouses all over Scotland?—Absolutely. I don't think that a nurse should be considered a trained nurse unless she has midwifery training.

848. Do you think the nursing of the poorhouses in general would be sufficiently met by pauper nurses and pauper assistants?—I don't approve of that (*cf.* Appendix III., p. 226).

849. You are only confining your disapproval to Glasgow?—Yes. I don't know about other places, but, from what I see of them in Glasgow, I think they are very undesirable persons to have about the sick.

850. If you were asked to express your opinion, you would say that they should be dispensed with?—Every one.

851. *By Mr Barclay.*—You have had experience of pauper nursing in Govan?—Yes.

852. *By Dr Mackenzie.*—Do you think that the standard, one nurse to thirty patients, affects in any way the sick in the poorhouses?—No, I don't think so.

853. You don't make up your quantity of sick according to the nursing staff?—No. Do you mean that we manipulate our returns?

854. Yes?—Not except with the male skin ward and the male venereal ward. These cannot be under a trained nurse; they are under paupers, with a warder from the poorhouse supervising. These are not included in the returns of sick for the purpose of trained nursing.

855. *By the Chairman.*—These wards have got a considerable number of patients?—Yes, sometimes as many as forty cases, and even going up to fifty between the two.

856. *By Dr Mackenzie.*—Are these returned as sick in the poorhouse?—No, that is where my return shows the discrepancy between the figures given and what I was giving. These cases should be under a male nurse.

857. Is there any possibility of male trained nurses for such cases?—Yes, but I don't think very much of the male trained nurse; they are most unreliable. They are always getting drunk or causing trouble.

858. You would not be prepared to have them for your own hospital?—The warder does perfectly well if one happens to have a good warder. I would prefer him, if he was a steady warder from the poorhouse, to the trained nurse who goes and gets drunk.

859. This class of case requires very little ordinary treatment, and the direct treatment they do need is a matter for the medical officer?—Yes. They themselves can apply it in most cases.

860. You don't think the case for male nurses is a very strong one, even in a large poorhouse?—No, certainly not, what they call the male trained nurse. A steady man is all one wants. I have had male trained nurses, and that is why I am disgusted with them.

861. To come to the duties of a medical officer, there are one or two things I wish to ask you about. Do you have any jurisdiction in the infirm or ordinary wards at all; can you, on your own initiative, examine a patient, or have you any power to give any orders?—Certainly.

862. Independently of being consulted by the Governor, or coming through the Governor?—Yes.

863. What rule would that come under?—Rule 48.[1]

864. What control, if any, has the Governor over the hospital at present?—Nominally he has the appointment of all nurses, and the suspension of any nurses, the ventilation, heating, and supplying of clothes. One might even say he had the restricting of exercise of patients in his hands.

865. That is, theoretically?—Yes.

866. What is the position of the lady superintendent of the hospital in regard to the Governor?—According to the rules, she stands in the same position to the Governor as the matron.

867. And in the same respect also to the medical officer?—No, it says nothing about him at all.

868. Has he any control over the lady superintendent according to the rules?—He has not.

869. Do you think that satisfactory?—No, I don't think so.

870. Would you have the lady superintendent under the direction of the medical officer?—Yes, undoubtedly.

871. And outwith the direction of the Governor?—Yes.

872. You would absolutely dissolve the present arrangement?—Yes.

873. As to diet, do you regulate the diet of all inmates in the poorhouse?—No, there are standard dietaries in the house. I cannot interfere with them, but I can in individual cases do what I please. I have full power to alter any diet if I think fit.

874. Do you apply any test, such as weighing of patients from time to time or weighing the inmates?—Yes. That is more in phthisis or hospital cases.

875. You weigh them systematically?—No, just to form a diagnosis of the effects of treatment.

876. You don't weigh the ordinary inmates or infirm inmates?—No.

877. Would it be a great addition to the labour supposing you were to do that once a quarter or once a half-year?—No, I don't think I need necessarily do it. It could be done by anybody in the poorhouse.

878. Under your direction?—Yes.

879. Would there be any advantage by it?—I don't think it.

880. Do you think your present system of discovering the sufficiency of diet is good enough?—Yes, I think so.

881. Supposing a statement were made that the diet is not sufficient for a certain class of patient, what test would you apply to ascertain and settle for yourself the question of the sufficiency of the food?—In that case I would go through a system of weighing, certainly.

882. *By Mr Barclay.*—Is it not the case that a great number of the infirm inmates that you get in are in too frail a state to improve by any system of diet?—Yes, that is so.

883. And a number of those that you get in will not remain long enough to be improved by the diet?—That is true.

884. *By Dr Mackenzie.*—You would allow that the ultimate test of the sufficiency of a diet is whether the patient is losing or gaining in weight?—Yes.

885. It is an absolute test when applied?—Yes.

886. Do you find the present diet is satisfactory, or have you any suggestion to make about it?—The infirm diet, I think, ought to be a little more liberal. It is not so much that it is deficient in nutrition, as that it is a bit monotonous.

887. Do you think that affects the digestion of your inmates?—Yes.

888. Does it add to the sick list?—It adds to the complaints. Half of them are complaints which can be adequately met by giving some addition to the diet.

889. Do you think these complaints, as a rule, are well-founded complaints of indigestion or anything of that sort?—No, I think they are simply complaints of the monotony of the food, the mere fact of having a breakfast of nothing else than porridge and milk; they have no roll or egg or anything after. The dinner is merely soup and bread, and nothing to follow. Then at night it is either porridge and milk again or tea and bread, with no extras. That day by day becomes a very monotonous thing.

890. Apart from monotony, do you think it is physiologically sound?—Yes.

891. You mean that it is quite sufficient to keep the person's digestion in fair order?—Yes.

892. At the same time there is the tendency to complain probably based on some cases of dyspepsia?—Yes.

893. Have you any means of varying the diet?—Not without doing it in individual cases. I think if perhaps a more varied diet all round were suggested or allowable, that would be a good thing. If your diet,

[1] Poorhouse Rules and Regulations.

as put down, were the minimum diet; that not less than it was to be given, and that you were open to consider any alterations that might be proposed, that might help matters.

894. Do you actually find that anything less would be tolerable; would anything less be sufficient?—Yes.

895. If you had a different kind of food you could do with less of it?—Yes. It would not come to any more in the way of expense. It is shameful to see the amount of porridge and milk that goes to the piggeries.

896. *By Mr Barclay.*—Do you attribute that to the monotony, or that the people have had sufficient?—To the monotony.

897. *By Dr Mackenzie.*—They ought to eat it, but, as a matter of fact, they don't?—No.

898. *By the Chairman.*—Some of them may dislike the porridge?—That is so.

899. *By Dr Mackenzie.*—You would not approve of that?—No.

900. Is it the fact that you find the diet is too monotonous, that the patients reject a considerable quantity of it, and therefore, after, to that extent, don't get sufficient sustenance?—Yes.

901. You are also satisfied that they have a natural dislike to it?—Yes.

902. You have not full power to relieve the monotony?—No; not the diet in general, only in individual cases have I full power.

903. *By Mr Barclay.*—You have not the cooking appliances to have a more varied diet?—No.

904. *By Dr Mackenzie.*—Have you any trouble with the diet of the children?—No, it is better.

905. You don't find that the monotony applies so much there?—No.

906. *By the Chairman.*—They have better appetites?—Yes.

907. You have larger powers as regards the children?—Yes. Rule 48, section 7,[1] says, 'To give 'all necessary directions as to the diet of the children 'in the poorhouse.'

908. You have larger powers, and you exercise them?—Yes, but I exercise them mainly in the hospital, where the children are actually sick. There is a standard diet for the children in the house, but in the hospital I give them a very generous diet usually.

909. *By Dr Mackenzie.*—Have you any suggestion as to the definition of sudden deaths that would meet the objections that you seem to have about reporting, any practical rule that would follow in calling a death a sudden death, or would you be satisfied with what you have already said?—Yes. I would make it sudden and unexpected, implying by 'unexpected' that if the disease is one where you don't expect the death, and if the diagnosis is unknown, or there are some suspicious circumstances connected with the death.

910. You would have all these returned as sudden deaths?—Yes.

911. Would it meet the actual practice if a rule were laid down that any death occurring within twenty-four hours after the medical officer's attention had been first directed to the patient should be included as a sudden death?—That would cover, perhaps, rather more than necessary. For example, I have known a case of tuberculosis which had been arrested for a time, where relapse might occur while that person was not in hospital, and he would die immediately. If you get a patient into hospital in time before he dies, and you try him in hospital, and he may die in a very few hours, you would hardly report a case like that, unless he died while actually at work.

912. You think that the phrase 'sudden and un-'expected' would practically cover it?—Yes.

913. Would you look at page 29 of the rules[1]; there is there the form of medical certificate for the admission of paupers; do you find that form of certificate satisfactory? What do you do with these certificates when they come to you, or do they come to you?—Yes. I see the certificates, as a rule, when I see the patient. They sometimes come in on blank certificates, which I have to fill up; that is very common.

914. You examine the patient and fill up the certificate?—Yes.

915. Have you any amendment to suggest on the certificate at all as the result of actual practice?—No. I think the certificate, with the emendation about manner of removal, is all right.

916. How do you remove sick paupers at present; do you send a nurse for every case?—No, only special cases.

917. And you don't send a nurse unless a nurse is asked for on the certificate?—No.

918. Do you think that is satisfactory?—Yes, I think so.

919. You never had any ill effects that you could trace to the absence of a nurse?—I have had cases where the presence of a nurse would have made no difference. We have had cases now and again dying on the way.

920. Were these in charge of a warder or the person in charge of the ambulance?—Alone, in this instance.

921. Do you think that a satisfactory issue even as an odd thing?—No, certainly not.

922. Would you be prepared to suggest that a nurse should accompany every sick poor person removed?—No.

923. What would you suggest?—I would suggest that the outdoor medical officers should be very strongly enjoined to see that they themselves took no risks in permitting serious cases to be removed without the presence of a nurse.

924. Would you not be prepared to make a suggestion that every case should be removed in charge of a nurse to your particular hospital?—Try and put yourself in the place of a nurse, and imagine an ambulance van with three or four cases being removed at once—these cases unwashed and with all their rags and vermin on them. I don't think you would get many nurses to do it. If they were asked to do it as an occasional thing they might, but they would not do it often.

925. Do you think it is a safe method of removing three or four cases in an ambulance?—Unfortunately it has to be done sometimes, unless we had a fleet of ambulances cruising about Glasgow.

926. Have you more cases in a day than would be admitted to Belvidere Hospital?—No, but they have a number of ambulances going. We would have to increase them if we were to have that traffic.

927. Is there any reason why a sick pauper should not be injured by overcrowding in an ambulance when a scarlet fever patient gets an ambulance to himself?—I think there is something to be said for it.

928. Looking at it medically, not as a question of administration, is there any reason applicable to the one case that is not applicable to the other?—No, it is purely a question of economy.

929. If on medical grounds you were asked to suggest a thoroughly sound arrangement, you would say that a nurse should accompany every case, and, as far as possible, there should be no overcrowding in the ambulance?—I don't know if I would say that a nurse should accompany every case, because many of the cases are not such as require a nurse. For suffering with a sprained ankle, or a violent case with delirium, you would not put a nurse in.

930. But you would put some attendant with a delirious case?—Yes.

931. So that practically it would be a nurse?—In that case it would be.

932. What I am anxious to get at is how you are going to make it impossible for a pauper to die in the ambulance without anybody being present. You cannot say it is a satisfactory system; what proposal have you?—I think it ought to be left to the outdoor medical officer.

933. As a matter of fact, you have been relying on him, and it has not been sufficient?—Yes, but he should be reprimanded.

[1] Poorhouse Rules and Regulations.

934. *By Mr Barclay.*—You are speaking about putting the onus on the outdoor medical officer; is it not the case that he has no opportunity of examining the people?—Yes, he is under great disadvantages.

935. *By Dr Mackenzie.*—Doesn't that make it all the more essential that some attendant should go with the patient?—Yes, on that account. It may be a case of malignant heart disease, for all you know.

936. And he would have no opportunity of examining?—Yes.

937. Would you prefer, for reasons of economy, to rely on the certificate as it comes to you, and the statement in it that a nurse is necessary or not necessary, as the case may be?—Yes. I think it should be left to the discretion of the medical officer. The medical officer may make a mistake. I believe the last case we had was a man with pneumonia, who died suddenly in the ambulance. He might have died suddenly in his bed, the heart suddenly giving out.

938. In his bed nobody was responsible for him, but in the ambulance the special authority was responsible for him?—Yes, but these things occur so very seldom with us.

939. *By the Chairman.*—The drivers of the ambulance have a certain responsibility?—No. The certificate is what he has to go on, and he must obey it.

940. *By Dr Mackenzie.*—You are not prepared to make any suggestion in the improvement of the conveyance of patients?—Not except in the way of increasing the ambulance arrangements.

941. And the sending of a nurse to depend on the outdoor medical officer?—Yes.

942. Who is responsible for the ambulance; does it lie at the hospital, or has the outdoor medical officer control of it?—It lies at the hospital.

943. When you send the ambulance for the sick, you ask questions?—Yes.

944. And anything that happens in the ambulance comes back on you or on the poorhouse administration, not on the outdoor medical officer?—Not if the death happens outside, because you see the ambulance is sent at the request of the outdoor medical officer. A nurse is sent with the ambulance if the certificate says so.

945. Whether a nurse is sent for or not you are taking charge of the patient, and you are responsible for the patient immediately you have taken charge of him?—No, not until he is out of the ambulance and inside the poorhouse.

946. When I say 'you', I mean the poorhouse administration?—We don't consider ourselves responsible if the person dies on the way.

947. Who is responsible for the management of the ambulance?—The Governor of the poorhouse.

948. He is the person to see that it is properly horsed and driven and properly cleaned, and, if necessary, properly nursed according to the request?—Yes.

949. And heated and so on, and provided with clothing and emergency remedies?—Yes.

950. That is the Governor's duty?—Yes.

951. Those in charge of the ambulance are immediately responsible, but they are acting as servants of the Governor?—Yes, it is under the poorhouse proper.

952. If a patient dies, does the poorhouse assume any responsibility?—No, and we do not.

953. Who is responsible?—The outdoor medical officer. I could not sign the certificate.

954. And you as medical officer; but who is the blame brought home to?—It is brought home to the outdoor medical officer for allowing the patient to be removed in the condition he was in, and for not stating the gravity of the case.

955. For the time being the driver of the ambulance is really carrying out the instructions of the outdoor medical officer?—Yes; that it the real position.

956. But the outdoor medical officer has nothing to do with the manning of the ambulance, except where he puts a certificate that a nurse should accompany it?—Yes.

957. And the Governor is bound to send a nurse if the outdoor medical officer thinks so?—Yes.

958. Have you any difficulty in connection with that?—Not in filling it up.

959. Yes, or in dealing with it as filled up?—I have sometimes had cases brought in where one could not just get the facts suitable for a certificate for certifying, and where one did not know but what it was of a mere temporary nature, and that a night or two might clear it up. That is taken in for observation.

960. Have you any suggestion to amend that?—No.

961. You think that the thing as it stands is quite good enough for actual practice?—Yes.

962. If you look at page 30,[1] there is a statement as to hours of admission of inmates to poorhouses. What is your practice in the Glasgow poorhouse?—We admit at all hours.

963. You could not work the poorhouses in any other fashion; you must be prepared to admit them?—Yes, or we would get into the newspapers if we did not.

964. *By Mr Barclay.*—You were talking about punishment for the different causes of offences on page 49[1]: the first one is called disorderly, and they may be punished by deprivation of food. You suggest that that should be only under the written sanction of the medical officer, but in the rule it says the House Committee and the medical officer; what is the meaning of that?—I suppose that means reducing them below the standard—below even A diet or B diet.

965. The punishment is not given immediately after the offence; the Governor must consult the medical officer and the House Committee?—Yes.

966. Do you think it would be sufficient if he consulted the medical officer?—I think so. I don't think they should trouble the House Committee with anything like that.

967. For any of the other offences—what are termed refractory—they may be put in a cell for a certain number of hours; would you not allow that without the certificate of the medical officer that they were fit to be confined?—No; I think it is safest to have the certificate. It does not do any harm, and it is safe.

968. There are some houses where the medical officer could not be obtained within twenty-four hours?—In that case it would probably have to be left to the discretion of the Governor.

969. You say that no child should be punished without the presence of someone?—I think Mr MacDougall said that.

970. *By the Chairman.*—You said that, as a matter of fact, no one was present on these occasions?—No.

971. No one is present except the person who inflicts it?—No.

972. The Governor has all the say, therefore?—Yes.

973. Was that the case at Merryflats?—No I was only assistant there, and I had no right to interfere.

974. You don't know about it there?—I thought these were not so humanely managed there at that time.

975. You think the medical officer ought to be present, as a rule?—Yes. I don't say that the medical officer is the only humane man in the institution. It might be the very opposite.

976. *By Dr Mackenzie.*—Your position is that the medical officer should be prepared to certify the child as fit for punishment?—Yes.

977. That would save the situation?—Yes, without attending. I don't see why he should attend.

978. Can you give us any idea of the percentage of paying patients in your hospital?—No.

979. Would it amount to anything?—That is a question for the inspector; I have nothing to do with that.

980. You don't take any note of them?—No.

981. *By the Chairman.*—Can you tell us anything about the searching of inmates when they come to the poorhouse; who does the searching for you?—The poorhouse warders and probationary warders.

982. Do you think that your experience would lead you to say that that system is a proper one, or have you any suggestion to make in regard to it?—No. These men and women have pauper assistants, and my

[1] Poorhouse Rules and Regulations.

experience of pauper assistants all over is this, that the more pauper assistants you get, the less work you get out of paid officials. The paid official tends to become a superintendent of pauper workers, and consequently an evil may creep in, that that searching is left entirely to the pauper warders (*cf.* App. III., p. 226).

983. Is there any check upon them?—Yes, there is a paid official superintending them, but he may be superintending from the interior of his own room and not seeing what is going on.

984. What they have is taken from them and is retained until they leave the poorhouse?—Yes.

985. That may open the door to all kinds of things. Is there any check that what they find on the pauper is put in some place of safety: you don't know about that?—It is handed immediately over to the Governor by the warder.

986. *By Mr Barclay.*—The Chairman means that these pauper searchers may not hand it over to the paid searchers?—No; then the inmate could complain.

987. *By Dr Mackenzie.*—Still he may not do so if there were three or four pauper searchers?—Yes.

988. *By the Chairman.*—It is only when he leaves the poorhouse that he would see the things were not there?—Yes. The proper thing would be to have no pauper assistants; that is what it comes to.

989. Has any trouble arisen in your experience in the relations of the porter to the Governor?—No, I never knew of any.

990. They have always worked harmoniously?—Yes; I never heard of any quarrelling between the porter and the Governor.

991. And as far as you are aware the present system works well?—Yes, to my knowledge.

Dr William Limont Muir, called and examined.

992. *By the Chairman.*—You are one of the outdoor medical officers of the Parish of Glasgow?—Yes.

993. And you are also Secretary to the Scottish Poor Law Medical Officers' Association?—Yes.

994. You have come here to give evidence on their behalf?—Yes, at your request.

995. Have you anything to say on the adequacy of the medical relief arrangements at present in force?—We believe that in the cities and large towns, medical relief now in force is adequate in all respects, and that you could not very well extend it without the danger of pauperising the working-class population, but from complaints which occasionally reach us from Highland and country districts, we believe it is not adequate there. I have received a letter this morning from one of the Highland medical officers. He has been found fault with by his Parish Council for supplying extras to his patients. He says he has sent on his books and accounts to the Local Government Board to get their protection in the matter.

996. Have you any other instances?—Curiously enough, just three days ago I had a visit from another of the West Sutherland medical officers who was on holiday at the cost of his Parish Council with the consent of the Local Government Board. I got some information from him. He told me when he ordered any extra things for his paupers, probably a little milk, beaf tea, or extract of meat, and sometimes stimulants, he has been found fault with by the inspector for so doing.

997. These are complaints as between medical officer and Parish Council?—Yes.

998. And they don't really affect the adequacy of the medical relief in force in the parish?—The difficulty I had in getting information was that I did not know exactly what some of the questions would lead to or what was exactly wanted.

999. We are asking generally as to the outdoor medical relief at present in operation. You say as regards the cities and large towns that all that is necessary is there at present, and you have no suggestions to make?—I would say personally, that, as far as we in Glasgow are concerned, we are not interfered with in any shape or form with what we do for medical relief of the poor.

1000. You think that in Highland and country districts it is not adequate? Then you began to tell us about the relationships of the medical officers with their Parish Councils. That is hardly inadequacy. Do you think that in the Highland districts or parishes there is need for reform or amendment as regards the medical relief presently in existence?—That is just where the difficulty comes in, in not knowing what was the meaning of your question.

1001. Is it that the medical relief is not situated at convenient centres in the Highlands, or that in large parishes you suggest that they should be split up into different areas; or how is it that you think it is inadequate?—If your suggestion as to the splitting up of large areas is practicable, and could be carried out, it really would be a great improvement.

1002. I want to know what you had in view?—The medical officer that I saw from the West Highlands would probably not say that it was not adequate. His complaint is that it is more than adequate—that is to say, that people get medical relief who are not poor enough to be proper objects of relief. It may be uncles and aunts of the Parish Councillors, and he has got to attend them in the form of medical relief, although quite able to pay as private patients.

1003. Have you got instances of that?—That medical officer on the west coast of Sutherland gave me instances of that. I asked him about these things. You must understand that all these medical officers mark their letters 'private and confidential,' and I cannot divulge their names.

1004. You put it in this way, that from information that has reached you from the Highlands, the medical relief is administered in much too wide a scale, and to people who are really not in need of it, and who are quite able to pay for medical treatment out of their own pockets?—Without hesitation.

1005. That is what you mean by saying it is not adequate?—Yes.

1006. What was the interpretation?—The interpretation was that it was not adequate in so far as extras were vetoed by the Parish Council and by the inspectors. That probably will come better under the next clause.

1007. In certain cases, one which you have named in Shetland, the medical officer ordered drugs and things of that kind to be administered to his patient, and the Parish Council or the inspector interfered and said that they were not to be given?—Yes. The same thing happened in the case of the gentleman who called on me when on holiday.

1008. As regards the distribution of medical relief and the number of doctors in each parish, and the centres at which the medical relief is situated, so far as these are concerned you have no observations to make?—The only observation I could make would be this, that some of these parishes are twenty-five, or thirty-five, and even forty miles in extent. It is impossible for medical attendance to be adequate with such an enormous stretch of country to cover. On the other hand, it is equally impossible for the population of these districts to travel such long distances to consult the medical officer. That is the only answer I can give.

1009. As regards the towns, have you anything to suggest; do you think the division of the towns and the system under which medical relief is administered there calls for remark at present?—I don't think so.

1010. You are speaking of Glasgow specially?—Yes.

1011. Have you any experience of the smaller towns?—Not unless a town like Kilmarnock, where they have only one medical officer. I think one medical officer is plenty, but they might divide it into two. The one medical officer is quite competent to overtake

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all the work. I don't think his work in the town of Kilmarnock will be any more than mine in the division of the Calton in Glasgow.

1012. Kilmarnock is one of a class, but as regards the towns generally, so far as you see, there is nothing really required?—I never heard any complaints from the bigger towns.

1013. Kilmarnock has a population of 33,000?—30,000, I think.

1014. You think one medical officer is able to overtake all that?—Yes.

1015. What population have you to deal with?—That is a question I cannot answer. I should not be surprised if I had 50,000, mostly of a very poor class.

1016. As regards the duties of medical officers and inspectors of poor to outdoor sick and their relations *inter se*, what have you to say?—We are of opinion that in all matters concerning the treatment of sick poor the medical officer ought to be supreme, and his duties and responsibilities as regards medical comforts, etc., should not be interfered with by the inspector or the Parish Council. According to your own rules and regulations for medical relief, the medical officer, when he sees the necessity, has the power to order better lodging, better clothing, better bed clothing, better food and nursing, as well as medicine. Of course you know he dare not order these things, or else he would be dismissed for doing so.

1017. You say that he dare not order these things?—I say that practically there is no interference in the cities and large towns, but I know that I could put myself in such a position as to get myself dismissed within three months were I using the powers supposed to be given under your rules for medical relief.

1018. What rules do you specially refer to?—The rules as to extras.

1019. That is, generally speaking, the rules as to medical relief if observed and carried out in their entirety?—Yes. If we did so there would be not a medical officers' position in Scotland worth a month's purchase.

1020. *By Mr Barclay.*—It is the rule as to additional relief; is that your point?—I have read the rules, but I have not them at my finger ends.

1021. At page 102,[1] you will see there that the rule is, 'In addition to medical relief, Parochial Boards 'shall furnish the sick and convalescent poor with 'nutritious diet, cordials, clothing, suitable lodging, 'and sick bed attendance to such an extent as may be 'necessary, according to the circumstances of each case.' I suppose in practice the medical officer would suggest to the Parish Council what diet, cordials, clothing, etc., should be provided. Do you say that when the medical officer does that, that the Parish Council in some cases will not carry out his instructions?—Without hesitation, I say so.

1022. And they rely upon this rule in so doing?—I don't know what rule they rely upon. I only know they don't carry it out.

1023. *By the Chairman.*—What interpretation do you put on this rule?—I put this interpretation upon it, that the medical officer may order such things as are there mentioned, but that the inspector or the Parish Council has it in their own hands and their own discretion whether they will grant that or not.

1024. And they do, as a matter of fact, refuse them?—Yes, certainly in Highland parishes.

1025. Look at the next rule, No 4,[1] which says, 'A medical practitioner appointed by the Parochial 'Board to attend any poor person shall intimate 'in writing to the inspector the description and 'extent of the relief, under rule 3, which he may 'consider necessary for the proper treatment of such 'poor person; and on receipt of such intimation, 'the inspector, on his own responsibility, shall forthwith furnish or refuse the relief so intimated to 'be necessary, until he shall have brought the case 'before the Parochial Board, and received their instructions regarding it. But if the inspector refuses 'or fails to furnish that relief, or any part of it, he 'will be held accountable for such refusal or failure.' These are the two rules to which you specially refer?—Yes.

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1026. And you suggest that these rules should be altered and amended so as to give the medical officer full power as regards such cases?—Certainly. Unless you give him full powers, it is practically a dead letter. I don't mean that it is a dead letter in Glasgow, but in country districts.

1027. What is absolutely a dead letter?—These rules. They are not carried out; the medical officer daren't carry them out, under threat of dismissal from his appointment.

1028. You have given us one instance from Shetland?—Yes, but I will give you a case of my own. In coming here I am liable to offend the Parish Council and might be dismissed. I carry out this rule with considerable amount of discretion.

1029. That is the only instance of refusal to confirm the medical officer's orders of which you can tell us?—No. I have had other complaints from Highland medical officers. All the medical officers that I have any acquaintance with never complain about interference in ordering their extra diet and other things for the paupers. That is in the Glasgow parish or the Govan parish. They are allowed a very free hand.

1030. So far as you are aware, whilst that is the case in Glasgow, it probably extends to all the large cities and large towns?—I would say so.

1031. And even, I suppose, to small towns and burghs generally?—I would not like to put any limit upon it. No complaint has ever reached me for the last five years as secretary of the Medical Officers' Association from any of the large towns, but repeated complaints have come from the outlying Highlands and other country parishes. The threat is always held over them that they may order the things if they like, but if they do so they will be dismissed. That is the crux of the difficulty. A considerable number of cases have been brought under our observation from Highland and other outlying parishes, where a medical officer has been, under threat of dismissal, found fault with for ordering extra medical comforts. That is absolutely true. I cannot specify these cases, simply because they are all handed to me under secrecy. It is quite common for the inspector and Parish Council in the smaller parishes to disallow medical comforts, more particularly in the matter of stimulants. In some cases they have ordered the medical officer to pay the latter out of his own pocket under threat of dismissal.

1032. That is a very strong statement?—Yes.

1033. On what is this based; have you got any instances of a case where a medical officer has been ordered to pay for medical comforts out of his own pocket?—Some four or five years ago there was a medical officer from one of the parishes who wrote complaining about that.

1034. Had the inspector or the Parish Council any power to do that, to order the medical officer to pay for the stimulants out of his own pocket?—They said he might order them if he liked, but if he objected to pay for them they would dismiss him.

1035. You had a letter from Ross-shire to that effect?—Yes. I could not tell you the medical officer's name.

1036. Could you find that letter?—I believe it was burned along with a large amount of useless correspondence.

1037. You cannot recall the parish?—No. It took place before I took charge of the secretaryship.

1038. The cure for all this, in your opinion, is that the same power should be given to this Board as we have in regard to public health medical officers?—Most certainly.

1039. And you think that such a power would lead to an improved state of matters and to the removal of these difficulties which inspectors and Parish Councils

[1] Rules, Instructions, and Recommendations to Parochial Authorities issued by the Local Government Board for Scotland.

put in the way of what the medical officers think is proper administration of relief?—Without hesitation.

1040. *By Mr Barclay.*—There is another point; would you hold that the medical officer should have the unrestricted power to order nutritious diet, cordials, clothing, suitable lodging, etc., without any check by the Parish Council?—That is just the difficulty. I think he ought to have it theoretically, and if he is a sensible man he won't overstep the ordinary thing, but, of course, there are always fools in every profession, and some men would certainly overstep these things, and it would become scandalous what some people would order.

1041. In every case the Parish Council are the judges of what is required for the person in the first instance, and if the medical officer steps in and orders bread and milk, and things of that kind, he is really increasing the expense?—Yes.

1042. *By Dr Mackenzie.*—In the matter of medical relief, such as medicines, the medical officer has unrestricted power now?—No.

1043. Are you under restriction?—No. In the letter I have from Shetland, the doctor says that his Parish Council have found fault with him for supplying medicines to chronic cases, and he says he has sent on his books and other documents to your Board asking your protection. That is a thing we don't suffer from in the city.

1044. *By the Chairman.*—You would draw the line between proper medical relief, in the shape of medicines, and diet, cordials, clothing and suitable lodging. In the latter case you would admit that there is some necessity for power to veto or check on the part of the Parish Council?—I would say so without hesitation. I could hardly ask such a power for any body of men as medical officers, but they ought to be supreme, without any question, as to what they consider is required by their sick paupers in the form of medicine and invalid diet.

1045. *By Dr Mackenzie.*—You are not satisfied with the inspectors having the power to veto; you would prefer another person to have the power?—I think it might be better if the veto was somewhere else.

1046. *By the Chairman.*—In the case of diet, cordials, clothing, etc., you say that before these are given the inspector must, according to the rules, be consulted, the inspector being the hand in that matter of the Parish Council, and you cannot have a meeting of the Parish Council on every occasion on which medical relief is to be administered. The inspector must be the hand of the Parish Council to a very large extent in these matters?—Yes.

1047. *By Dr Mackenzie.*—Would it meet the case in any way if there was an alteration made on Rule 3,[1] where it says, 'In addition to medical relief, Parochial 'Boards shall furnish the sick and convalescent poor 'with nutritious diet, cordials, clothing, suitable lodging, 'and sick-bed attendance, to such an extent as may 'be necessary, according to the circumstances of each 'case.' Supposing the diet were put under the control of the medical officer, would that be an improvement?—Yes, that would be an improvement. Personally the difficulty in ordering the diet in the city parochial district is this, that you don't know into whose stomach the diet goes. In ordering stimulants you have a huge difficulty, because in the majority of cases they never go down the throat of the person they are intended for. The result is that I never order stimulants for a sick pauper. I order them under the head of brandy and egg mixture, which, of course, fulfils the purpose. The ordinary inhabitant outside the sick pauper does not like it and does not take it. Then in the form of food, the only kind of food I ever order, is a couple of pints of milk daily, but I am never interfered with by my Parish Council for so doing.

1048. In relief, therefore, your objection deals mainly with suitable lodging and clothing?—Yes.

1049. That is really what it comes to?—Yes. I think we ought to have an absolutely free hand so far as regards the supplying of ordinary invalid diet and medicine.

1050. And in medicines you include cordials and diet of all sorts?—Yes, diets and stimulants under the form of medicine, without stretching the rule. In ordering stimulants in the form I do, it comes under the head of medicine, and your Board have to pay the half of it under the medical grant, and in the other case you pay none of it.

1051. You have nothing to suggest under the expediency of establishing dispensary districts?—The reason I have nothing to suggest is that we don't know what you mean by your question. I have some knowledge of the subject, but I don't know what you mean. In the dispensary districts in England and Ireland the medical officer is appointed the same as you appoint one in the Highlands. His district is large in area. It is inconvenient for the sick poor to come to his fixed place of residence. There is probably a little hamlet of a few houses scattered here and there on the outlying portions of it. He is under obligation to call once or twice a week at these small hamlets, where he keeps a supply of medicine, and visits his sick paupers. The other paupers who are able to come and see him come to his rooms. That would be a huge improvement in Scotland. Take the case of a medical officer in Ross-shire. His district is thirty miles in extent. How is a sick pauper to get to his place if he is thirty miles away?

1052. How far away would you have your dispensary?—It would depend on how your hamlets were situated.

1053. How many dispensaries would you have?—According to the number of hamlets.

1054. You would have in a parish of that sort four, five, or six?—No, you would not need them. It would depend on where the doctor's permanent abode was. If he was near the centre of the district, then probably two or three would be quite sufficent to do that.

1055. You would require to have someone at the dispensary to dispense the medicines?—No. For all the dispensing that is required, that would not be necessary. The doctor, as a rule, dispenses his own medicines. According to the proposed rules of the Pharmaceutical Society, no unqualified person could dispense medicine. I was a witness before the Privy Council, being examined by them in regard to this subject in the spring.

1056. As regards subscriptions to nursing associations and the appointment of nurses to outdoor sick poor, what have you to say?—Nurses are invaluable in giving help to the medical officer, and we believe that the system commonly in vogue here and other parts of the country has wrought satisfactorily hitherto, that is, in subscribing to the upkeep of nursing institutions. I believe that it would be an improvement if in the cities the nurses were the servants of the Parish Councils.

1057. What nurses are these?—The outdoor nurses.

1058. *By Mr Barclay.*—District nurses?—Yes. If they were the servants of the Parish Councils, I, as an individual medical officer, would requisition one for my district. I would ask my inspector for one, and she would be supplied. In Glasgow, nurses from institutions do a great deal of valuable work amongst our paupers. I believe that when asked they never refuse, but they have the power of refusing, and I think it would be better in the big parishes that the Parish Council should have at the service of their medical officers as many nurses as were found to be necessary for the working of medical relief.

1059. *By Dr Mackenzie.*—At the present moment, how are these nurses paid from the institutions?—I know nothing of that. They are paid by the institutions, and, of course, the Parish Councils grant a subscription to them every year, with the result of creating religious animosity.

1060. How is that produced?—I am not very sure whether our Parish Council gives any subscription at all, but at one time they only subscribed to Mrs Higginbotham. At once the Nursing Association connected with the Roman Catholics came down on us, and said they had as good a right to the subscription as the other institution.

[1] Medical Relief Rules, *see* Appendix LXVI.

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1061. We know that there is no grant given for outdoor sick nursing as there is for poorhouse nursing; do you suggest that the grant should be extended to outdoor medical nursing?—I think if the Parish Council supplied nurses for the outdoor sick they should get the same grant.

1062. Do you think that the nurses should be the servants of the Parish Council, and that the matter would then be under better control and management in every way, and that it would be put on such a footing that the grant should be given?—My personal opinion is that it would be so for Glasgow, but I don't think that it would be practicable when you came to the country districts, because the Parish Councils could not possibly have work to keep a nurse going. It is only where you have got a large number of sick poor. In these country parishes the district nurse supplies the want of the whole parish—paupers and well-to-do people as well.

1063. At present, taking Glasgow, what you suggest would be this, that the control which the Parish Councils are to have of these nurses would, in your view, justify the extra cost which the upkeep of these nurses would involve?—I think so.

1064. But you think that in landward parishes and country districts the work that the outdoor nurse would have would not be such as to justify the extra expense that would be incurred?—Exactly so.

1065. That is your view?—Yes. In the cities, where there is a sufficiency of work to the nurse, it might be conducive to good working, if the nurses were servants of the Parish Council, but outside of that it is not practicable to work it any other way than the present way.

1066. Take the item of the supervision of boarded-out children, have you anything to tell us in regard to that?—I know a good deal about it, because I took a great interest in it when I was a member of the City Parochial Board. We believe the present system of leaving all matters relating to the lodging, boarding, clothing, selection of guardians, etc., in the hands of the inspector has been satisfactory. Possibly it might be an improvement if stated visits were made by a medical officer, as is done in the case of boarded-out lunatics. I know a good deal about it, and if you want anything special, I shall be glad to tell you.

1067. We shall be glad to hear your views generally on any suggestions you have to make as regards the existing system?—Possibly it might be an improvement on the existing system if stated visits were made by a medical officer, as is done in the cases of boarded-out lunatics.

1068. If you in Glasgow had children boarded out in a distant part of Scotland—Tomintoul—do you think that a medical officer should go there and inspect them?—No. I mean the medical practitioner in Tomintoul would do it, and he would render his account to the Glasgow Board for his services.

1069. Your position is this, that it is only in the case of illness or sickness occurring with any of these boarded-out that the medical officer is called in?—That is the case. It may be an improvement, if he made a quarterly visit irrespective of the state of the health of the children.

1070. In all cases you have found things going on as you would wish?—I think so. It is the only part of the whole parochial law that I am satisfied with.

1071. Have you ever known of a case where a visit by a medical officer would have saved life or would have been of use in the case of a boarded-out child?—No. When there is any illness, the local medical practitioner is sent for by the guardian.

1072. Is that not sufficient?—I think it is.

1073. Do you not think it might be a disadvantage to the prospects of the children to have too much attention centred on them?—I think that is the disadvantage through the whole Poor Law from top to bottom.

1074. What is; that they are branded?—Yes; but you cannot help it.

1075. Do you think it would make the boarding-out system less popular if they were visited by a medical officer in that capacity?—I could not answer that question. The old City Parochial Board of Glasgow had probably fifty medical practitioners sending in accounts every year for attending to boarded-out children.

1076. *By Mr Barclay.*—Your point is that you think these boarded-out children should be visited quarterly by some official. It might be done by the Inspector of Poor if they are not suffering from ill-health, but you would prefer it done by the medical practitioner?—No, I say it might be done by the inspector of the parish, as at present.

1077. You would prefer the medical practitioner to the Inspector of Poor of the parish of residence?—Yes, I believe that would be better, only you would require to pay him for his extra work.

1078. Of course the medical practitioner, who, according to your suggestion, would visit these boarded-out children, need not necessarily be the medical officer of the parish; he may be anyone?—Yes.

1079. Anybody appointed by the boarding-out committee?—Yes.

1080. It practically means that the medical officer is appointed?—Yes.

1081. As secretary of the Association, have you received any complaints in regard to boarded-out children?—No. In the city of Glasgow we have boarded-out children living in our different districts, but, as a rule, they are living with near relatives, and I have never heard of complaints.

1082. From outside parishes you have no complaints of the same order as you have told us before?—No.

1083. *By the Chairman.*—We will now go on to accommodation and arrangements for casual sick poor in each parish; what have you to say as regards that?—That is a very difficult question. I will read what is in the notes handed to the Committee. We believe, so far as medical officers are concerned, these cases are attended to in the usual way on notification being sent by the inspector. Accommodation for such cases where the home is unsuitable ought to be provided in the poorhouse hospitals, or if that is at too great a distance, then in some suitable lodging-house under the supervision of the inspector. Whenever any casual sick poor come to the knowledge of the inspector, the medical officer gets notice and has to attend immediately. Then if the house is such that they may be allowed to remain, it comes to be the discretion of the inspector whether he will allow them to remain or remove them to the poorhouse. I think there is no difficulty in the cities and large towns. In the city of Glasgow, and, I would presume, Edinburgh and Dundee, there is no difficulty with that at all, because they are allowed to remain at home under the care of the outdoor medical officer or they are removed to the poorhouse, but when you come to country districts, Highland parishes, and even smaller towns, where there are combination poorhouses, there is a difficulty. You cannot without risk to life or serious injury remove an acutely sick person a distance of a number of miles with impunity. Take the case of Kilmarnock; the combination poorhouse is at Irvine Moor, ten miles away. Some highland combination poorhouses are fifty miles away.

1084. Doesn't it come to this, that you think there ought to be a casual sick house in every parish?—Yes.

1085. Not only in every parish where there is no poorhouse or poorhouse hospital, but I suppose in every parish where there is one?—Yes, because even in Glasgow they make use of the night asylum. It was very common when I was a member of the Parochial Board to find that place being used by the inspectors. That is to say, sick paupers applied late after office hours, and before he has time to send to make inquiries or to send a medical officer to examine them and fill up the necessary application form, he gives them a sixpence and sends them to the night asylum. The case was then considered next morning. In country districts I think it is an absolutely essential thing. In fact, I don't think it could be done without.

1086. In your experience are there many parishes

which have no casual sick house?—My experience has been limited to Glasgow all my life. I think you may take it for granted that there are very few suitable parochial lodging-houses in any of the parishes in Scotland. I think your questions 6 and 7 dovetail into one another.

1087. In the previous paragraph you were dealing with casual sick houses?—It says casual sick poor. I would say that you must have a permanent lodging-house, which would become in reality a small poorhouse, because if a person was actually sick, no matter whether he was in it for a night or not, the same difficulty would be experienced in the morning in attempting to remove him. He may have to remain there for a matter of two or three weeks. Of course if it is simply for a night's lodging, in order to give them time to send them to the poorhouse, that is easily managed.

1088. *By Dr Mackenzie.*—What you want is a small house to act as a hospital or poorhouse under the direction of the inspector and the outdoor medical officer?—Yes. I think that is what you mean there. In fact, it would be the same thing as is being carried out in the city of Glasgow. You have given them authority to make two hospitals for acute cases, and so minimise the risk of removing the sick pauper to Stobhill, five miles away.

1089. In addition to the casual sick house, you think there ought to be a lodging-house of this nature in every parish?—Such lodging-houses are not required in large centres of population, but in outlying districts, where a combination poorhouse has to serve a group of parishes, the sick would in many cases have to be sent with, generally speaking, inadequate conveyances long distances. In many cases, especially in acute diseases, that would be a source of suffering and danger, and suitable parochial lodging-houses would be of great benefit. I say that without hesitation.

1090. And these parochial lodging-houses would be under the management and charge of the inspector of poor and the outdoor medical officer?—They could not be otherwise. The outdoor medical officer is the man responsible for the case when sick.

1091. You mean precisely the same thing when you say casual sick house and parochial lodging-house for the sick?—Yes. I don't see wherein the difference lies.

1092. *By Mr Barclay.*—How would admission be obtained to this casual sick house?—Through the inspector in the usual way.

1093. Without a certificate by the medical officer that the person was a proper object for relief in it?—That is a matter for the Local Government Board to decide.

1094. *By Dr Mackenzie.*—Apart from tramps, there are a fair number of cases that the casual sick house would properly benefit?—I don't consider tramps in this question at all. I say I have no sympathy with them, and care not what they do with them. When it comes to the sick poor, or even to the sick tramp, then I say that some accommodation must be provided for him.

1095. At present the existing state of matters is not sufficient?—Not so far as my knowledge goes. In Glasgow we have no difficulty.

1096. You next deal with the expediency of obtaining compulsory powers of removal to a poorhouse or general hospital or other lodging when a sick pauper has no one to look after him or her, or when the case is obviously one for poorhouse or hospital treatment. What do you say as to that?—Such powers are urgently demanded in the interests of the pauper as well as that of the public. We are constantly being brought into contact with cases where the pauper refuses to go to the poorhouse hospital, and where his whole surroundings are such as to render medical treatment practically useless. We also believe that in the interests of the patient and public alike such cases should be compulsorily retained in hospital until the medical superintendent certifies them fit to be discharged. Taking the case of the urgent necessity of compelling them to go, I had a great deal of difficulty within the last three months with the case of a workman who got a compound fracture of the leg. He was taken into the Glasgow Royal Infirmary, and remained there for some time. The limb was going to complete ruin and would have to be amputated. He would not allow it to be amputated, so he came home to his house. I got an ordinary application form to go and see him. I found him in a single apartment, with a wife and four or five children. He was lying on two chairs, with practically no bedding. The whole surroundings were such as it was absolutely impossible that I as a medical practitioner could do anything. I certified him as a case suitable only for the poorhouse. The 'only' in my case was underlined. I refused to take the responsibility of attempting to treat the man where he was. I heard no more about it, but two days afterwards back came another application form. I had to do that several times. Ultimately the man went to the poorhouse hospital, and his leg was amputated within forty-eight hours of his going into Barnhill. That was a case where it was utterly impossible to treat the man; the wonder is that he did not die. I could amplify that with as many cases as you like, but that is within the last three months, and is about as strong as I could put before you. That is a case where they ought not to be allowed to come out of the poorhouse until cured.

1097. You think that powers should be given to detain him in the poorhouse hospital until he is sufficiently cured to go?—Yes.

1098. Wouldn't that be novel?—Yes.

1099. In an infirmary you have nothing of the sort?—No, you can discharge yourself at once, and at present you can discharge yourself from a poorhouse on twenty-four hours' notice.

1100. Take the average of a year; how many cases are there of people who discharge themselves from poorhouse hospitals?—I could not answer that. That is for the inspector to say.

1101. *By Mr Barclay.*—Are there many cases of that kind?—They are very numerous. The number who refuse to go to the hospital are numerous.

1102. So numerous as to justify you in suggesting that Parliament should give compulsory powers?—I am not very sure about that.

1103. *By Dr Mackenzie.*—In a case like that, where you certify that the poorhouse is the only place where the patient can be treated within your administration, does your responsibility for attending the case end there?—Unless I have a medical relief line, which is different from an application form. In the application form I fill up a certificate,[1] and my responsibility ends until I have a further communication from the Parish Council. They either put them on the outdoor roll, and then I become permanently their medical officer, or on the medical relief roll, when I visit him for a fortnight only—unless the order is renewed.

1104. In this particular case, how long elapsed between your sending that note to the inspector and your seeing the man again?—I think a couple of days.

1105. And meanwhile you would not visit him?—No.

1106. And nobody visited him?—I believe nobody visited him.

1107. Nobody officially?—No.

1108. Your assumption being that he had gone to the poorhouse?—Yes. I had no knowledge whether he went or not.

1109. You would consider yourself at liberty not to visit once you had sent that information to the inspector?—My official duty ended there.

1110. If he goes to the poorhouse, he is out of your jurisdiction?—Yes. If I get an application to attend

[1] In a letter dated 2nd October 1902, Dr Muir explains that the Glasgow Parish Council grants its outdoor medical officers the liberty of ordering medicine and stimulants, if necessary, in cases when, on visiting, in order to fill up the 'Application 'form,' the medical officer considers the case is urgent and requires relief at once. The medical officer notifies what he has done to the Inspector of Poor. Dr Muir occasionally makes use of this privilege.

on any one during the day, I go down about two or three o'clock and see him. I certify that such and such is the matter with him, and that he is a suitable person to be removed to the hospital, and that he requires to be conveyed in the van. That goes to the inspector, but when it reaches the inspector's hands I have no knowledge. It ought to reach his hands that night. Whether the inspector removes him or whether the man is willing to go to the poorhouse I don't know until a further communication is sent to me.

1111. Take a case where you get intimation from the inspector that John Jones requires your medical attention?—Then he gives me a medical relief line, which is my authority, and I attend at once.

1112. And the result of that is?—I act on the medical relief line and get what is necessary for two weeks, and then tell the people they will require to get a new line if they desire to remain on the medical relief roll.

1113. *By Mr Barclay.*—When you got the first instructions, it was merely an application for relief, not an order for you to attend?—Yes, an ordinary application.

1114. It was merely for you to fill up the certificate as to whether the man was a proper object for relief?—Yes.

1115. I understood that you had got instructions?—Had I got the medical relief order, I would have gone and seen the man, but immediately I had seen him I would have written to the inspector calling his attention to the fact that I would not be responsible as medical practitioner for whatever would be the result.

1116. *By Dr Mackenzie.*—You would go on attending?—Yes, for two weeks, although it would have been a farce.

1117. *By Mr Barclay.*—When you got this first certificate all filled up with regard to that man, you sent it back to the inspector. If there was any neglect on the part of the inspector in attending to the case, that man might lie for some days without any medical man attending him, although you got the order?—I don't think the Glasgow inspector would make any difficulty there.

1118. I hope not, but it is possible. I understood that that man lay there without any special attention for two days before his removal to the poorhouse?—I don't know how long he was in being removed to the poorhouse.

1119. *By Dr Mackenzie.*—It was days before he was removed to the poorhouse?—I had several applications. I think compulsory powers in a case of that kind ought to be in the hands of the Parochial Authorities to remove him to the poorhouse.

1120. In a special case like that, where perhaps for some particular reason the man does not wish to go to the poorhouse, or refuses to go, is the position that he is simply left there without any medical attendance whatever?—Yes, unless attended by a private practitioner. Officially I could do nothing, but if the inspector had sent me a medical relief order, I would have attended to him.

1121. But if he does not?—I have nothing to do with him.

1122. The order for medical relief depends on what the inspector does?—Yes.

1123. He is entirely responsible for seeing that that man should have temporary attention, pending further arrangements?—I would say so. I have nothing to do with it except obey it when it comes. If a person refuses to go to the poorhouse, and he applies for outdoor relief, he comes before the Committee, and they say, 'You are only suitable for the poorhouse, we will 'give you relief to the poorhouse.'

1124. Supposing a person is dying in the meantime of septicæmia, is there any obligation on anybody to see that he gets as little harm as possible?—That may be; but who is to do it?

1125. Is the obligation on anybody to look after this man during the time that the arrangements are being made?—No.

1126. The Parish Council cannot meet in five minutes?—I don't think there is any responsibility on anybody except the responsibilty on the individual himself. Every sane person is responsible for his own actions.

1127. I merely want to get at how this case is covered where a man may be dying of a compound fracture?—He was not dying.

1128. His leg had to be amputated?—I believe so.

1129. In such a case don't you think it is only right that there should be some medical supervision on that man until he is actually removed?—I think he was having some supervision from some outside practitioner, but I have no knowledge.

1130. Not anybody that could be made officially responsible for him?—No.

1131. Taking it as an abstract medical question, apart from the official duty in the matter, do you think it is just treatment, that a case of that kind can be left until arrangements can be made for treating it elsewhere, because you cannot treat it in the particular house?—I should say yes, so far as Glasgow Boards are concerned. If a person makes application, and the medical officer sees the case, he sends a line to the inspector with instructions to take it in hand at once. They take it up, and within an hour the inside inspector and the van, or whatever is required, are ordered to the house. If the person will not go to the best place for him, I cannot see where the inspector or the medical officer or any official has anything further to do with it.

1132. Do you think there should be some power, the same as for infectious diseases?—Yes.

1133. You say in your report, 'In the interests of 'patient and public alike'; what do you mean by that?—The public become affected in this way; this man with a compound fracture dies and leaves a widow and five or six children to be brought up by the parish.

1134. That is not on the same footing as infecting people with smallpox?—That is quite true. It is not an infectious disease, but in the interests of the public, as far as monetary consideration is concerned, it becomes a serious matter.

1135. No particular person is suffering direct injury from the man's bodily disease?—No, except himself. I would say that compulsory power to remove that case is what is wanted.

1136. And you think that is called for in the interests of the patient himself?—Certainly.

1137. And of the public, because the public in a good many cases such as you figure may eventually have to support the family?—Yes. They have to support the family now while the man is lying in Barnhill.

1138. Does it interfere with the liberty of the subject?—Yes. It can stand a little further interference. The question of keeping him in the poorhouse until cured is another question which might be considered.

1139. Proceed now to the expediency of sending selected cases to seaside or other infirmaries or convalescent homes, and the cost of providing therefor. Have you anything to say to that subject?—We believe these would be a great benefit in the restoration of health of the sick poor, and in so doing would relieve the rates. All large parishes might provide such convalescent homes for themselves, and the smaller parishes might combine as they at present do in the matter of poorhouses.

1140. Your view is that Parish Councils should have power to provide these seaside or other infirmaries or convalescent homes, and to charge rates therefor?—I should say so.

1141. As part of the ordinary Poor Law expenditure?—I think it would prove economical in the long run. I may say that a circular came to all the outdoor medical officers from our Parish Council, calling our attention to the fact that we had the liberty to recommend suitable cases for these convalescent homes. How they were to be paid for we, of course, know nothing about.

1142. *By the Chairman.*—Going to the tenure of

office of medical officers as affecting the efficiency of the poor law medical relief system, I am not going to detain you long about it, because the whole matter is now before Parliament, and I don't think we can add to what we already know on that subject. You say, 'At present a medical officer, being wholly dependent 'on his Parish Council for continuance in office, has, in 'very many cases, to subordinate his opinion as to the 'treatment of the sick poor in the matter of medical 'comforts, and sometimes even of medicines and surgical 'appliances, to that of the Parish Council. He is 'hampered in his work by the necessity of determining, 'not what is best for the sick under his charge, but 'what will cause least friction with his Parish Council. 'The association has received numerous compliants of 'injustice on the part of Parish Councils towards their 'medical officers; how some have been dismissed from 'office for causes other than those of failure or neglect 'to perform their duties or for unfitness or incompetence 'to discharge them. Cases of dismissal have also 'occurred in which medical officers have done their 'duty five, ten, fifteen, and even twenty years, and on 'the election of a new Parish Council have been dis-'missed without reason assigned. Unjust dismissal in 'the case of the Council of a city or large town does 'not cause so much hardship as in a country place, as 'in the former case the medical officer has his private 'practice to depend upon, whereas in some parishes 'there is very little private practice, and he is sent 'adrift to begin the world again. This is a difficult 'matter enough for a young man, and to one of middle 'age and married it is almost impossible,'——

1143. Do you wish that to go in as it stands?—Yes.

1144. In cases of tramps, not paupers, found lying ill at the roadside, what would you say as to that?—In the city we don't know very much about that, but I would answer it in this way, these appear to be wholly a matter for the inspector. So soon as he takes up the case the person becomes a pauper, and if sick he notifies the medical officer, who attends in the usual way. That is really all we can say about it. There is no person, even a tramp, sick at a roadside but the moment the inspector takes charge of him he becomes a pauper.

1145. The question has frequently come before this Board in this way; a dispute between the police and the inspector as to whose duty it is to interfere in a case of that kind; no case of that sort has come under your notice?—We are free from that sort of thing in Glasgow.

1146. *By Dr Mackenzie.*—Supposing you have a case of a person whose history you know nothing about, and he is lying unconscious at the roadside in a serious epileptic fit, would you say that because you have no proof that the person is a pauper you would not allow the inspector to take anything to do with him, or would the fact of the inspector attending upon such a case convert the person into a pauper?—If the inspector granted him relief, I think it would make him a pauper.

1147. Would not granting relief mean simply attending to the immediate wants of the case?—No. I think there is a proviso that medical relief does not create a person a pauper. But in such a case as you mention no medical man could do otherwise than attend without waiting on an inspector's order,—it would be wrong to do otherwise.

1148. *By Mr Barclay.*—Do you think the inspector would be bound to give you an order in a case of that kind to attend without making investigation as to whether the person was a pauper or not?—I am afraid as an outdoor medical officer I would hardly go to the inspector to ask for orders.

1149. Supposing you knew nothing of the case that came from the inspector?—I would have to attend it temporarily irrespective of what he did.

1150. *By the Chairman.*—As to the grant in aid of medical relief, you have given us one suggestion, that you think the medical relief grant ought to be extended to the outdoor sick nursing?—Yes; if they are going to take and establish Parish Council sick nursing, I think they are entitled to get the medical relief grant.

1151. I suppose probably your Association would be in favour of a distribution of the medical relief grant, and that the salaries of medical officers should be re-adjusted?—The complaint is that the salaries were settled by the old Parochial Boards forty or fifty years ago, and although the cost of medical education and living has greatly increased, and the general prosperity of the country has improved, the salaries remain as they were.

1152. I suppose they are very unequal in different parishes?—Yes. Medical officers say that the fixing of the salaries ought to be in your hands, not in the hands of the Parish Council at all. I had a letter to that effect this morning from a highland medical officer.

1153. We have the approval of salaries in so far as they rank against the grant, but the Parish Council may give what salary it pleases. If we say you are not to give more than £40, there is nothing to prevent the Parish Council giving the medical officer twice that amount out of the rates?—I don't know about that.

1154. As to the remuneration of medical officers in cases where a surgical operation is necessary, or in cases where it is necessary to give an anæsthetic, what have you to say?—It has always been felt as a hardship in Scotland that medical officers have had to perform operations, attend midwifery, etc., without extra fee, and where an anæsthetic had to be given, the medical man assisting had either to be paid by the medical officer or the medical officer had to rely upon the generosity of the anæsthetist not to exact a fee. I can understand sometimes in the country practitioners don't draw very well together. There is a difficulty sometimes in getting assistance, even when it is required. A neighbouring practitioner will say, 'I will not give you assistance unless you pay me.' The Parochial Board won't pay in these circumstances, and it has to come out of the medical officer's pocket. In Glasgow we never experience that. We all live in such harmony, that whenever a friend is required to assist, he is always happy to do it. At the same time, I think we ought to be put in the same position as the medical officers in England. We ought to be paid a stated fee for all these extra things. In England there is so much for reducing a fracture, and so much for amputating a limb, etc.

1155. You think a scale of fees should be established in Scotland on the same lines?—Yes. I don't see why it should not be.

1156. *By Dr Mackenzie.*—Are you aware that the Parish Council may pay an extra fee for those things that you mention, and may claim it against the grant?—I am not aware. I never knew they had the power.

1157. In some cases, I presume, you are aware that the terms of the medical officers' agreement would preclude any such thing, that he is bound by agreement to take the fee out of his own salary?—I am afraid the whole of the medical officers in Scotland are under such an agreement as you mention. Had you ever a case where a medical officer was paid by a Parish Council for these extra things?

1158. *Mr Barclay.*—Yes, numbers of these?—I never knew of it.

1159. *By Dr Mackenzie.*—The Parish Council may pay an extra fee and claim it against the grant; on the other hand, it may be the case that the medical officer's agreement with the Parish Council may be such that he must provide the extra fee out of his own salary?—The Parish Council 'may,' it is not 'must,' pay; therefore it is worthless.

1160. The last point is whether it should not be obligatory for the Parish Council to give the medical officers a salary, exclusive of medicines, which should be paid for as obtained without any sum being fixed therefor?—Salaries ought to be given exclusive of medicines. These should be supplied from Parochial dispensaries or from a druggist, if there is one con-

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venient, or by the medical officer, and that at a rate that would be exacted by a druggist.

1161. Would that involve the medical officers making out a detailed account of the medicines supplied, the same as the druggist would do in rendering his account?—Where there was a druggist within a convenient distance of two or three miles, the medical officer ought to get his drugs made up at the druggist's and let him send his account to the parochial authorities. Where there is no druggist, it falls upon the medical officer to supply them.

1162. Would you not allow him to charge the same as the druggist?—Yes.

1163. Do you think it possible to arrange a system whereby the medical officer supplying drugs could render a proper account that would be capable of being checked in sufficient detail?—I would have a difficulty in doing that.

1164. The medical officer should be paid at the same rate as the druggist; do you adhere to that?—Yes, that would be quite right if you could do it. It would be better for the medical officer than what I suggested. I suggested a scheme whereby the medical officer would be practically making no profit out of his drugs.

1165. And you think it is sufficiently covered if the medical officer be allowed to supply them at the rate exacted by the druggist?—Yes, that would do very well.

1166. As to the last point, the necessity of advertising vacancies in the office of medical officer in every case, your answer to that is what?—Yes.

1167. Do you contemplate a case where, in a particular locality, the number of medical men is limited, and the Parish Council decide to let the office go round in rotation?—I think that is a very wrong principle. There is only one parish that I know of where that is done.

1168. You think that should be departed from entirely?—Yes. I don't think your Board ought to allow it at all.

1169. On what grounds?—On the ground that a medical officer is placed in a very invidious position. He has no security of anything in that sort of way.

1170. We are contemplating a case where a particular locality has five doctors, and the Parish Council arranges that they shall each become outdoor medical officer for a year or two years, as the case may be, and that it will go round according to some principle in order of seniority?—I think the Parish Council should be bound to appoint the medical officer to attend to the duties, and that the medical man should be given a free hand to attend to his sick poor under your supervision. A long time back there used to be cases in which the medical officer was appointed annually, and a competition got up, but your Board objected to that.

1171. *By Mr Barclay.*—In this case there is no competition, there is an agreement amongst the medical men?—Personally I don't think it is a good plan.

1172. Do you not think it is to the advantage of the poor of the parish?—No.

1173. Nor to the medical men in the parish?—No. I must confess that I would prefer to see one man appointed to do the work, and so long as he did the work in a professional manner, and capable to do it, he should have the feeling that he was a public official doing his official work in the public interest.

1174. *By Dr Mackenzie.*—I should like to go back to the case of the broken leg again. In a case like that, you say if the man refuses to go to the poorhouse there is no more claim on the outdoor treatment; is that what we are to understand?—Under the application form, yes.

1175. And what you said then was that his refusal to go to the poorhouse would be a sufficient reason for the inspector or the Parish Council absolutely refusing any further treatment or medical relief?—Had I been a member of the Parish Council and that case came before me on an application form for decision, I would say that he absolved us from all liability.

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1176. Would you go the length of saying that refusal to go to the poorhouse for treatment is a reason for not giving outdoor medical relief if the house is unsuitable for the treatment. By hypothesis the man's home is, in your opinion, unsuitable for treating such a case, let that be agreed. The man refuses to go to the poorhouse, where you consider he could be treated properly; is his refusal to be taken as a reason for withdrawing from him further outdoor relief?—If he never had outdoor relief, then it would be a new application.

1177. What I want to get at is, is the refusal to go to the poorhouse for treatment to be taken as a reason for not granting outdoor relief?—That is a matter for the Parish Council, not for the medical officer. Had I got the medical relief order, I would have been compelled to have gone and visited the man and done what I could, which would have been a farce.

1178. Would it not have been open to you, instead of putting on your certificate that this case could have been treated only in the poorhouse, to say that if he is not removed to the poorhouse it will be necessary to have a medical relief order? No. I don't see there is any necessity for the medical officer asking for more work than he can get along with.

1179. You put it on the ground simply of the additional work?—No. I put it on the ground that you as a Board issue a certain form of questions which I am bound to answer. I answer them to the best of my ability, but in order to emphasise my point, I depart from the ordinary stereotyped 'yes' or 'no,' and I say that in this case he would be better in the poorhouse. In cases where I consider that this is a matter of not very much moment whether they go or not to the poorhouse, I simply answer 'yes' or 'no,' but in a case of this kind, I say it is absolutely necessary; it is the only place for him.

1180. It is open to you, as well as saying that the poorhouse is the only place, to say that if he is not removed you will require a medical relief order?—I suppose it is. I don't say that it would be necessary for me to do that, but a medical relief order being granted, my duty would be to have gone to see the case, and to do the best I could, which, under the circumstances, would have been an absolute farce.

1181. Let that be agreed; but assume that you are dealing with this case; you have one way of saying the poorhouse is the only place, but the man is not to be removed, then I require a medical relief order if I am going to attend him?—Yes.

1182. If you say you will attend him if you get a medical relief order, doesn't that imply that you should suggest you should have a medical relief order?—No. I don't think it is the medical officer's duty to have anything to do with that, as far as regards asking for work.

1183. *By the Chairman.*—You say that the poorhouse is the only treatment, and that you can do absolutely nothing, even if you were to get a medical relief order?—Yes. I wash my hands of all responsibility in that case, because the surroundings are such that I cannot do anything for him.

1184 *By Dr Mackenzie.*—Supposing the man dies before his removal, supposing he was neglected for a week, do you think that is a satisfactory way of dealing with a case, looking at it from a purely medical point of view?—It is difficult to put that into words. In the city of Glasgow there are so many of these charitable medical relief organisations, that even were the Parochial Authorities to say that the medical officer has ordered this person to the poorhouse, and he won't go, and no medical relief line is granted, that individual would be attended by some of these medical charities.

1185. There is no obligation on anybody to do that?—No.

1186. Supposing you have a case in a small parish where the conditions of the house are the same as in your case, do you think the obligation is finally discharged to the patient merely by the medical officer saying that the poorhouse is the only place for treatment, and, receiving no medical relief order, he has

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nothing more to do with the case?—In the hypothetical case you put, the duty of a Parish Council and the doctor as Parish Council officer would be ended, but as there probably was no other medical officer in the locality, the medical officer would have to attend to the case all the same.

1187. That is what it comes to?—I think that is what you want to be at.

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The Committee adjourned.

THIRD DAY.

MONDAY, 27TH OCTOBER 1902.

At the Poorhouse, Perth.

Present:

MR J. PATTEN MACDOUGALL, *Chairman.* | DR W. LESLIE MACKENZIE.

MR J. JEFFREY, *Secretary.*

DR LEIGH HUNT, called and examined.

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1188. *By the Chairman.*—You are medical officer of Perth Poorhouse?—Yes.

1189. How long have you been medical officer to the Perth Parish Council?—For eleven years.

1190. Will you tell us shortly what your duties are as medical officer? You are not an outdoor medical officer?—No.

1191. How often do you come to the poorhouse?—I come daily, and oftener if required.

1192. Will you tell us what your duties are as regards the inmates?—In the first place, when I come in at the gate I examine the admissions, if there are any. If any persons come in at night with a medical certificate, they are put into the observation ward, and the certificates are brought up to the Governor. He examines them, and if they do not require immediate attention or medical advice, they are kept in the observation ward till I make my visit in the morning.

1193. You see everyone who comes in?—Yes; no one is admitted to the house until he or she passes me at the gate. I examine them in the morning to see if there is any infectious disease, and also to see whether they are to go to the sick ward or the ordinary ward. If they are ill, I say 'Sick ward,' and they go to the sick ward. I have often heard them say that they don't want to go there, that they would rather go to the ordinary ward.

1194. It all depends on your judgment?—Yes. I say, 'You go to the sick ward.'

1195. Do you recognise the class of infirm between the sick and the ordinary?—Yes.

1196. Are they put into a separate ward by themselves?—They are in the ordinary ward, but they are not put to do any work.

1197. I understand that when the alterations which are now going on are completed, it is proposed to place the infirm in separate wards by themselves?—Yes, that is so.

1198. What is your daily average of sick in the Perth Poorhouse?—Fifteen or sixteen, that is in the sick wards. There are some inmates who come up and get some medicine, but they are not actually sick.

1199. The average sickness rate in the poorhouses in Scotland is about 30 per cent. of all the inmates, and in the large cities it ranges from 27 to 36 per cent. In Perth Poorhouse it is only 9·64 per cent., or if the children be excluded, it is 11 per cent. Can you account for the smallness of the average of sick poor in Perth?—In other poorhouses they may have their sick ward filled with old people, what we class infirm here. These would fill up the sick wards.

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1200. But with you the infirm are in the ordinary wards?—They are in what we call the old men's and old women's wards.

1201. Here we are dealing only with the sick. I don't think that that assumption is quite correct, because our statistics are based on this, that in these other poorhouses all over Scotland the three classes of sick, infirm, and ordinary are recognised. Perhaps you would tell us how you would define a sick inmate?—I would consider a sick inmate to be one who required attention and medical advice.

1202. From day to day?—Yes, and also the service of a trained nurse.

1203. Let me also put this to you. Certain figures which I have before me show that from 1872 to 1881 there were in Perth Poorhouse an average of 22·9 per cent. of sick, from 1882 to 1891 an average of 23·7, from 1891 to 1901 an average of 14·3; from 1897 to 1901 the average has fallen to 9·4 per cent., showing that the inmates are now in very much better health than they were in these earlier years. How do you account for that?—I really cannot say.

1204. There has been a sudden drop in the numbers of sick during the more recent years. Can you account for it?—Perhaps we may not have had so many bad cases as they had previously. For instance, during the influenza epidemic we had most of the wards quite full. All the old people took it.

1205. When was that?—I think it was five or six years ago, but I could not say definitely. It was in the February of one year.

1206. Before 1897?—No, I think it was in 1897 or 1898. The Governor will be able to tell definitely.

1207. Were these influenza patients all classed as sick?—Yes, certainly.

1208. The average for these five years after 1897 has been 9·4 per cent.?—This epidemic, of course, only lasted for a month or six weeks. I think, as regards the returns of the sick, they always run about fifteen or sixteen, so far as I remember.

1209. You cannot account for the drop that has

occurred otherwise than by saying this, that the state of health of the inmates has improved?—I think that must be it. I cannot account for it otherwise.

1210. There is an infirmary at Perth?—Yes.

1211. May it be that some of those who would otherwise come here have gone to the infirmary to be treated?—Yes.

1212. Do you know that that is so?—Yes, I know it to be a fact. For a number of years I was the visiting officer for the infirmary, and during the latter part of that time I was also medical officer here. It was quite a common thing to see in the infirmary people who were more fit subjects for the sick wards of the poorhouse. Then again, there were cases who applied to be admitted to the infirmary, and the infirmary people would say, 'We cannot take you in; 'go down to the inspector of poor,' and they came here. Many a time I would notice cases that went to and fro between the infirmary and the poorhouse—at one time they would be in the infirmary, and the next time I would find them here.

1213. Does a different practice or custom obtain in Perth from what prevails in other cities in regard to that?—I don't think so.

1214. Do you think that the practice is different here from what it is in other cities?—No.

1215. Is there anything to account for the lower average that is found in Perth?—Not that I know of.

1216. Assuming it to be the fact that there is a very much lower average in Perth, you cannot assign for it any other reason than what you have told us?—No.

1217. *By Dr Mackenzie.*—Have you had any cases coming to you in the Perth Infirmary that were rejected in the Perth Poorhouse?—Not that I know of.

1218. Would the actual number of cases you speak of as coming to the infirmary that should have been here, or that were ultimately found here instead of the infirmary, amount to much?—Yes.

1219. How many would it amount to in the year?—I could not say definitely, but I know it was a common thing when I was visiting at the infirmary to go to a patient and say, 'Oh, you are here; the last time you ' were in the poorhouse.'

1220. You never took a note of it as a matter of importance?—No.

1221. *By the Chairman.*—What is your practice as regards the reporting and intimating of deaths in the poorhouse?—We just do it in the usual form.

1222. What about sudden deaths?—They are reported to the Fiscal.

1223. Do you know that all the deaths reported have occurred upon the sick list of recent years?—Yes.

1224. Have there been no deaths except those upon the sick list?—Not for some years. I don't think that during my time there have been more than three or four cases of deaths which I have not seen while in life, and which have been reported to the Fiscal.

1225. You mean among the ordinary inmates?—Taking the house altogether—I mean a sudden death—a case which I had not previously seen.

1226. It is only cases that you have not seen in life that you report?—If I am able to certify the cause of death, then they are certified in the usual manner.

1227. However sudden the death may have been, you don't consider it to be a sudden death?—That is so.

1228. I don't quite follow you. What deaths do you report as sudden?—We report principally those cases which I have not seen in life.

1229. That is, cases among the ordinary inmates?—Yes.

1230. They are people whom you will have seen when they were admitted to the poorhouse, but it may be that you have not seen them again until they died through some sudden seizure?—That is so.

1231. It is these cases alone which you report as sudden deaths?—Yes.

1232. How do you account for this, that all the deaths which you have reported have been deaths occurring upon the sick list. Is there not an inconsistency there? You say that the only cases you report as sudden deaths are those which you have not seen except on the first day that they have come here, and yet the only cases which are reported are cases on the sick list?—If they are on the sick list, I don't consider them to be cases of sudden death, as I am visiting them daily.

1233. *By Dr Mackenzie.*—Where do your sick come from mainly? Are they admitted as sick, or are they transferred from the ordinary wards to the sick wards?—Some are transferred from the ordinary wards to the sick wards.

1234. Will that be a large proportion of the sick?—No. They mostly come from the outside.

1235. Your principal supply is from the outside?—Yes.

1236. Are the cases that we have seen to-day from the outside?—Yes, except one man who was brought from the ordinary ward to the sick ward this morning.

1237. Have you seen him in the sick ward?—Yes.

1238. Did you see him before he was removed?—No, not since he came in.

1239. When was that?—It must have been some months ago.

1240. *By the Chairman.*—Did you see him this morning before he was removed upstairs?—No, he was removed before my visit.

1241. *By Dr Mackenzie.*—Your first intimation of his sickness was when you came this morning and were informed that he had been transferred to the sick ward?—Yes.

1242. You did not see him in the ordinary ward at all?—No.

1243. You did not have any intimation that he was complaining?—No. The rule is, that anyone complaining in the morning reports himself to the Governor, or the nurse who goes round every morning.

1244. Does the nurse go round the ordinary wards?—Yes; and they are brought before me at my visit in the morning if they complain.

1245. What kind of case is this?—Bronchitis.

1246. How long has the man been ill?—He has been coming up and getting cough mixtures.

1247. From you?—Yes.

1248. Was he, as a matter of fact, a patient before?—Yes, he was a patient, but there are a lot of them who get this cough mixture regularly.

1249. But keep to this one man?—He had had a cough.

1250. When did he begin to complain of it?—About a week ago.

1251. Apart from your visit to-day, when did you see him last?—Two days ago.

1252. A special complaint had been made to you?—Yes.

1253. So you were really treating him in the ordinary wards in the first instance?—Yes, but, of course, he was going about.

1254. I understood you to say that you had seen him only this morning?—Yes, in the sick ward, but I knew that he was getting this cough mixture.

1255. Is that the cough mixture that the nurse prescribes?—Yes; I make it up.

1256. Have you a sick register?—Yes.

1257. Had you this man in your book?—No, his name was not in the book. I have only in the book the names of those who are in the sick wards.

1258. What I want to get at exactly is when you first came to know of that man being sick. Of course, I am taking him as a type. When did you first have to deal with him officially as being ill?—About a week ago.

1259. You saw him then?—Yes.

1260. And you have been prescribing for him since then?—Yes.

1261. Is that an ordinary typical case?—Yes. It is one of the usual cases that happen here. They have a cough, and when they come up and are examined by me, I say, 'You better go to the sick ward,' and they go there.

1262. Do you ever go to the ordinary wards at all

to weed out such cases?—Very seldom. I have nothing to do with the ordinary inmates.

1263. Do you, as a matter of fact, go round the ordinary wards at any time for the purpose of seeing whether any one is able-bodied and fit to be turned out of the house, or to see if there are any sick?—No.

1264. That weeding out is done by the Governor?—Yes, he does it, and he reports to me.

1265. You simply take what he reports to you?—Yes.

1266. There is no parade or inspection of the ordinary or infirm patients by you?—No.

1267. Are the patients brought direct to you, or have they the means of complaining direct to you, or does every complaint come through the Governor?—Usually through the Governor or the nurse.

1268. You never get into direct touch with the ordinary inmates?—No.

1269. Have you many cases like chronic bronchitis?—There are lots of old people in the house who have had that for years. They are not in the sick ward; they are going about, and some of them are working.

1270. You have no medical supervision over them?—No.

1271. Your action depends on whether they are brought to you by the Governor or the nurse?—Yes, or what is reported to me.

1272. *By the Chairman.*—Do you take anything to do with the diet of the inmates of the poorhouse?—Not the ordinary inmates.

1273. Or the children?—No. The Governor has entire charge of that.

1274. It is part of the duty of the medical officer, according to Rule 48 (7),[1] 'to give all necessary directions 'as to the diet of the children in the poorhouse, and to 'vaccinate such as may require vaccination.' As a matter of fact, you don't in any way regulate the diet of the children?—No, the Governor does that. If, however, a child cannot take the ordinary diet, that child is reported to me, and I examine it and put it in the sick ward if I like, and if I consider it to be a suitable case.

1275. What interpretation do you put on the rule that it is the duty of the medical officer 'to give all 'necessary directions as to the diet of the children in 'the poorhouse, and to vaccinate such as may require 'vaccination'? Is that children under a certain age?—I should say under fourteen.

1276. Does it mean all children under fourteen?—Yes.

1277. Under the age of puberty?—Yes; boys and girls at school and those who are too young for school.

1278. It is only when asked by the Governor that you make any suggestion or do any duty under that rule?—Yes.

1279. I suppose that what you have said just now covers infants?—Yes, if there is anything wrong with them they are reported to me.

1280. You don't make any suggestion or direction as regards the diet of any individual infant?—Not when they are in the ordinary wards.

1281. Have you ever been consulted before punishment is inflicted?—Yes.

1282. Are you always consulted?—Not always.

1283. Will you tell us what the practice is as regards that?—If the Governor has any doubt that a man is not very well or strong, then he asks me to examine him and to report, and to give an opinion as to whether he is capable of undergoing this punishment or not. In the case of a young woman who is perhaps pregnant, he would also ask me to examine her and to say whether it would be right to inflict this punishment on her. He would also do the same with a woman who was nursing a child. In these cases he would consult me before punishment is inflicted.

1284. That is in accordance with Rule 59[1] of the regulations of the Local Government Board?—Yes.

1285. Are you consulted when 'disorderlies' are deprived of food?—I have never had a case of that sort.

1286. Have you ever known of cases of corporal punishment of children?—No.

1287. There are a good many cases here of punishment of adults. Is that your experience?—I could not speak exactly about that; the Governor will be able to tell you better. I am not consulted in the case of ordinary ward adults.

1288. Not at all?—No.

1289. *By Dr Mackenzie.*—What is your relation to the nurse; have you any control over her?—Yes, she is supposed to be under my control.

1290. That is, as regards the treatment of the patients?—Yes, she takes her instructions from me.

1291. In all matters of treatment?—Yes.

1292. What is her relation to the Governor?—I cannot exactly tell you.

1293. Does she take his instructions?—I should say so.

1294. In matters of treatment?—No, she does not do that.

1295. Suppose you order anything for a patient, is the nurse not bound to see that that patient gets it, irrespective of the Governor?—Yes.

1296. You have no direct control over dismissal, and you have no voice in the choice of a nurse?—No, but the Governor usually consults me in the selection of a nurse.

1297. You have no infirm wards?—We have what we call the old men's and the old women's ward. These are not in the sick ward.

1298. Have you any jurisdiction over them?—Not unless they complain.

1299. Do you supervise or inspect them periodically?—No.

1300. You take nothing to do with them any more than the ordinary inmates, except through the Governor?—No. I understand there is a new rule by which a report is to be given in quarterly.

1301. Who regulates the diet of these old men that you speak of? Have you anything to do with it?—No.

1302. It is the Governor who has to do with it?—Yes.

1303. Do you apply any tests as to the sufficiency of the diet in any part of the poorhouse?—No. I take nothing to do with it except the diet of those who may be in the sick wards.

1304. Do you weigh your patients at all?—No.

1305. Do you do anything for tubercular cases or phthisis?—We try to keep them separate as much as possible, but we have not much accommodation for that. There is a small room which we intend to keep these cases in.

1306. Do you make any effort to apply the sanatorium treatment?—We have no means of doing that.

1307. You have no special diet for cases of phthisis?—No. They get as much milk as they can take.

1308. How many cases of phthisis do you have?—We have only one in the house just now.

1309. Have you any chronic phthisis among the ordinary or infirm inmates?—No.

1310. You count all phthisis cases as sick cases?—Yes.

1311. With regard to sudden deaths—if you had moribund cases brought directly into the hospital from outside, would they be counted as sudden deaths?—If there is a case brought in at any hour of the day or night, the Governor telephones for me, and I come up. If I see the patient before death, and am able to give a diagnosis, the ordinary way of reporting the case through the registrar is adopted.

1312. You don't report it as a sudden death?—No.

1313. Suppose a man came in in a state of unconsciousness without your having ascertained the cause of death, and that case died in a couple of hours in the sick ward, would you report that as a sudden death?—No, not if I was able to give a diagnosis.

1314. Even if the diagnosis turned out to be fracture of the base of the skull?—I would report any doubtful case to the Fiscal.

1315. What would you count a doubtful case? The Board lay down a rule that all sudden or unexpected

[1] Poorhouse Rules and Regulations.

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deaths are to be reported to the Fiscal or the Board. What interpretation do you put on that rule? I put a case to you, and you say that on its being taken to the sick ward you would not report it as a sudden death if you knew the cause of death. Is your position this, that knowing the cause of death, you do not report it as a sudden death?—Yes. I would say that if I make the diagnosis, I would report it in the usual way, but if there are any suspicious symptoms connected with it, I would report it to the Fiscal.

1316. You interpret the rule as 'Undiagnosed 'sudden deaths?'—Yes.

1317. It is a matter of some importance, and may involve an alteration of the rule if it is not working as the Board think it should work. Your position is that, no matter in what condition a man enters a poorhouse, if he dies within an hour or half an hour, if he is admitted to the sick ward, and you have seen him and know what he has died of, you would not count it as a sudden death?—I would not report it to the Fiscal.

1318. Nor to the Board. Is your position this, that you simply report suspected criminal cases to the Fiscal? Is that your interpretation of the rule?—Yes.

1319. Of course it is the Governor who is responsible for the reporting of the cases. You think that no case need be reported to the Board and Fiscal under this rule except criminal cases, or possible criminal cases?—I don't think so.

1320. You mean that only criminal cases should be reported?—Yes

1321. *By the Chairman.*—Suppose that one of these cases was a sudden seizure of the heart, and it was not immediately fatal in the sense that the man was in half an hour before he died, is that not the kind of case you would report? You don't know what the cause might be; it might be something suspicious or due to reasons which might require investigation. Would you not report a case of that sort?—You mean if I found that the man had heart disease?

1322. Suppose he was seized immediately before he came in here, and when he did come in you saw him, and you saw that he could not live half an hour, and as a matter of fact he did not live half an hour, would that be a case that you would not report?—I should be inclined to report that case.

1323. You cannot draw any hard and fast rule as to cases you would report and cases you would not report?—No.

1324. It depends on the individual circumstances of the cases as they present themselves to your mind?—That is so.

1325. *By Dr Mackenzie.*—Are you aware of this note in the poorhouse rules: 'Sudden or unexpected 'deaths in Poorhouses.—In every case of death by 'accident, sudden or unexpected death, or death under 'circumstances of apparent or alleged suspicion, occur-'ring in a Poorhouse, the Governor shall with all dis-'patch report the same to the Procurator-Fiscal of the 'county within which the Poorhouse is situated,' and the report follows a certain form? That report requires it to be stated, among other things, whether the case is in the ordinary, sick, or probationary ward at time of death, the names of persons present at time of death, when last seen by medical officer previous to death, the supposed cause of death, and the circumstances attending death. Are you familiar with that form?—Yes.

1326. Are we to understand that your view is, that the column 'Whether in ordinary, sick, or probationary 'ward at time of death' might as well be struck out? You don't report any cases from the sick wards?—Not if they are in the sick wards.

1327. You would only deal under this with deaths occurring in the ordinary or probationary wards?—Yes.

1328. Do you ever have any post-mortem examinations here?—Always in the case of pauper lunatics. The Board of Lunacy require that.

1329. But not in other cases unless specially ordered by the Fiscal?—No. Sometimes I make a post-mortem examination myself if I am not satisfied as to the cause of death.

1330. What arrangements do you make when you are away off duty or on holiday?—I simply ask another medical man to do duty for me, and I name him to the Governor. If I am not at hand, the Governor has power to ask him to visit for me.

1331. Do you make any regular inspection of the poorhouse as regards ventilation and general sanitary condition?—No.

1332. Have you ever made any inspection of the sanitary arrangements?—No exhaustive inspection.

1333. How long have you been medical officer here?—Eleven years.

1334. To go back to the point of this sudden drop in the percentage of sick—you suggest that the number of sick has really grown less because the inmates are on the whole more healthy. Has there been any real alteration in the health of the inmates admitted here? Has there been any change in the industries of Perth, or anything like bad strikes or railway workings, that would draw a lot of people away from the city, or anything in the sanitary conditions of the city to account for it?—No.

1335. There has been nothing that you are aware of that would account for any sudden decrease in the sick in the poorhouse proper?—No.

1336. There is nothing which you think can account for this sudden drop within the last five years?—No.

1337. Did you find many sick in the place when you came first on duty?—No, just about the same as there are now.

1338. I have the figures since 1891, when you came on duty, which show that during the year

1891	the average daily number of sick was			33
in 1892	"	"	"	28
" 1893	"	"	"	32
" 1894	"	"	"	34
" 1895	"	"	"	34
" 1896	"	"	"	29
" 1897	"	"	"	28
" 1898	"	"	"	17
" 1899	"	"	"	13
" 1900	"	"	"	15
" 1901	"	"	"	15
" 1902	"	"	"	15

You see, therefore, that it is about one-half of what it was in 1891. What I want to get at is this—can you give any general reason for that drop?—I really cannot assign any reason.

1339. How many nurses have you?—One.

1340. Do you think that the standard of one nurse to twenty patients has any effect in limiting the number of sick?—I don't think so.

1341. So far as you know, all the sick in the house are under your charge in the sick wards?—Yes.

1342. What means do you take to find them, except through the Governor and the nurse?—I have no other means.

1343. Do you know anything about the outdoor paupers at all?—No, I have nothing to do with them.

1344. Have you had any experience of them?—I have experience thus far, that before I was appointed medical officer for the poorhouse I did duty for the outdoor medical officer at that time, and visited some of his cases.

1345. Have you any information as to whether the percentage of sick is greater or less among your outdoor poor?—I could not tell.

1346. How are the sick paupers removed to the sick wards here? Have you an ambulance for the poorhouse?—They have a chair in which they are carried by the men.

1347. From their homes?—No, from the observation ward to the sick ward. We have sometimes a cab for those who are not able to walk.

1348. Do you send an attendant or a nurse for such cases?—There is usually an attendant who comes with them.

1349. That is an attendant of their own?—Yes, or one of the Parish Council clerks.

1350. Who is responsible for bringing in the patients from the outside?—The inspector of poor.

1351. The poorhouse has nothing to do with that?—No.

1352. He is bound to bring them to you at the poor house?—Yes.

1353. You have no responsibility beyond the door of the poorhouse?—No.

1354. I suppose you know the form of certificate for removal which is furnished on page 29 of the rules and regulations[1]?—Yes.

1355. Have you found any difficulties with regard to that certificate?—No. I think, however, that there might be put in a clause as to whether the pauper is suffering from any infectious disease.

1356. Suppose a person was suffering from infectious disease, could he be admitted here?—No, but he might be sent here and not diagnosed as infectious. What I mean to say is, that sometimes cases come here which are altogether wrongly diagnosed, and I have often thought that if that were put as a question, it would, at any rate, relieve the medical officer.

1357. Of course it is the case that every medical practitioner in Perth knows that every case of notifiable infectious disease goes to the medical officer of health?—Yes.

1358. You think, however, that it would be useful, as calling attention to the condition of the person?—Yes; I think it would make the outdoor medical officer examine the patient more particularly. Cases are sometimes sent here as suffering from bronchitis, and when we examine them, we find that they have got itch, etc.

1359. Would you consider that not to be a case for admission?—It is a case for admission, but not for the ordinary wards.

1360. You have a check, of course, on that when they come in?—Yes.

1361. Have you wards for such things?—Yes, down at the lodge.

1362. Have you any room for isolating cases of infectious diseases that may occur?—No.

1363. What did you do in the recent outbreak of smallpox?—We notified them, and removed them to smallpox hospital.

1364. You don't isolate them in any premises here?—They are kept by themselves.

1365. Have you a special room for that purpose?—We keep them at the lodge.

1366. *By the Chairman.*—You have, in addition to that, a room for skin diseases?—Yes.

1367. In that ward or room you keep cases of a malignant or offensive type?—Yes, and we have another room down there that we can use.

1368. Are these classed as sick?—No, they are not in the sick list.

1369. Why not?—I don't know. We have not been in the habit of entering these cases in the sick list, but perhaps that ought to be done.

1370. *By Dr Mackenzie.*—Have they ever been entered on the sick list since you came?—No, and I don't think they were entered previously.

1371. Do you ever discover any able-bodied persons among the infirm or ordinary patients—that is to say, cases who could be discharged from the poorhouse?—Yes. At stated intervals the inspector of poor sends a list of names, and I have to examine these and find whether they are able-bodied or not.

1372. How does the inspector of poor get that list?—He must pass them; the names are in his books. They apply to the inspector of poor for relief, and a statement is taken by him or his clerk, and then they are examined by the outdoor medical officer, who fills up the medical certificate, and they are admitted here. After a while the inspector sends up a list of those who have been admitted, asking the medical officer to examine them and see what is wrong with them, and if there are any able-bodied, they are discharged.

1373. *By the Chairman.*—That might be done in another way, because the Governor might report some cases to you and say, 'Here is a person who seems to 'me quite able-bodied.' Do you, as doctor, certify as able-bodied those that may come to you either from the Governor using his own observations or from the inspector of the poor, who, without coming to the house himself, asks you to report to him whether certain paupers on his roll are still fit subjects for the poorhouse?—Yes.

1374. You might get not only the inspector of the Parish of Perth asking you to review his paupers here, but that might come from any of the parishes who board paupers here?—Yes.

1375. And they do so?—Yes.

1376. *By Dr Mackenzie.*—Have you anything to do with the bathing of the patients?—No.

1377. Have you given any instructions about them at all to your nurse?—Not unless those who come in very ill from outside. Such a case is not bathed until I see him, and then he will be sponged and not bathed, if he is not in a fit condition.

1378. Are you aware of the paragraph on page 34,[1] which states that 'the bathing of the inmates should 'be regulated by the written instructions of the 'medical officer as to the several classes of inmates, 'the temperature of baths, and the time of bathing?'—No, I was not aware of that.

1379. Of course that is quite a general instruction. You see there that the bathing is directed by the written instructions of the medical officer. You have given no instructions at all?—No, I was never asked.

1380. The only limitation you put is that a patient who is very ill is not bathed until you see him?—That is so.

1381. *By the Chairman.*—Do you think that that is a suggestion which should be imported into these rules?—I don't think there is any use in the medical officer giving any instructions about the bathing of inmates.

1382. *By Dr Mackenzie.*—Do you think there is no danger at all from any ordinary unskilled person bathing a poorhouse inmate?—I don't think there is. Sometimes cases are brought before me where it is asked whether a certain man or woman is fit for bathing, and if I think they are not fit, then I say so.

1383. What, exactly, is the bath for the ordinary inmates?—An ordinary hot water bath.

1384. Who is responsible for seeing that it is neither too hot nor too cold?—The attendant.

1385. Are the attendants trained attendants or paupers?—Trained attendants.

1386. Does the attendant take the temperature under your directions?—I don't see them being bathed.

1387. You don't need to see them being bathed if giving instructions?—I have never had anything to do with the bathing except in cases where I am asked if they are fit to be bathed or not.

1388. What is your opinion as to the sufficiency of sick accommodation in Perth Poorhouse?—I think that we have plenty of accommodation for the sick.

1389. Do you think that 616 cubic feet is sufficient for sick people?—I would like to have it a little more.

1390. You have plenty of space for reducing the number of beds, and still retaining sufficient accommodation for the sick?—Yes.

1391. Have you anything to do with the kind of work that inmates are put to?—No.

1392. You are not consulted as to whether they should be allowed to break stones or cut wood or anything of that sort, or work outside in the cold weather?—Not in the ordinary cases.

1393. For instance, in a case of bronchitis, you have no control over his work?—No.

1394. Supposing you have a cardiac case, you have no jurisdiction over his actions after he leaves the sick ward?—No, but when they leave the sick ward I ask them not to let them work for a little time.

1395. That, however, is purely a voluntary thing on your part?—Yes.

1396. *By the Chairman.*—There is no other suggestion you have to make as to the rules, so far as they have come under your notice?—No.

[1] Poorhouse Rules and Regulations.

Mr GEORGE BLAIR LAIRD, called and examined.

Mr G. B. Laird. 27 Oct. 1902.

1397. *By the Chairman.*—You are Governor of Perth Poorhouse?—Yes.

1398. How long have you been in that position —Since December 1887.

1399. Have you anything to say to us upon the general improvements to be effected in the hospitals and sick wards of poorhouses?—I don't see that we need anything here. I think that we can get anything we want.

1400. It appears that here the number of sick has been very much reduced in recent years?—Yes.

1401. Whereas between 1872 and 1881 the average of sick, as compared with the other inmates, was 22·9 per cent., and for the subsequent ten years 23·7 per cent., it has been for the last five years 9·4 per cent., or, taking the actual numbers, they are only really one-half of what they were seven years ago. How do you account for that?—I think the thing is easily enough accounted for. The doctor we had previous to the present doctor would not turn anyone out of the sick ward, and he used to put everyone into the sick ward if they complained of the least thing. He would not shift them out, and we were always full up there.

1402. But the present doctor has been with you for the last eleven years?—Yes.

1403. And the diminution has only occurred during the last five years?—He was feeling his way; he did not care about being too arbitrary at the beginning.

1404. Prior to the last six years, you required two nurses?—Yes, but they had nothing to do.

1405. But you had this larger number of sick in the wards?—Yes, but they were not all sick. We had a lot of people upstairs who had nothing wrong with them.

1406. Is it not a matter of cost?—No; that has nothing to do with it.

1407. The explanation is that in the earlier years there were people in the sick wards who ought not to have been there, and who are not there now?—They were infirm to a greater extent than those we at present keep downstairs.

1408. In those days the majority of the paupers in the sick list were really infirms?—Yes.

1409. The average number of sick in poorhouses in Scotland is about 30 per cent. Here in Perth you occupy the very happy position of having an average of only 9 per cent., and we want to ascertain what is the cause of it?—When I go into other poorhouses I see scores of people in the sick wards whom we would not dream of allowing to lie in bed. It is just a happy hunting-ground for laziness. There are a lot of lazy characters who would go up there and stay there if you would let them. It is quite a common thing that when a man is turned out of the sick ward by the doctor, he will rather go to the door than work.

1410. You have a number of cases in the sick wards who have been removed by the doctor as not being fit cases for the sick ward, as being infirm?—Yes, they are quite fit to work. That is a general thing.

1411. You have a ward here, or rather a room, in which you place cases which are, I suppose, sick, but sick of an offensive disease, such as gangrene and venereal and skin diseases?—Yes.

1412. These are not classified as sick?—They always appear in my returns.

1413. As sick?—Yes.

1414. Have you any of these now?—No. We have had very few cases of syphilis for years back. We used to have a lot of them.

1415. What about skin diseases?—Occasionally we have itch and things of that description. I return them all to Edinburgh as sick cases, as I consider them as much sick as a person upstairs.

1416. Have these the benefit of the doctor's daily advice and treatment, and of nursing?—The doctor goes there and gives his instructions to the nurse.

1417. They are included in the sick list?—Yes. I make up the list myself.

1418. And the doctor certifies it?—Yes. There are very few of these cases, however. I don't think we have had half a dozen cases of syphilis in the last two years.

1419. You say that the cause of this sudden drop during these past five years is that the doctor has exercised more careful supervision over those who come up and are put on the sick list and those who are removed?—Yes, and his attention is directed to them if we think that they are loafing.

1420. Does that not involve this, that the doctor's original examination of these people before they are put on the sick list has been rather cursory?—No. If a man is telling a story to the doctor, I think it is a safe thing for him to put him into the sick ward and test his story.

1421. You think that those whom you have been speaking of, who have been placed by the doctor on the sick list and then removed, are cases of imposition?—A great many of them. We had a man not very long ago from Blairgowrie who was supposed to be dying from dropsy and everything under the sun. He was sent to the sick ward, and he was taken out the next day, as it was a case of pure imposition.

1422. How many such cases do you have?—There is a lot of that goes on in poorhouses, both here and elsewhere.

1423. How many have you had here?—I could not say right off.

1424. There must be a good many in order to produce this drop which has been effected to a large extent by these?—It does not necessarily follow, but if we don't put them up, there is no necessity for the drop.

1425. You say it is a case of people having been put up and then removed?—Those are some of the cases.

1426. How many of these have there been?—I could not say right off.

1427. At any rate, there have been a considerable number?—Yes.

1428. Do you consider that the accommodation in the sick wards now is ample?—It is more than ample. As you saw this forenoon, the rooms are half empty.

1429. We understand that there is no periodical medical examination of the inmates, but it is now proposed by the Poorhouse Committee that there shall be such a quarterly inspection, as suggested by the Local Government Board?—Yes, that has been agreed to.

1430. Do you carry out the rules of the Local Government Board as regards the regulation of diet?—Yes.

1431. The medical officer has told us that he has nothing to do with the regulation of the diet of the children. How do you carry out Rule 48 (7),[1] which states that it is the duty of the medical officer 'To 'give all necessary directions as to the diet of the 'children in the Poorhouse, and to vaccinate such as 'may require vaccination?' Is that rule carried out?—The medical officer would only carry it out if the child was sick.

1432. And if he were asked by you or by the nurse to say how a certain individual child should be dieted, then he would do so?—Yes, he would give his instructions accordingly.

1433. But beyond that, that rule is not complied with?—No.

1434. And you don't think that it is required?—No. If a child is weakly or ill, we at once take it to the doctor.

1435. Is it your suggestion that the rule should be struck out?—I don't think there is much to be gained by striking it out. There is not much harm done by leaving it in.

1436. Do you include infants among children?—Yes.

1437. That means all children under the age of

[1] Poorhouse Rules and Regulations.

puberty?—Yes. In fact, the doctor has a free hand to order anything he likes for the children.

1438. Then there is also a rule about the separation of the children from the adults. Is that rule carried out?—As far as possible just now, but it will entirely be carried out when we get the new buildings up Of course in going to and from the dining hall they are bound to meet the adults.

1439. Then have you any suggestions to make with regard to Rule 67,[1] which relates to the diet of the inmates, and states that the dietary of the poorhouse is to be framed in accordance with certain rules, the second of which divides the inmates into seven classes. You have nothing to suggest as regards that?—I think that the 'B class' is not properly worded—'who are healthy but not working.'

1440. You think there is a contradiction between 'Who are healthy,' and 'but not working'?—Yes.

1441. Don't some of those whom you consider to be infirm do some work?—Yes, nearly every man in the house works with us.

1442. Except those in the sick wards?—Yes, and a man who may be paralysed.

1443. *By Dr Mackenzie.*—So practically everybody except the sick in your house would come under 'C'?—'Who are working' means who are working in such a way as to earn the 'C diet,' which carries with it 4 oz. of cooked meat every day.

1444. Your point is that there are plenty able to work under diet B?—Yes.

1445. In fact, you are dieting adult persons, who are working under diet B instead of diet C?—No. The bulk of the house is dieted under B.

1446. *By the Chairman.*—Do you diet any under C?—Yes, those under C are young women who are scrubbing all day, or men who are doing any hard task or working at any tradesmen's job, not necessarily a labourer's job.

1447. What sort of work have you under B?—Bundling sticks.

1448. The people under B only work from 2 till 5?—They all work from 9 till 12.30 as well.

1449. Do the infirms work all day?—Yes. The point is that under C you demand a task from them, whereas under B you demand no task, you only see that they do a certain amount of work in a certain time.

1450. You have a labour master?—Yes. We have no tests at all.

1451. *By Dr Mackenzie.*—All your work is being done six hours a day under diet B?—Yes.

1452. Do you apply any test, or does the doctor or anyone else apply any test as to the sufficiency of diet B for the amount of work you are doing?—It does not come within the doctor's province. The rule is laid down by the Local Government Board.

1453. But does no one apply any sufficiency test at all? Do you weigh your people?—We only weigh lunatics, and only when we are called upon to do so.

1454. How often would that be?—I have weighed them only once in ten years, and we were considerably over the standard.

1455. You don't weigh any of your ordinary working inmates?—No.

1456. Are the lunatics under the same diet?—No, they are better fed.

1457. What work do they do?—I have them working just now at the same benches with the ordinary inmates, bundling sticks.

1458. They are doing the same work as the others, but you are giving them a better diet?—Yes.

1459. How do you justify that?—The Lunacy Board insist upon it.

1460. And because it is not insisted upon you make your workers work under a diet that is prescribed for non-workers, and at the same time you are giving the lunatics a better diet?—No, we are compelled by the Lunacy Board to do it. They insist upon a variation of dietary for the lunatics, so much so that we have got an order to give them a luncheon in the forenoon. If a lot of them were willing to go out and work, they are quite able to do so, but they are not able-bodied, and we cannot discharge them.

1461. Have you anything to back your opinion upon with regard to that matter?—It is just my own observation.

1462. You have no medical evidence behind you?—We know well enough that we could not get an able-bodied certificate for a lot of them, and we cannot turn them out unless we get that.

1463. Would it not fortify your position if you had another opinion than your own, certifying that those people were able for work who are counted as infirm and unable for work?—I hold that the wording of this is wrong.

1464. In fact, under diet B you consider it quite proper that adults who are healthy, as you say, should be put to work for six hours a day?—Yes.

1465. But you are under the disadvantage of having them working alongside of, and doing the same work as, lunatics under a better diet?—Yes. That is under the instructions of the Lunacy Board.

1466. But that is what happens?—Yes. They give their directions, and we must carry them out.

1467. I am not finding fault with you in the least?—Every poorhouse Governor insists that these people under B are to work, but they are not to work in the same way as those under C.

1468. They are not to do hard work?—They are not to demand a task.

1469. *By the Chairman.*—But C gets a great deal more than B?—It is only 4 oz. of meat.

1470. *By Dr Mackenzie.*—Do you find many demands for your C diet?—We fix the thing ourselves.

1471. Do you often have punishment inflicted upon your workers?—Very rarely. The first three or four years I was here I had a number of punishments, but I have none now. The only kind of punishments are in the case of people allowed to go out, and coming back the worse of drink. They don't get out again.

1472. *By the Chairman.*—You have a great deal of punishment of adults here?—No.

1473. I have got the figures for six years ending June 1902, and I find that particularly among the women there is a great deal of confinement. I find that there are 59 adults who were punished for the six years ending 30th June 1902, and the largeness of that number is very striking as compared with the figures which we have for some other poorhouses. Do you know that yourself?—No, I don't know that. Of course we don't put up with any nonsense. I can give a typical case where one woman appeared twelve times.

1474. Do you mean coming in the worse of drink?—No. She would not get two chances. I find an entry, 'Jane Gallacher, using abusive language, isolated at 'lodge.' The same thing is repeated next day, and the next day also.

1475. Do you return that as confinement?—Yes. On the fourth day this woman persisted in refusing to work, and we put her into the cell for ten hours. She therefore appears as four women, because there were four punishments although there was only the one woman. We have the case of another woman who for six days in succession was told to do some work and refused every time, and there was a fresh punishment for her. That woman will appear in the return as six women.

1476. Did she get the cells?—She got the cells three days.

1477. *By Dr Mackenzie.*—That custom would apply in other poorhouses?—I don't know.

1478. *By the Chairman.*—I see there are twelve women and one man confined?—The women in every poorhouse are more troublesome than the men.

1479. I don't think that we have found that. Take, for instance, Dundee; there are three cases of confinement of men and one of women, and in Glasgow there are five cases of men and none of women?—Yes, but you must bear in mind that in these large houses the young men and young women are confined every day in the week except Sunday. They are put into test cells and kept there, and they have no option, because they

[1] Poorhouse Rules and Regulations.

are locked up. They don't require to isolate them in a separate place as we do, as they are in these test places all the time. I think that that is the explanation.

1480. *By Dr Mackenzie.*—Have you any suggestion to make as regards that punishment return which might meet cases of the sort you have told us about?—You could have a column in the returns which would include them. The like of Dundee is bound to appear very small, because the test cases are in the cells half the time.

1481. Is it practically imprisonment?—Yes, it is. These cases are sent in there to be tested, and quite right too.

1482 They are actually confined in the cells?—Yes, so many hours a day.

1483. *By the Chairman.*—Is provision made in your poorhouse for a roll-call of the inmates?—No. I don't believe that anyone has it.

1484. You think that that rule should be omitted?—Yes.

1485. It is not carried out, and it never has been carried out in your experience?—That is so.

1486. Then take Rule 34,[1] which says that 'the 'House Governor and Matron shall fix, subject to the 'directions of the House Committee, the hours of rising 'and going to bed for the sick, the infirm, and the 'young children, and determine the occupation and 'employment of which such inmates may be capable; 'and the meals of such inmates shall be provided at 'such times, and in such manner, as the House 'Committee may direct.' Do you carry that out?—Yes, we do that.

1487. I think that you yourself have particular views as to what should be done in cases where inmates refuse to perform the task that is demanded of them?—I think that the same thing should be done with them as is done in England—they should be handed over to the police.

1488. In England the police have power, under a special act, to deal with them?—Yes. The doctor certifies that they are fit to work, and if they refuse, they send for the police and punish them.

1489. Have you had experience of that yourself?—Yes. I was a master's clerk in South Shields, where there are 800 inmates.

1490. Did you find that to work well there?—Yes, it kept the house in perfect condition. There were very few cases who refused to work, because they knew what would happen.

1491. You think that that should be extended to Scotland?—It would be a great help if it were extended.

1492. *By Dr Mackenzie.*—Were you working then with the same diet as here?—No. The English people run mad on diets.

1493. *By the Chairman.*—Did that apply to all the inmates in the poorhouse in England?—It applied only to those who were able to work, and whom the doctor certified.

1494. Did it ever apply to infirms who were able to work?—No, they would never punish an infirm person.

1495. It only applied to the ordinary inmates?—Yes, who were working.

1496. It is not confined to casuals?—It is the ordinary inmates of the poorhouse.

1497. Have you any suggestion to make as to trained nursing of the sick. You think that the trained nurse should be under the direction of the Governor and the medical officer?—She ought to be entirely under the governor and the medical officer.

1498. Apart from the matron?—Yes.

1499. You have found in your experience that where the matron is supposed to exercise, and does exercise, supervision as regards the trained nurses, there is apt to be friction?—Yes. There is that in all poorhouses, although it does not exist here.

1500. Unless, of course, where the matron is a trained nurse?—Then the friction should be removed.

1501. Have you had any experience of probationers in this house?—No.

[1] Poorhouse Rules and Regulations.

1502. Have you pauper nursing here?—We had prior to the introduction of trained sick nursing.

1503. Have you pauper assistants now?—Yes, we have one in each ward.

1504. Who does the night nursing here?—If there is a patient very ill during the night, then the nurse just sits up. That, however, happens very rarely.

1505. On these occasions she will do both day and night nursing?—She takes a rest the following day.

1506. Is that not rather trying for her?—It is not a common occurrence.

1507. I suppose in such cases you could not rely upon your pauper nursing to take the place of your trained nurse?—We would not care about it.

1508. Does that not shew that a single nurse is not enough for a poorhouse of this size?—What would a second nurse get to do? We did have two at one time, but they did nothing but quarrel, as they had nothing else to do, and they must do something.

1509. In Perth the House Committee is the whole Parish Council of Perth?—Yes.

1510. Do they visit regularly?—They are not great at visiting. They tell me that they are quite well pleased.

1511. Of course they have certain duties?—Yes. The chairman is here regularly once or twice a week.

1512. Possibly the same difficulties do not occur here as would occur in a country poorhouse?—That is so. When the members of the Council are passing, they often drop in and go through the house, and sign their names.

1513. Are the regulations as regards the visiting committee, which are printed on page 10,[1] complied with in this poorhouse?—Yes.

1514. And the book is kept?—Yes.

1515. *By Dr Mackenzie.*—In your *précis* you say that the accommodation provided in your poorhouse for those requiring attention in sick wards is ample, and that your wards could very rapidly be overcrowded if everyone who wished to be sent there had the inclination gratified. Your medical officer is very vigilant in watching what cases ought to be sent there, and the result is that you have a smaller average number than is the general rule. You add that no place in the poor house affords so happy a hunting ground for those afflicted with laziness as the sick wards. That, I presume, is the result of your experience as Governor here?—Yes.

1516. When you say that the accommodation is ample, what standard are you going upon?—They are never quarter full.

1517. Your percentage of sick is low, and your cubic space is sufficient?—Yes. If we took out all the empty beds, we would have 1200 or 1300 feet.

1518. Supposing a rule were laid down that every sick patient should be entitled to 800 or 850 cubic feet and 72 feet of floor space, would that be possible with your present accommodation and present number of sick?—Yes.

1519. No structural re-arrangement would be required?—No. The place is empty, as you have seen yourselves. Of course in big hospitals the floors are broad, and the floor space can be easily given, but if you give us the cubic feet without the floor space, we could easily manage. The width in our house is 16 feet for each room.

1520. You go on to say that those suffering from tuberculosis who are admitted to poorhouses are beyond hope of recovery, and no committee would face the needless expense of sending the same to sanatoria, etc. You think that such cases and others referred to should be placed in separate wards, or, if possible, in isolated buildings?—Yes.

1521. Have you any cases of tuberculosis in your house?—We have just one, a case of a young woman.

1522. You have no special diet for tubercular patients?—The doctor orders what he likes, principally milk and beef tea.

1523. In point of fact, the number of cases coming to you hardly counts?—No, the doctor and I have been arranging that the empty room which you saw on the men's side should be kept solely for such cases on the male side.

1524. You state, further, in your *précis*, that before admission to the poorhouse from probationary wards, every inmate must be seen by the medical officer, as provided for in rules and regulations, page 32 (24),[1] and he may further direct whether the case is to be classified among the 'sick,' 'infirm,' or 'ordinary' inmates. You add that at stated intervals, say quarterly, he should hold an examination of each inmate, and if he thinks the bodily health of any warrants a change of classification, he should make a record of his finding on a form drawn up by the Local Government Board. You say that that is already ordered?—Yes, I think the Local Government Board should draw the form up, because otherwise you will never get two poorhouses alike.

1525. Would you tell me what is your precise relation to the medical officer?—I never interfere with him in his position as medical officer.

1526. I am not speaking of interfering; I only want to know what is your precise official relation to him?—I don't know what you mean. Do you mean cordial, or otherwise?

1527. Not at all—nothing personal. What is your official relationship to the medical officer? Have you any control over him, or has he any control over you, or does your work overlap in any way?—No, he attends to his work and I attend to mine.

1528. And there is no difficulty?—No. I have never had a word with him all the time he has been here.

1529. If he was of opinion that some people who were working were not fit for work, what would be done?—I would at once take his instructions.

1530. In the matter of complaints from patients—the complaints are made through your warders to you, and you make the complaints to the medical officer?—Yes.

1531. Does every complaint go through you?—Yes.

1532. Has the medical officer direct relation with the patients at all, except on admission?—If a male or female attendant, when going round the rooms in the morning, finds a man or woman lying in bed, the names are taken and put on the doctor's list. When he comes he visits them, and if he says they are to go to the sick ward, then they are sent there.

1533. He does not visit the ordinary ward itself?—No, because it is empty when he comes.

1534. He does not, as a matter of fact, see the inmates at their work, nor does he come in direct contact with them at all?—No, but he will have to do so now.

1535. The present arrangement, however, is that there is no such thing?—That is so.

1536. So you might have a man working suffering from bronchitis, for example, that the medical officer would not know of?—That might be so.

1537. The man might be ill without complaining of it?—Yes, he might take ill the day after the doctor had made his quarterly inspection, but there is not much chance of that, because the attendant watches them so closely. In some large houses the doctor stands in the dining-hall every day and sees them all. I think that that is a very proper thing. Of course it could not be done in a small house like this, unless they paid the doctor his proper salary.

1538. Then as to the calling in of extra nurses—suppose you have a rush of cases, as you seem to have had in the influenza epidemics, and you want extra assistance, what do you do?—The committee leave the doctor and myself a free hand to do what we like.

1539. Do you consult the medical officer when you punish with diet punishments?—We never punish with that.

1540. Do you consult him in any case of punishment?—We would consult him in the case of women who were pregnant or suckling.

1541. In other cases you take the responsibility yourself?—If they say that there is anything wrong with them, then we delay the punishment.

1542. You say, with regard to operations, such as amputation and so on, that arrangements should in most cases be made to have them done in the nearest infirmary. You have had only one amputation in fifteen years, and you think that it is not to be expected that you or any similar-sized houses should have a complete set of instruments and other necessary appliances for such operations, seeing that they are of such rare occurrence?—That is so.

1543. You made a statement a little earlier about malingerers in the sick wards, that formerly the medical officer had sent into the sick wards people who should not have been there?—Yes, he was an old man of nearly ninety years of age.

1544. That does not apply to Dr Hunt?—No, he is very watchful.

1545. I cannot quite understand your explanation of the sudden drop in your sick in the middle of a particular year. If you go back in your returns, you find the average daily number runs 34, 33, 28, and so on, until suddenly in one year you go down by a great percentage?—Yes; deaths would account for that. At the time of the influenza epidemic we had sixteen deaths in fourteen days.

1546. How long ago is that?—I don't remember when it was.

1547. Was that the big influenza epidemic?—Yes.

1548. That is fourteen years ago?—No, not the one that I am referring to.

1549. *By the Chairman.*—There was a considerable epidemic in 1895?—Yes; that is the one I refer to, when we had sixteen cleared off in fourteen days.

1550. *By Dr Mackenzie.*—What was the average daily number of sick that you had in that year?—In 1896 we had 29, in 1895 we had 34, in 1894 we had 34, and in 1893 we had 32.

1551. What are the figures in the later years?—In 1896 we had 29, in 1897 we had 28, and in 1898 we had 17.

1552. Your sudden drop comes in there. How do you account for that?—Just deaths.

1553. But that won't account for it, because you are pretty steady and level up to that time, and then it suddenly goes down?—Really no reason can be given for it, except that the inmates are not there. The question of expense as regards keeping extra nurses does not come in at all.

1554. You said that they quarrelled?—Yes.

1555. The mere fact that you have one nurse to twenty patients has nothing to do with your always keeping below twenty?—No.

1556. You still include your skin and venereal cases, such as they are?—Yes; I had a letter from Mr Barclay in connection with these returns in January, and I could not give any explanation except that we did not have the folk.

1557. It is not explained by the severity of your medical officer?—No; it is one of these things that cannot be explained. The inmates are not there.

1558. Do you know whether the number of sick among the outdoor poor has gone down?—I could not say. I know that it is very low.

1559. Are you getting more cases direct into hospital now than you used to get, or are you getting less?—Less.

1560. Are you transferring more from the ordinary class to the hospital than you were?—No, it is just about the same.

1561. The reduction would take place in those who would be removed from outside?—Yes. There is a great fall in pauperism in Perth.

1562. And consequently in the sick pauperism?—Yes

1563. And there is a reduction in the number applying to you for sick relief?—Yes.

1564. So it is really an outside reduction that is mainly affecting you?—Yes.

1565. Is every case that is reported from the ordinary inmates to the medical officer entered in your register?—If they go to the sick ward then they are put into the doctor's register.

1566. He has no register for keeping a record that he has seen them?—He marks it in his own book, 'John Smith, examined,' and what is wrong with him.

[1] Poorhouse Rules and Regulations.

1567. How many wards has your nurse to look after?—Three wards really in occupation and with people in them during the day.

1568. They are in different parts of the house?—Yes.

1569. Your hospital is simply heated with fires?—Yes.

1570. Do you keep these on all night?—We never allow the heat to go below 60 degrees, day or night.

1571. How do you see that the temperature does not go below 60 degrees at night?—A big lump of coal is put on to keep the fire lit all night.

1572. Is there anyone in charge during the night?—Going round the whole place?

1573. Yes?—No.

1574. Nor in the sick wards?—No.

1575. If you had a special case which was very restless?—We would put a woman to sit up with her all night.

1576. You have special arrangements for such cases?—Yes. It is quite a common thing for us to have a man or a woman to sit up all night.

1577. Do you appoint the nurse?—Yes.

1578. Do you have full powers?—Yes.

1579. You don't require to get the assent of the chairman of the House Committee?—No.

1580. You have full powers?—Yes, but I take the doctor with me.

1581. But you are not obliged to do so?—No, but I think it is only courteous to him. I would not engage any nurse without him.

1582. What arrangements do you have for admissions at night? Do you have many admissions at night?—Very few, perhaps one in three months.

1583. But you take them in at any time of day or night?—Yes.

1584. In the matter of sudden deaths, what kind of case is it that you report?—If a person died without the doctor seeing him, or if the doctor was unable to give a certificate as to the exact cause of death, then I would report that case at once.

1585. In the sick wards or in the ordinary wards?—That is immaterial. I would at once report it to the Fiscal, and then enter it in the form which I send to Edinburgh.

1586. Supposing a moribund case were brought in, and died shortly after admission in the sick ward, would you report that?—I would report it to the Fiscal if it died within a few hours after admission.

1587. Even if the doctor saw it?—Yes.

1588. And even if he knew the cause?—Yes, because there might have been something beyond.

1589. Has there been any such case as a moribund case with you?—No, we have had none.

1590. Have you in your time had any sudden deaths among your ordinary inmates?—It is a good many years ago since I had to report one to Edinburgh. That was the case of an old man of ninety who was found dead in bed.

1591. Suppose that case had occurred in your sick ward, would you have reported it?—It could not be the same in the sick ward, because the doctor would be attending it, and would give his certificate.

1592. He would be expecting it to happen at any moment?—Yes.

1593. Have you any suggestions to make with regard to that return of sudden deaths; is it satisfactory?—I think so; it is quite complete enough, and the less it is used the better.

1594. You have nothing to do with the removal of patients?—No.

1595. That comes under the inspector of poor?—Yes.

1596. How do you do about the registration of deaths?—We send an official to the registrar.

1597. And what about the registration of births?—We send an official with the party.

1598. Have you any suggestion to make about the rules as to the porter?—I think that he should be under the same heading as the rest of the officials.

1599. Your opinion is that the Governor should have the appointment and dismissal of the porter?—Yes.

1600. Would you make that subject to the approval of the House Committee?—All these things are subject to their approval.

1601. Does every appointment you make at present require the approval of the House Committee?—Yes, I put the appointments before the Committee.

1602. You would always give that as an appeal?—Yes; but there are few dismissals. We hardly ever have to dismiss an official.

1603. Have you any remarks to make on the admission certificate which appears on page 29[1]?—I think this should be added to it: 'State whether it is advis-'able to bathe pauper or dependents prior to visit of 'poorhouse medical officer.' I think that that is a very necessary thing to add.

1604. What is your actual practice?—If a case on coming in is somewhat doubtful, we send for our own doctor. Sometimes they are in such a dirty condition that we have just to bathe them. Most of these country doctors answer the question, 'Does the condition of 'pauper or dependents require immediate attention 'and medical advice?' with 'Yes' in almost every case, whether they require it or not. Then I think that the following should be added to Rule 21 on page 28[1]: 'In 'the event of a person having been brought to the 'poorhouse without the necessary documents for 'admission thereto, the Governor shall admit such 'person should he consider a refusal to do so would 'endanger the life or be detrimental to the health of 'the said person In any such emergency he will at 'once send for the medical officer and take his in-'structions thereanent, and in due course report 'the said admission to the inspector of poor in whose 'parish the poorhouse is situated for further attention 'as to settlement or otherwise.' Now I admitted a man last week who came at nine o'clock at night, and who was going to lie at the gate. It was just as well that I did admit him, because when the doctor came he ordered him right up to the sick ward. I think that that addition which I have given ought to be put in.

1605. Your point is that it should be in your discretion to take a man in?—Yes.

1606. *By the Chairman.*—The duty of the Governor in a case of that kind is akin to that of the inspector of poor?—Yes, it should err on the side of humanity.

1607. *By Dr Mackenzie.* — In the sick wards the fires are kept on practically all night?—Yes.

1608. The temperature is always kept at a fair level?—Yes, generally 65.

1609. What about the other rooms in the house?—In this weather we have fires on all night.

1610. So that that rule about putting out the fires at eight or nine o'clock at night is not a practicable rule?—The fire goes out of its own accord, because we just put on enough coals to keep the fire up till nine or ten o'clock. We light the fire at four o'clock, and the room is warm.

1611. It is only for three or four hours that the room will be without a fire?—Yes.

1612. In specially cold weather you take special precautions?—Yes.

1613. The heating of the house is quite sufficiently provided for?—Yes.

1614. Rule 18 (25),[1] which states that it shall be the duty of the House Governor 'to visit all the wards of 'the male inmates at or before nine o'clock every night, 'and see that all the male inmates are in bed, and that 'all fires and lights are extinguished,' is an impracticable rule?—Yes. Of course a visit by someone is made every night.

1615. But you don't extinguish all the fires?—They go out themselves.

1616. And they are put on early, at four o'clock in the morning?—No. They are put on at four o'clock in the afternoon, and kept till about ten at night, so that the room is warm all night.

1617. Do you take the temperature in your ordinary wards?—We sometimes take the temperature with the thermometer.

[1] Poorhouse Rules and Regulations.

Mr G. B. Laird. 27 Oct. 1902.

1618. Are you satisfied that the temperature is kept comfortable?—Yes.

1619. *By the Chairman.*—You say that there is very little hope of trained sick nursing unless the Governor is in favour of introducing it?—Yes, I think so.

1620. You add that matrons, as a rule, object, mainly because it takes away some of their authority in the sick wards?—That is so. Until the trained nurse is placed directly under the control of the Governor and medical officer, and free from any interference on the part of the matron, there will always be difficulty in obtaining a trained nurse for a small poorhouse.

1621. *By Dr Mackenzie.*—There are certain rules as to the cleanliness of persons. Will you tell us what you actually do to secure that the paupers are all clean?—We have regular bathing.

1622. Who does that?—It is done under the charge of one of the officials.

1623. Are they gone round systematically?—Every inmate must be bathed once a fortnight, unless the doctor advises the putting off of the bathing. The sick inmates are bathed according to the doctor's instructions.

1624. When there is any doubt about an ordinary patient the doctor is consulted?—Yes.

1625. Have you regular thermometers to make sure that they don't put in too hot or too cold water?—The officials always put their own hands in to see that the water is tepid. A thermometer hangs in each bath at the tap end.

1626. Whose duty is it to see to the cleanliness of the beds and bedding?—The matron of the poorhouse is responsible for that.

1627. What is your exact relation to the matron as regards general management? You are the superior officer?—Yes.

1628. She is entirely under your direction?—Yes.

1629. Do the inmates have to go out of their rooms to get bathed?—Yes, at present.

1630. Are you altering that?—Yes, after the changes are made the bath will be within a few feet of them. At present they have to go out of the main building.

1631. After the changes the bath will be within a few feet of what?—The day rooms.

The Committee adjourned.

FOURTH DAY.

TUESDAY, 28TH OCTOBER 1902.

At the East Poorhouse, Dundee.

Present:

Mr J. Patten MacDougall, *Chairman.* | Dr W. Leslie Mackenzie.

Mr J. Jeffrey, *Secretary.*

Dr Laura Stewart Sandeman, called and examined.

Dr Laura S. Sandeman. 28 Oct. 1902.

1632. *By the Chairman.*—You are resident medical officer in the East Poorhouse, Dundee?—Yes.

1633. How long have you held that position?—For two years past in the beginning of September.

1634. In the hospital portion of the East Poorhouse, which is separate from the rest of the buildings, there are, I think, something like 320 beds?—Yes.

1635. You have entire charge of these beds and of the hospital department in general?—Yes, and the sick in the house. I have to visit the house every morning to see any who are sick and any whom the Governor wishes me to see. I also go round the asylum wards.

1636. You don't go upon the report of anyone to you that there are sick in the house, but you yourself judge as to whether there are any sick among the general inmates?—No; a book is handed to me every morning, one by the male warder and one by the female warder, and I go with those books to the dormitories where I see any inmates who are sick. In addition to this, they used to watch for me when going round to such an extent that I said I would not see them unless they put their names down.

1637. That was in accordance with the rules for the management of this poorhouse?—Yes. (*Hands in rules, vide* Appendix IV.)

1638. These are rules and regulations which were made by the Dundee Combination Committee in 1893, and it is within your knowledge that these rules have been amended to some extent since. You have sent to us a copy of the rules as amended?—Yes.

1639. Then as regards the management of the hospital, are there any special matters that have come under your observation upon which you wish to give us your opinion? You say that you desire to speak particularly as regards the treatment of phthisical patients?—I think they ought to be treated separately; they should not be treated in general hospital wards nor allowed to live in the poorhouse as ordinary inmates. I have handed in a report on tuberculosis in our hospital which was prepared for the Dundee Parish Council in July 1902 (*vide* Appendix V.).

1640. I see that as regards food you say that phthisical patients get No. 3 hospital diet with one pint of milk and an egg extra. Is it your opinion that No. 3 diet is not sufficient?—I think for the ordinary cases that come in it is sufficient, but in some it has had to be increased. That is to say, I have put chops or other extras on. My book shows what extras are put on, and we have, in addition, a schedule prepared each month showing the increase or decrease of these extras, and comparing the month with the same month of the previous year. When the House Committee met lately to discuss the treatment of phthisical patients, they told me to order what I considered necessary in the way of extras.

1641. Do you think that there should be some

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alteration in the Local Government Board's rules as regards diet?—No, because we are left free to increase the diet if we wish to. I think the Local Government Board's diet is ample.

1642. *By Dr Mackenzie.*—Would it not be advisable to have a special prescription for phthisical diet?—Yes. I would like to give them two pints of milk a day. Of course I know that I may do so, but, as you can see, one does not like to increase expense. The expenses went up here after I came about 1d. per head per day.

1643. *By the Chairman.*—Your suggestion is that we should include in our rules a special diet for phthisical cases?—Yes, subject to alteration by the medical officer in charge.

1644. That is in any special case?—Yes. There is one point about which I feel strongly, as I say in the report which I sent in; all cases should be made to work when able; they should be given light outdoor employment. I go on to say in my report that this is hardly possible when they are being treated in a general sick ward. They should be kept by themselves in a separate ward, which would be worked on different lines from the rest of the hospital.

1645. It comes to this, that from the ordinary hospital ward you cannot send any man out to work?—That is so.

1646. You think that phthisical patients are the better of some work, and that is an additional reason for your suggesting isolated accommodation and isolated treatment for such cases?—Yes.

1647. Being isolated in that way, there would be no difficulty from an administrative point of view in giving them light work?—That is so. My feeling is that these men should not be encouraged in habits of idleness. I have men who loaf all day, and we are not able to give them light work.

1648. You cannot give it because they are in the hospital?—That is so.

1649. Are these exclusively phthisical patients?—Yes.

1650. Does that apply in any sense to other patients in your ordinary wards?—I don't think so, but I have not thought about that. As a rule, when a patient is able to work, out he goes. I never keep them in hospital when they can work.

1651. What interpretation do you put on 'phthisical' in that sense?—'Phthisical' ought to be those in whose sputa I have found tubercle, but I do not have time to examine all their sputa. By a phthisical case I mean a case of pure tubercular phthisis. Besides the question of these cases being a possible source of infection if drafted to the ordinary poorhouse wards, the difficulty of carrying out the special treatment, which is absolutely necessary if improvement is to be continued or maintained, has to be considered. It is not possible to give the extra diets necessary if these 'patients' are mealing with the other inmates, because there would be endless jealousies.

1652. It comes to this, that, besides the medical reasons—these being the risk of infection to the other inmates—there are other reasons and other considerations applicable to the patients themselves which induce you to think that isolation wards ought to be provided for tubercular cases?—Yes.

1653. I see you also say in your *précis*—and I don't know how far it modifies all you have said—that early cases should not be treated with advanced and dying cases?—That is so; they get dispirited.

1654. Supposing you had them in those isolated buildings, what would you do?—You would probably have two wards.

1655. A special ward for the advanced cases and another for the other cases?—Yes. A man coming in for a hearty meal does not want to be put next a man whose lungs are very far gone.

1656. Is there anything else you wish to add as regards the treatment of phthisis?—No. Of course, the remarks in the report about medicines are given very casually. That report was for lay members, and it did not matter so long as I merely mentioned that they got physic.

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1657. In your note you state that you will give us your views as to the separate treatment of the infirm—that is, the classification of the infirm inmates apart from the ordinary inmates. What definition would you apply to sick on the one hand and infirm on the other?—I call sick those who are acutely ill or chronically ill, but still under treatment. I am obliged to include in the hospital cases which might be called infirm cases if I had infirm wards.

1658. You mean if you had medical charge of infirm wards?—Yes; I would draft them there. Anyone who is not able to get up and dress himself or herself, or who must be constantly in bed, must be classified by me as sick. There are some paralysed cases who can only go about in chairs, and I must classify these as sick, although more strictly they might be called infirm. All who require skilled nursing and my attention are sick. The infirm are a multitude of old men and women who are able to hobble about, but not able to work, and who only occasionally require my services, and who do not require trained nursing.

1659. Hitherto there has been no hard and fast line drawn here as between the infirm and ordinary inmates?—It has been left to the Governor.

1660. I understand from what you have said that steps are now being taken to make a more complete distinction between the infirm and the ordinary?—Yes.

1661. We have to-day seen a number of inmates put into what are called infirm wards?—Yes; these inmates get no work except any light work that they are able to do. Everyone who is able to work here gets work.

1662. And that is a good thing?—Yes, I think so.

1663. *By Dr Mackenzie.*—Of course the work can be graduated?—Yes, it is graduated.

1664. *By the Chairman.*—One class may be in the sewing-room and another class may be knitting?—Yes; and there are some at the rope-picking, which is an abomination.

1665. Why?—The dust is fearful, and the work is degrading unless as a punishment.

1666. Is that given to the men and women?—Yes. The place is full of dust, and the work is really a punishment.

1667. Is that not purely test work here?—It is supposed to be test work. Some of the old women do a little of it occasionally, but not very much.

1668. I thought it was purely test work?—I am not sure, but the Governor will be able to tell you about that.

1669. Have you had any experience of the working of the Brabazon Society?—We are going to introduce that, and it will be a godsend for the people.

1670. I should like to ask you about your hospital appliances here. Do you treat all cases, medical and surgical, just as they would be treated in an infirmary?—Yes.

1671. Do you carry out operations of every sort and kind?—Yes.

1672. You carry out the treatment, however serious the case may be, just as it would be done in the Dundee infirmary?—Yes. Since I came here two years ago, only one person has been sent from the hospital here to the infirmary for a surgical operation, and that was when I myself was laid aside.

1673. You have your operating room and everything else as completely equipped as it would be in an infirmary?—Most emphatically no. We have no theatre, and I don't see how we could have one, with the pavilion system on which the hospital is built. If we have an operation, we require to use a side room for it. I try to keep a side room which we can clear out at any time for an operation. Our major operations are not so many as to demand a special room. Of course a great deal depends on the outside doctors, who naturally send certain cases to the infirmary more readily than here, because in the infirmary they will get specialists.

1674. *By Dr Mackenzie.*—What is your position as regards the taking in of specialists for any very special

operations?—My point simply is that they come here for nothing; they come as a matter of good fellowship between Dr Mackie Whyte and themselves.

1675. Would you wish a special arrangement to be made?—No, I would not ask that.

1676. Would you wish to be in a position to pay a consultation fee?—I was not driving at anything, except that if I say we get it done for nothing, I am afraid I may be doing an injury to Clause 8 of Part IV. of the Memorandum.[1]

1677. I thought you would wish a definite arrangement made, so that you would be in a position to pay a fee?—I have not considered that.

1678. *By the Chairman.*—If it is necessary for the Poorhouse Committee or for you to call in some outside assistance when performing some major operation, then the parish to which the pauper is chargeable has to pay the fee?—But then the Poorhouse Committee would say that the patient should be sent to the infirmary, and if we do that, then that hurts my pride. I would not let my patients go to the infirmary, and consequently I would rather ask the other doctors to come and do the case here.

1679. *By Dr Mackenzie.*—Is it your proposition that these medical men should come for nothing?—I have not thought anything about that. I don't think that the parish would consider paying even a guinea fee for an operation. They would simply say, 'Send the patient to the infirmary and get the operation done for nothing.' The infirmary is only too glad to get the cases. With us it becomes a matter of pride. Not only that, but there is a much more serious point, and that is, that if your nurses are to be properly trained, they must have these operations. That is my point. If the nurses are to have proper and full training in medical and surgical work, we must try to get every operation possible, so that they may have practice in preparing the patients, instruments, and everything else, and in nursing the patients afterwards.

1680. *By the Chairman.*—Not only your nurses, but your probationers also?—Yes, our nursing staff. I put great force on that. I think that in a place where there is no infirmary, and a man has to be called in, he ought to get a fee.

1681. You say that it is the case that there has been an increase in the number of sick inmates with you?—Yes, I have before me the figures since the hospital opened, which I made out for myself. The sick patients admitted for the different years ending 31st August are as follows:—

Year ending 31st August	1897,	1003
" "	1898,	1240
" "	1899,	1059
" "	1900,	1143
" "	1901,	1575
" "	1902,	1955

1682. It comes to this, that for each of the last two years there has been an increase of 400 on the preceding year?—Yes; of course these figures include re-admissions.

1683. Can you account for that increase?—I don't know that I can.

1684. May we say that it is due to the fact that the appliances and provision which you have here for the treatment of sick inmates have become known to those outside?—I think the people like to come in here.

1685. Is that because that here they have quiet and complete attention, whereas in the infirmary there are the students?—They don't dislike the students; they like the attention.

1686. How can you account for it?—I don't know, except that the hospital is just pulling up, and people are finding that they are as well treated here as in the infirmary. I don't think there is any difference in the treatment, further than that our food is more stereotyped—they have more variety, I think, in the infirmary, and, of course, they get more extras there. In the infirmary they have chickens and rabbits and such things which we do not have here, but the class from which our patients are drawn are not accustomed to such things. Of course I have ordered rabbits where I thought necessary, but I don't like to do that.

1687. I show you a paper which details the number of ordinary inmates and the sick inmates for the last thirty years in both the East and the West Poorhouses. That paper shows that during the decade 1872–1881 the proportion of sick to ordinary inmates was 34·5 per cent., during 1882–91 it was 32·7 per cent., and during 1892–1901 it was 33·6 per cent., showing that relatively the sick have decreased slightly during that time. What have you to say to that?—Putting it in other words, with a smaller daily number of sick, we have had that enormous increase of admissions. If you change the patients in a bed twice in a fortnight, you have fewer admissions than if you change them five times in a fortnight. That is how it is—the patients do not stay so long now. When I came, the sick wards were full of infirm people, whereas they are now occupied by more or less acute cases. That is how it is that with a smaller daily number of sick I have a much greater number of people coming in.

1688. That bears out what you told us before, that there is now a much greater distinction drawn between the infirm and the acutely ill?—Yes, and we have far more acutely ill. Of course that includes scabies and skin diseases.

1689. What do you do in the case of sudden deaths?—I have not looked up the figures, but I think that since I came here I have only had four sudden deaths.

1690. Did these occur in the sick or ordinary wards?—In the ordinary wards.

1691. How do you define a sudden death?—I call it a sudden death when a person dies about whom I know nothing except that I have passed him through the probationary wards. The post-mortem examination of one of the four cases showed rupture of an aneurism. Another case was that of an old woman who fainted and was carried in. I was sent for at once, but I arrived about two minutes too late. The labour mistress was with her when she died. Another case was that of an old woman found dead in bed; the fourth case I cannot remember just now. If I have seen an inmate and am treating him, then I would not call that a sudden death, even although it occurred in the house.

1692. If a patient dies from a disease which you have diagnosed, then that is not a sudden death?—No. If there is a patient who, to my knowledge, is suffering from heart disease, and that patient is found dead, then I would say that that patient died of heart disease, but if I know nothing about the case, then I call it a sudden death.

1693. These four cases you speak of were reported as cases which had occurred among the ordinary inmates?—Yes.

1694. They were reported both to the Fiscal and the Local Government Board?—Yes.

1695. *By Dr Mackenzie.*—Do you know about the Governor's returns?—No; I was told to pass these sudden deaths through my book when granting the death certificate.

1696. *By the Chairman.*—They are removed from the class of ordinary inmates to the sick class, and then reported to us as sudden deaths?—Yes, and I never could see why. In my books the letter 'H' shows that the patient died in the house. The late Governor wished me to post them through my book.

1697. Is there anything else you wish to speak about?—I should like to say a word about the nurses. In my opinion nurses who have been trained in poor law work are best fitted to occupy the position of trained nurses in poorhouse hospitals, as they have learned the tact necessary to deal with the patients found in such hospitals. I find that they require much more tact than they do in general hospitals. They also understand working with 'pauper' assistance. It is in these respects that a parochial hospital differs

[1] See Appendix LXXI.

from a general infirmary. We have several excellent nurses from general hospitals, but there has sometimes been a difficulty in getting them to adapt themselves to the changed circumstances. There is a feeling that parochial training is not so good as general hospital training, and I should therefore do everything to make our probationary training as complete as possible, and when certified try to retain them on the Local Government Board list. For instance, if a little poorhouse wanted a nurse, then the matron could write to one of the training schools for a nurse. A woman coming from such a place as this would be more satisfactory than one coming from outside, who did not know about the class of patients in parochial hospitals.

1698. There can be no doubt about it that a nurse coming from a poorhouse hospital does not commend herself so much to an outside hospital?—No, although I hold that the training is just as good.

1699. But there is a prejudice, it does not matter what it is founded on?—Yes. If you want to build up a good class of nurses, it is by having well-trained women.

1700. *By Dr Mackenzie.*—You are quite clear that poorhouse hospital training is better for poorhouse nurses than the training in a general hospital?—Yes. They have to learn to control their tempers and to treat their patients in a way that nurses are not obliged to do in a general hospital.

1701. The special circumstance of the patients in a poorhouse hospital, where the patients must be treated and cannot be turned out, necessitates a special character of nurses and a special training?—Yes. I thoroughly approve of the Local Government Board's rules as regards trained sick nurses.

1702. Are you satisfied with two years?—Yes, for the purpose of registration, but not as a charge nurse.

1703. The rule on page 24[1] states: 'A trained sick 'nurse should have been not less than two years in a 'public hospital, being a training school for nurses, 'and maintaining a resident physician or house surgeon, 'and she must not be under twenty-two years of age nor 'over forty-five when first registered.' Have you any exception to find with that?—Yes, I don't think that two years is sufficient. I think that it is sufficient if we are taking on our own probationers under our own eye, but I have no probationer who has been in for only two years whom I would send anywhere else.

1704. A probationer might be accepted in her own hospital after two years' training for purposes of registration, but you would not register a nurse as suitable for serving anywhere who had merely had two years' training?—Certainly not.

1705. *By the Chairman.*—I see that in the Irish Statutory Rules and Orders of 1901 they have what they call a 'trained nurse,' who is any person who has resided not less than two years in any clinical or general hospital recognised by the Board, and has got a certificate of proficiency. In addition to that, they have a 'qualified nurse,' who is any person who has obtained a certificate of proficiency from any hospital or nursing institution which may be recognised by the Board. You suggest that some kind of distinction like that should be introduced in Scotland?—No. That is making a charge nurse one who has only had two years' training, and that is not sufficient.

1706. She has the name of 'trained nurse,' and she is one who has resided not less than two years in a hospital, while a qualified nurse is one who has passed the examinations?—The qualified nurse must work under the trained nurse, and two years is not at all sufficient. From my own experience I know that it is generally about the third year that they thoroughly wake up and know what is what. Two years are sufficient for them to be taken on to do charge duty in their own hospital under supervision, and liable to be sent back at any moment to the wards as a probationer. We do that with our nurses—we have just now three nurses who may at any time be sent back as probationers.

[1] Poorhouse Rules and Regulations.

1707. Have you anything further to say?—We have no difficulty in getting probationers. Then with regard to the Local Government Board's idea as to the proportion of nurses to the sick, one to thirty is utterly inadequate. Our nurses, to begin with, when the work increased broke down one after another, and we had to increase the number.

1708. We have found in some poorhouses where the hospital is not separate from the general house that the number of sick has been very much below the average, and we think that that may be due to this, that if there were more sick they would require more nurses, and in order to save themselves money there are probably fewer sick classed as sick than there actually ought to be. It has accordingly occurred to us that instead of saying that there shall be one nurse to twenty or thirty sick, or whatever the figure may be, it would be a better plan to alter our rules to the effect that there shall be one nurse to a certain fixed number of inmates, whether sick or ordinary. Do you see what I mean?—Yes. That would raise the proportion here.

1709. I don't mean that that applies to a case like Dundee, where you have your hospital quite apart from the ordinary inmates, under a separate administration and a separate staff altogether. I am talking of a house where the sick and ordinary inmates are all under the same roof?—I quite see the point.

1710. You have had no experience of a small house?—No. Then I should like to say with regard to the giving out of medicines, that it is more cheaply done by a dispenser.

1711. Are there any rules for the dispensing of medicine in force in your hospital here?—The only rule is one that we were obliged to make recently, to the effect that poisons for external use are kept in ribbed octagonal bottles, and no poisons for internal use are given out in bulk.

1712. *By Dr Mackenzie.*—Judging from your experience here, would you suggest that the whole staff and administration of the hospital should be entirely separate from the poorhouse administration? Is there anything in the present relationship of yourself to the Governor, or to the matron, or the general administration of the poorhouse, in which you would suggest an alteration?—Absolutely nothing.

1713. You are perfectly satisfied with the present arrangement?—Yes.

1714. What is your present relation to the Governor?—No difficulty has ever arisen with me, because I stick exclusively to my work. There is no need for my duties to overlap those of the Governor.

1715. *By the Chairman.*—The rules of the Local Government Board are such as to meet the two sides of the work, and, where the doctor and the Governor are on good terms, they should admit of no friction of any kind so far as your experience goes?—That is so.

1716. *By Dr Mackenzie.*—Do you approve of pauper nursing in a poorhouse?—No. We have none in our hospital. Of course there is a night woman in every ward, but I should like to see that done away with.

1717. You have no hospital or sick ward exclusively in charge of paupers?—No; except the lock wards, which are isolated, and are in charge of an old woman who has done the work for twenty-five years.

1718. Your experience here has been sufficient to give you a strong opinion on that point?—Yes. Of course at night the ward woman has to do certain minor duties for the patients.

1719. Supposing you had a poorhouse with ten or twelve sick as a daily average, would you consider it a proper thing to leave these sick permanently in charge of pauper nurses either day or night?—Certainly not, judging from what I have seen of them.

1720. Supposing places like Dundee and Barnhill were training schools for nurses of the high grade that you suggested before, would it be possible to send from those centres nurses to more remote poorhouses for periods of six months or a year?—Yes. The only drawback here would be our lack of accommodation.

If a thing like that were to be on the *tapis*, we would have to consider it at once.

1721. *By the Chairman.*—You have no difficulty in getting as many probationers as you want?—No.

1722. Do you get them from Dundee or from all round?—We get them from all round. We have one who has just come from Carlisle, and there is another from the Carse of Gowrie, whose name has been on the books for six months. I may mention that we never take a woman below twenty-four years of age.

1723. *By Dr Mackenzie.*—You consider twenty-two to be too young?—Yes. It is not right to bring a young girl to the work that has to be done here.

1724. Would you say that the Board should raise the age to twenty-five?—Yes, twenty-four or twenty-five.

1725. Have you any suggestions to make as to the maximum age? Would you register any woman who was over forty-five?—I don't think you would get many over that age who wished to come. I don't think it really matters. Of course, after that age they won't adapt themselves as probationers.

1726. Supposing you had a nurse who had been thrown out for ten years, she would still be capable of coming on?—Yes; certainly.

1727. Would you suggest that the maximum age should be abolished altogether?—I think they abolish the maximum age themselves.

1728. Do you think that in Dundee, judging from your experience, there is a residuum of patients that, if not treated by an outside infirmary, are not treated by any other institution, and therefore must be treated by the parish? Supposing the infirmary is full, and can take in no more patients, and there are no other institutions of the kind in Dundee, is there a residuum that must be treated by somebody, and cannot be treated by anyone except you?—That is so. It was said in Dundee the other day that the great increase had helped to make things easier for the infirmary.

1729. You are of opinion that there is a large residuum of cases that, if rejected by the infirmary and rejected by the poorhouse, would not be treated at all?—That is so.

1730. *By the Chairman.*—It comes to this, that a large number of people here are treated in your hospital who are not paupers?—If they are not paupers they may be treated.

1731. You don't have any paying patients here?—None are taken in on condition that they will pay. For instance, an observation case from the infirmary may be forced to become a pauper if the infirmary can't keep him and the friends cannot. The Council makes the friends of a patient recoup if they can in such a case as this.

1732. Is there much of that?—I don't know, but it is done.

1733. *By Dr Mackenzie.*—You have certain supervision as to the sufficiency of the diet?—Yes. I don't supervise the diet in the house unless I am asked to, and unless there is an outbreak of any epidemic. I see the hospital food from time to time; it is excellent.

1734. Do you weigh the inmates at all?—I weigh the phthisical patients, not the others.

1735. Would you recommend weighing as a test?—I think it would be very interesting, because they all gain. The able-bodied people that I discharge are able to go and work, but it is not long before they are back again through drink and through want of food.

1736. Your observation is that they gain in hospital?—Yes.

1737. It would be an absolute test if you weighed them when they came in and also when they went out?—Yes.

1738. Would it be a great increase of labour to weigh inmates when they came in and when they went out, and also to weigh permanent inmates every six months?—It would increase the probation work enormously, but if it had to be done it would have to be done.

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1739. *By the Chairman.*—You are medical officer in the East Poorhouse and also the West Poorhouse of Dundee?—Yes.

1740. How long have you held that position?—For sixteen years, I think.

1741. You have seen the memorandum with which we are dealing to-day?—Yes.

1742. You have given in a note of your views as to tuberculosis?—Yes.

1743. Just tell us shortly about the treatment of tubercular cases in the hospital here?—We don't have an ideal system at all, but we are working away as well as circumstances will allow, by having put aside a ward for the female cases in the 'infectious block.' That was formerly used for cancer cases, but it was not required. It is just quite recently that we made arrangements to have female phthisis cases treated there, and the cancer cases arranged for in another way, in side wards and so forth. There is no proper means of treating the male cases apart from the others; they have to be treated in the general wards by making all the arrangements that we can, having the windows about their beds constantly open, sending them out warmly clad as much as possible, those who can go out, and attending to all the sputa and anything that may be infectious. In that way we manage to improve those who are improvable.

1744. It is your view generally that in all cases of tubercular lung disease there should be isolation from the other inmates of the sick wards, not only in the interest of these other inmates, so as to prevent them catching the infection, but also in the interest of these phthisical patients themselves, because when you have them isolated you might also be enabled thereby to give them light work, which, as I understand, you cannot give to the other inmates in the sick wards?—I don't put so much stress on the question of work for them. That is a question which must be dealt with according to each individual case. In some sanatoria, for instance, the patients could not work, because they are so fed up that it would be almost impossible for them to do any physical work. After they are fed they are replete and satiated, and have simply to lie and do nothing. In any case their feeding should be so good as to make it necessary that they should have a rest of an hour or two after each meal. It would certainly give rise to considerable discontent among the other patients if they saw some of them getting such tremendously good victuals as they do get in sanatoria. That is one reason why they should be separated. In certain cases there is no doubt that it would be a good thing to have some outdoor work, something to interest them a little.

1745. *By Dr Mackenzie.*—At any rate you would like a free hand; you don't wish to be obliged to apply the rule that because a patient is phthisical he is therefore sick and absolutely precluded from work. You want certain freedom to deal with each case?—Yes.

1746. You think that that would be promoted by having a separate place for the treatment of phthisis?—Yes. Fresh air, of course, would do for everybody, but we have to consider susceptibilities; you won't get ordinary patients to lie with wide open windows and in a draught, although it will do them no harm.

1747. *By the Chairman.*—The treatment of phthisical patients is such that you cannot treat them properly in the ordinary sick wards along with the other inmates?—That is so.

1748. What you have told us would lead to this, that you would suggest that the Local Government Board should take into consideration the subject of special diet for phthisical cases?—Yes. I don't think we would have any difficulty here, because, if anything is represented in that way to our authorities, they are quite willing to give the extra expenditure. They have never checked us at all in our diets, but of course

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we have always had in view the possibility of being checked in that way. One would not order fowls and expensive things like that which would likely do no better than ordinary plain meat.

1749. *By Dr Mackenzie.*—Do you think it would be a good thing to have an indication of a maximum diet for phthisis?—Yes.

1750. *By the Chairman.*—Has your attention been attracted to the fact that there has been a considerable increase in the number of inmates in sick wards in recent years?—Yes. That came about very soon after we got our hospital put up.

1751. How do you account for it?—One reason is that things were made vastly more comfortable for them. In the old place, where I was visiting medical officer, many of the wards were very poor indeed, and the nursing was very limited. We had only a head nurse and two under her, who were not particularly well trained.

1752. The provision and appliances are much better now than they were before?—Yes.

1753. That, in your opinion, has led to this increase?—That is one reason.

1754. And it may also be due to the fact that in Dundee there is no adequate provision outside for all the surgical and medical cases that have to be treated?—That is true. I am one of the physicians at the infirmary here, and we have to make room there for acuter cases. If a phthisis case, after being with us for a month or six weeks, is found not to be really improving in such a way as to justify us keeping the patient there, then that patient must go elsewhere. We find that if the friends of such a patient cannot take them, they are perfectly ready to go to the hospital, as it is called. We call this the Eastern Hospital now and leave out the word 'Poorhouse.' They come to the hospital quite cheerfully, knowing that there is no limit to their stay here, and that the lines that take them to the infirmary only entitle them to stay there for two months.

1755. It may be quite right to leave out the word 'Poorhouse,' because I understand some patients pay just as if they were attended to at home?—That is so in a few cases. At any rate it is a popular place, and I think it is distinctly more popular since Dr Sandeman came. She has taken up her work with tremendous enthusiasm, and patients come now for curative treatment and not as a last resort.

1756. Then it is just a second infirmary?—Yes, it is. Very often there is very little distinction between the class of cases treated in the two places.

1757. You don't hesitate to treat any case that comes here just as you would do in the infirmary?—That is so. Most difficult surgical operations are sometimes done here. The want of a theatre is being felt now. It was not felt at first, but now, judging from the numbers of operations in the last few years, it would be a great advantage.

1758. *By Dr Mackenzie.*—The increased treatment of patients for acute diseases in the poorhouse hospital is really a result of the fact that there is not adequate accommodation for them elsewhere?—Yes.

1759. And therefore it is a result not of design on your part as a parochial organisation, but it is a result of necessity?—That is so. There may be some exceptions—some people who are more anxious to get rid of their friends, knowing that they will be comfortable here.

1760. *By the Chairman.*—Your treatment in the poorhouse hospital extends to cases which are not technically pauper cases?—Evidently, from the payments being made and the kind of friends that come about.

1761. You know that yourself?—Yes.

1762. We have been informed, and we rather gather from what we have seen to-day, that although in the poorhouse here there was no distinction other than between the infirm inmates and the sick on the one side and the ordinary inmates on the other, of late there has been a practice rather to segregate the infirm and give them a separate treatment and light work such as is suited to their cases. Do you approve of that?—Yes, it would save a lot of nursing and hospital accommodation.

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1763. Have you anything to tell us with regard to the nursing here?—No.

1764. You train here your own probationers, out of whom you make your nurses?—Yes, to a certain extent.

1765. Have you any views as to the time that a probationer should serve before she becomes a fully-qualified nurse?—I think that two years is enough for our purpose here—that is to say, going on in the same hospital where she is accustomed to all the ways of doing things.

1766. *By Dr Mackenzie.*—But it would not be enough if she had to take duty as charge nurse elsewhere?—No. Three years is necessary for that.

1767. *By the Chairman.*—You come to that conclusion from your experience here, and also from the fact that you examine them before they get their certificates?—Yes.

1768. Do you think one nurse and a probationer to every thirty patients is sufficient?—On the whole, it has been sufficient in the past. During the last year or two there has been a greater rush through of cases, more acute cases entering, and therefore their work has been harder.

1769. *By Dr Mackenzie.*—That is to say, the shorter the stay of the patient in hospital the greater nursing is required?—Yes.

1770. The shorter stay is an index of the greater acuteness of the illness and the greater amount of nursing?—Yes.

1771. You would prefer more than one nurse and probationer to every thirty patients?—Yes, but it might be enough on an average.

1772. *By the Chairman.*—Have you had experience yourself of pauper nursing?—Yes.

1773. Do you approve of it?—By no means.

1774. You don't think there should be any such thing under any circumstances?—No.

1775. *By Dr Mackenzie.*—You have had actual experience of pauper nurses?—Yes. There is one paid nurse in the West Poorhouse, and the attendants are untrained and pauper nurses.

1776. You would not consider it a proper thing in any poorhouse hospital to put sick patients in exclusive charge of pauper nurses?—No.

1777. You might have paupers as attendants, subject to a trained nurse?—Yes, and have the trained nurse responsible.

1778. That is the result of your sixteen years' experience of both systems?—Yes.

(At this stage Dr Mackenzie took the chair.)

1779. As to malignant diseases, you are of opinion that most cases can be treated in ordinary sick wards, but for offensive cases of this nature, as well as others (as gangrene, incontinence, etc.), special arrangements should be made?—Yes.

1780. Your conception of infirm cases is as follows: 'Those who are by age or other cause able to be sitting 'about most of the day, may even be able to do some 'work, such as sewing, to occupy them, but do not re-'quire skilled nursing'?—Yes.

1781. You think that they should be treated and kept separate from the ordinary inmates?—Yes, and they should have kindly attendance.

1782. In the matter of probationary nurses, you state that your standard is being gradually raised through more care in selecting probationers?—Yes, there are more applicants.

1783. You have no difficulty in getting probationers now?—No; but with some exceptions they are not of the same class as we get at the infirmary. They are often the better class of servants and asylum attendants. I have seen factory workers, who are sometimes extremely intelligent, and others who have been doing amateur nursing.

1784. You are of opinion that your organisation here gives as complete a training as in the infirmary?—Yes.

1785. There is no reason in the nature of the work why poorhouse nursing should not attract as good a class of probationer as the infirmary?—No; the only reason against that is that the staff here is smaller. In the infirmary there is a large staff of physicians and surgeons and specialists, so that they undoubtedly see more good work done.

1786. But no more work of a class that would better qualify them for being poorhouse nurses?—No.

1787. The general treatment of the work would be rather different?—Yes. Surgical nurses are probably much more efficient in an ordinary infirmary.

1788. You consider that everything possible in reason to increase the attractiveness in a poorhouse hospital should be done—recreation, both outdoor and indoor should be encouraged, there should be a good library, visiting by friends at the proper hours should be welcomed, and there should be occasional evenings out for concerts, etc., granted, and also the holiday extended to three weeks?—Yes.

1789. You think that by systematically arranging the nursing on such a footing you would attract a better class of applicants?—Yes.

1790. And you would get more satisfactory work?—Yes.

1791. What, actually, do you do in your hospital here?—The recreation facilities are rather limited.

1792. Do you adhere strictly to your hospital rules?—I think we are rather more liberal. They only get a fortnight's holiday, however, and they would be better of three weeks. Then they have their half-day off once a week, and half a day on Sundays.

1793. You consider that that leave is just rather short to keep them in a state of efficiency?—Yes. In the infirmary they have two hours off every day, or something like that.

1794. Would there be a difficulty in arranging for that in your actual conditions here?—I fancy it would mean a larger staff. There is a lot of work which must be got through, and I don't think they could afford so much time off. All the library they have just now is some books that were got when the place was started, and I don't think they have been added to since. They have a piano, but that was through my wife getting a number of people to subscribe for it. Then there is a tennis green, but I don't think that they have ever played on it. I think the only question is the question of funds—they don't seem to have enough spirit to subscribe among themselves, and there is not very much done in that way. I think that more should be done for those things by the governing authorities, and not so much left to the nurses themselves. Their recreation room is very small; that was a mistake in building the place. They get out in the evenings for concerts and that sort of thing.

1795. Have you found it difficult to retain the nurses on the staff?—At times we have had a good many changes.

1796. Have you any suggestions to offer about the administration? Do you think that the present relation of the visiting medical officer to the Governor, matron, and so on, is satisfactory?—Yes, it has been absolutely satisfactory as regards my own experience. There is never the slightest friction with the Governor or with the matron.

1797. You think that the working of your present hospital rules, plus the poorhouse rules, is quite possible without any difficulty, or overlapping of duties or restraint of any official?—Yes.

1798. That is to say, that the relations, as prescribed in the rules, are quite workable?—Yes.

1799. Do you think that the hospital should be absolutely separated from the poorhouse organisation and worked quite separately, or would you prefer the present arrangement?—There have been times when I thought that it would be better to be separated, but, of course, that would mean throwing a very great deal of work on some new official, a sort of medical superintendent, in the hospital. I think that the present arrangement is fairly satisfactory.

1800. What control have you, as visiting medical officer, over the nurses? They are bound to obey you in every matter concerning treatment?—Yes, undoubtedly.

1801. Have you any jurisdiction at all as regards their engagement and dismissal?—The question has never come up. I fancy that there would require to be very clear grounds for taking any steps. Of course, we have had occasion to dismiss a nurse.

1802. In your actual practice, who is it that engages the nurse?—I don't know what is done just now, but when Mr Buglass was Governor he really engaged the nurses; at least, he practically did so, although nominally it is the head nurse who does so.

1803. That is subject to the Governor, who must confirm the engagement?—Yes, but I think he did even more than that. Still, I did not much object to it, because he was a man of great common-sense in every way, and I don't think that the general effect was bad.

1804. On the whole, you got good nurses?—Yes, but it caused a certain amount of feeling in the last matron's mind.

1805. Have you any voice in the selection of the nurses or probationers?—Yes; the probationers are sent to me for physical examination. That was all that Mr Buglass asked—a certificate of physical fitness—and I used to ascertain as to their education, and if I thought it was not up to the mark I told him so, and they were not taken.

1806. In reality the selection was guided by your opinion, although you had no jurisdiction in the selecting?—That is so. Then there was the question of how they got on during the first two months. If they did not take in their instruction well, or show a capacity for becoming good, capable nurses, then we did not keep them.

1807. The termination of that engagement would depend on the opinion of the visiting and resident medical officers?—Yes, the matron would bring the thing up.

1808. It is on the report of the medical officers that the engagement would be terminated if a girl was not considered to be suitable for the work?—Yes.

1809. So you have a certain control, although it is not specifically laid down that you engage and dismiss the nurses?—Yes, but I think it would be better to be laid down. I think the medical officers are best able to judge of the capacity of any individual for nursing; they are better able to judge of that than any Governor would be.

1810. Would you suggest that the visiting medical officer should really appoint the nurses, subject to the House Committee?—Yes.

1811. Would you think that a good arrangement?—Yes.

1812. And that the Governor should have no jurisdiction in the matter?—No.

1813. You think that the supreme man for the appointing and discharging of nurses should be the medical officer?—Yes.

1814. You might put it in this way, that the lady superintendent would have the preliminary selection and appointment of the nurses, subject to the approval of the medical officer, and all subject to the confirmation of the House Committee?—Yes.

1815. Would that be preferable to the present arrangement?—Yes.

1816. Of course we are not talking of individual persons; you might have a good or a bad Governor, but you think, on the whole, considering the urgency of the selection of capable women, and the training they must be going through, the proper course is that they should be selected by the medical officer?—Yes.

1817. You are quite clear on that point; you think that that arrangement would be in the interest of poorhouse hospitals?—Yes.

1818. We had from a medical superintendent of a large poorhouse hospital some details as to the course of instruction that he gave to his nurses. By Rule 2[1] the visiting medical officer is to prescribe the course of training to be given during a period of three

[1] See Appendix IV.

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years, and he is to take part with the resident medical officer in that. What do you do?—My own practice has been to give them a lecture for an hour on Wednesdays during the winter and the early part of the summer, practically from the middle of October till June, with perhaps a break of a fortnight at Christmas and another break of perhaps a month in March or April. During that time I would give them sometimes a course on midwifery, which we have to teach here, alternately with teaching in medicine and surgery, chiefly clinical. I would take them to the bedside and explain various points that would be of special importance for nurses, in regard to temperature, pulse and so on, and what they should know as to a patient's condition for reporting to the doctor. I would take up special types of cases—pneumonia, skin diseases, and so forth—and point out the various things they might see and handle. Then the resident medical officer has been in the custom of giving either one or two lectures a week in the evening, on anatomy and physiology, with first aid, and things that we require in that way, and some systematic surgical work, such as bandaging and going over fractures and so forth. Examinations, written and oral, are held four or five times in the course of the session. Marks are given for these, and there are prizes awarded at the end of the session.

1819. These examinations are conducted by yourself and the resident medical officer?—Yes.

1820. You have had no outside examiner coming in?—No.

1821. That training course proceeds for three years?—Yes. There will be six or seven pupils in a class, and they seem to like it. One probationer that I gave a certificate to the other day, who is going to America, got the first prize one year and the second prize another year.

1822. What means have you of knowing the occurrence of sickness among ordinary and infirm inmates? Do you make a general inspection, or do you depend entirely on reports from the Governor?—This is a little outside my present practice, because since we got a resident medical officer, that officer has been attending to the ordinary cases.

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1823. But what was the practice when you had the whole work?—There was a list given to me every day of all inmates who were lying in bed, or who had made any complaints. Those who were not lying in bed met me at a certain place and told me what was wrong, and then I prescribed for them.

1824. So every inmate in the house had direct access to you if he chose to complain?—Yes. I was often called for specially, to attend cases that had taken ill since I had been in the house.

1825. That is to say, any inmate who took ill could complain to you directly, without going through any official?—Yes.

1826. If you had been asked to suggest a medical examination of all inmates, would you think your present system quite sufficient?—Yes.

1827. Of course as patients increase in number you must make further provision?—Yes.

1828. Take an ordinary-sized poorhouse of 200 or 300 inmates—do you think that would be sufficient to ensure that no genuine complaint was ever passed over?—Yes.

1829. Supposing you were asked to lay down rules as to periodic or systematic inspection of inmates, you would consider that what you are describing would be quite sufficient?—Yes. It would make any regular inspection of them all quite unnecessary. There is an examination when they come in, and that, with the continued supervision that they have, is quite enough.

1830. It succeeds in discovering every general case of illness?—Yes. Of course there is a different rule in regard to the children.

1831. What is your rule?—Their heads are all examined carefully, and any suspicious spots are brought under the notice of the medical officer by the attendant. She calls his attention to anything like ringworm, or such as that.

Mr John Chisholm, called and examined.

Mr J. Chisholm.

1832. *By Dr Mackenzie.*—You are Governor of Dundee East Poorhouse?—Yes.

1833. For how long have you been Governor of this poorhouse?—Since 29th April of this year. Formerly I was assistant Governor at Barnhill for eighteen months, and for fourteen years was assistant inspector of poor in Cochrane Street, Glasgow, with Mr Motion.

1834. When did your poor law training begin?—In 1887.

1835. You have been engaged all the time in Glasgow institutions or as a Glasgow inspector?—Yes.

1836. You are therefore familiar with all the methods of Glasgow?—Yes, I think so.

1837. In the general note of evidence that you have submitted, you state that in your opinion hospitals and sick wards in the larger poorhouses compare favourably with public infirmaries, and the general administration of medical relief to the indoor poor is very satisfactory?—That is so.

1838. You add that sick wards, apart from general hospital, should be well ventilated, and made as bright, cheerful and comfortable as possible?—That is so.

1839. You think that in sick wards the want of the continuous services of a trained nurse is often felt?—Yes; but when I say that, I am talking really about the smaller poorhouses.

1840. Have you been an official in a smaller poorhouse?—No.

1841. But you have visited a good many smaller poorhouses?—Yes.

1842. You, I suppose, are familiar with their accommodation and their requirements?—Yes.

1843. You, from your experience, are of opinion that in sick wards the want of the continuous services of a trained nurse is often felt?—Yes.

Mr J. Chisholm.

1844. Are you of the opinion that there is a certain residuum of sick people that would not be treated at all unless they were treated in the poorhouse hospital? What I mean is this—there is a certain proportion of the general population that are necessarily sick; a certain number of those are treated in infirmaries or general hospitals, but there is a certain residuum that cannot find accommodation in general hospitals. Is that your opinion?—Yes. Take the case of Dundee. I believe that the very fact of their knowledge that they can go to the poorhouse and get medical treatment there brings a lot of them to the poorhouse to get hospital treatment who would never get it at all unless they had that knowledge. That is my experience in Glasgow also. The very fact of their knowing that they will get treatment in the poorhouse hospital, if they apply for it, brings them there. There is always trouble about their getting into the infirmary. It is not so easy as getting into a poorhouse hospital. I have never found anything to debar them from going into a poorhouse hospital.

1845. Have you any cases that pay for admission in the poorhouse hospital?—No, unless in very rare cases, as in Glasgow. I never saw one here, but in Glasgow I have seen friends going to the inspector and asking if we could take a party in for special treatment.

1846. Have you no such thing as relatives paying for the maintenance in the hospital?—Yes, that is a common thing, but they don't pay the full amount.

1847. Have you patients in Dundee where the relatives assist or give a small sum?—Yes, there is one here who pays nearly the whole expense.

1848. So taking it in a broad sense, you do have paying patients; although the patients don't pay, the relatives do help to defray the cost?—There are cases of that, but it is not common in Dundee.

1849. Of course that does not come under your department at all?—No.

1850. In regard to indoor relief, you state that the sufficiency of the accommodation provided for the sick poor greatly depends on the discrimination of the medical officers, that a slight examination of poorhouse inmates readily leads to the belief that a considerable number require medical treatment. But on closer investigation, it is discovered that they do not. What do you mean by that?—When they come to the probation ward they are kept there, until they are examined by the medical officer. Now a medical officer might be inclined to favour too much in the way of sending these people to hospital, and if that were the case here, the hospital, even though it were double the present size, would be filled up in a few weeks. If, however, the medical officer does not lose sight of the fact that he ought to have the interest of the ratepayers behind what he does, and also deal fairly with the patients at the same time, then it is different. There are cases where a medical officer would be justified in sending a party to the infirm part of the house instead of the hospital.

1851. Does the medical officer send such doubtful, or marginal cases as you might call them, to the infirm ward at present?—Yes; if there is any doubt in his mind they are sent to the infirm wards, and after they are there for a day or two, if there is any reason for sending them to the hospital, then they are transferred to the hospital. That is the general system, and I think it is the proper one. Of course if the medical officer is not careful it would play havoc with the whole thing, as he might put all these people into the hospital.

1852. You go on to say that it is well known that many who frequent the poorhouse are mere idlers, and it is also known amongst the inmates that the most comfortable part of the institution is the hospital or sick ward. If the medical officers be inclined to favour medical treatment, the accommodation at their disposal will, in your opinion, soon be found to be insufficient, but where the medical officers are careful (and you say that you have always found them so), overcrowding of sick wards under the present system can be avoided?—That is so.

1853. How many hospital beds have you here?—We have 321 excluding the lock, but 329 is the sanctioned number. Including the lock, the sanctioned number is 332.

1854. What is your total sanctioned beds for the total inmates, excluding the hospital?—On the male side of the house, 213 without the children, and on the female side, 240. In the infants' department there are 27 cribs, and for girls there are 49 beds, and boys, 37.

1855. Have you found that with the careful examination on admission the hospital beds are sufficient for a poorhouse of this size?—If we go on increasing at the rate we have been for the last four or five years, that won't be so.

1856. Can you give any figures bearing on the necessary increased hospital accommodation?—In 1894 we had 1348 admissions to the hospital.

1857. Some of these would be re-admissions?—These are the admissions for twelve months:—

For the year ending	31st Dec.	1895	there were	1437
"	"	1896	"	1197
"	"	1897	"	1128
"	"	1898	"	1325
"	"	1899	"	1080
"	"	1900	"	1375
"	"	1901	"	1686

Since then we have never been able to get the number down, and if it goes on increasing at that rate, our accommodation will not be sufficient and will have to be extended.

1858. How do you account for that increase?—The only way I can account for it is this, that I find the number of admissions to the whole house is practically up to 1000, and it seems that before 1899 the number was not quite so large as that. The number of inmates all over the house seems to have been increasing, and I think that that is due to the dulness of trade in the city.

1859. There has been a real increase of pauperism during that time?—Yes.

1860. You are quite satisfied, from your experience here, that no patient suffers?—Quite satisfied.

1861. Are you aware that in this poorhouse the infirm rate relative to the total inmates is the lowest of any of the four large cities?—I was not aware of that.

1862. You may take it from me that that is so?—It would mean that we are more inclined to take them into the hospital than other people?

1863. Or else it may mean that you have less accommodation allocated to the infirm?—I don't think that that is the case. We have seven out of twelve wards allocated to the infirm.

1864. So it is not want of accommodation?—No.

1865. Do you think it is due to your proportionately large hospital accommodation?—I don't know that that is so. There are a lot of people who really go out and in who are never classed as infirm, and they will swell up the number of inmates here from one end of the year to the other.

1866. If they remained permanently, would they be classified as infirm?—They are classified as ordinary. Of course, when I speak of the infirm, I don't speak of the sick people. I mean the infirm department of the house.

1867. Of course there is a prospect of your accommodation all over being increased?—Yes, in the near future. I believe that the whole buildings will be re-arranged.

1868. In regard to tuberculosis, you are of opinion that those suffering from tuberculosis should be placed in separate wards?—Yes, if there is room for that.

1869. You say that that is being done, although arrangements are not yet complete, and that special utensils, bed covers, etc., are provided?—Yes, that is being carried out just now.

1870. In our inspection of the poorhouse hospital to-day, you showed us some of the bed covers which had actually been provided for this purpose?—Yes.

1871. You state that classification of inmates is strictly carried out, as directed by Rule 24, page 32, in the Rules and Regulations for the Management of Poorhouses?—Yes.

1872. You are of opinion, in general, that a satisfactory classification cannot be carried out in poorhouses without 'isolation tests'?—I have no hesitation in saying that.

1873. Would you explain what you mean by that?—I think the test class should be kept separate from the other inmates of the house. They should dine together in the test department, and they should have no communication with the ordinary inmates of the house.

1874. You would carry it to the point of segregation, as if they were a special department?—Yes.

1875. That, you think, would be to the advantage of the whole discipline?—Yes.

1876. With regard to the powers and duties of the medical officer, you consider that he should have full control of the sick and infirm?—Yes, as far as medical treatment is concerned, but not beyond that.

1877. Full control of the infirm would, of course, involve diet?—The doctor has nothing to do with the inmates outside the hospital, or inmates who are not under medical treatment. If they are infirm, without being under medical treatment, the doctor has nothing to do with them.

1878. Do you think that he should have to do with them?—I don't think so.

1879. You state that he should have full control of the sick and infirm?—When I say that, I mean those requiring medical treatment.

1880. Would you not classify these as sick?—I don't want to call them sick, because they are outside the hospital. If they are really sick, the doctor has to send them to hospital; but we have people here under

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the visitation and treatment of the doctor who, if they come to be seriously ill, are sent to hospital. Those are the people I refer to. I don't wish to call them sick.

1881. On page 43 of the rules[1] there is a rule which states that it is the duty of the medical officer 'to give 'all necessary directions as to the classification, diet, and 'treatment of the sick inmates, and inmates of unsound 'mind.' On page 52 you have another Rule 67 (2)[1] which states that 'the inmates, not under medical treat- 'ment, shall be divided for the purpose of diet into seven 'classes,' and one of these seven classes is 'infirm persons 'of either sex.' Under Rule 67 (15)[1] it is stated that 'the 'diet for any inmate who is under medical treatment 'shall be such as the medical officer shall prescribe for 'him, and shall enter in a book to be kept for that pur- 'pose, and to be called "The Medical Officer's Sick Diet '" Book," which shall be submitted to the House Com- 'mittee at every ordinary meeting.' Is not the inference from that this, that all those infirms, or others under medical treatment, are to be reckoned as sick?—Yes. They must be classed as sick if they are under medical treatment, even for only one day.

1882. Would you reckon such infirm as are under medical treatment as counting for the matter of nursing?—No; if it is of a temporary nature we never do so. They never come under any kind of nursing until they come to the hospital.

1883. It does not count unless the patient is such as to be transferred to the hospital?—That is so.

1884. Sickness occurring among the ordinary or infirm inmates does not count for nursing purposes at all?—That is so.

1885. Do you think it would be a good arrangement to have a trained nurse whose specific duty it would be to work among the infirm?—Yes; of course that is in a poorhouse large enough to sufficiently occupy the time of the nurse. For instance, where you have very few inmates I would not recommend such a thing, because it would be a waste of money, but where the number is large enough to afford of a trained nurse, there is nothing to beat that, because the nurse is on the spot.

1886. Then you state that your actual practice here as to children is that the medical officer gives directions regarding the diet according to Rule 48 (7)[1]?—Yes.

1887. Regarding the other inmates, your opinion is that the medical officer should not interfere with the inmates other than those under medical treatment?—He should have nothing to do with them unless they are under medical treatment, because if you had it otherwise then it would cause confusion at once.

1888. In giving that opinion, would you include fitness or unfitness for work?—I would simply exclude those that are temporarily sick or otherwise, even if in the infirm department. I would exclude them from this rule, because so long as they are under medical treatment, although it does not count in the nursing grant, it would keep the Governor and the matron right. I would exclude these if they came to be treated in the casual book.

1889. The medical officer would have full control over them while they are counted as sick?—Yes. In other words, I think that the doctor has to do with everyone under medical treatment, and they should be left entirely in his hands.

1890. What is your practice in the matter of allocating work?—When an inmate comes in here, it does not matter to what class he belongs, he is passed through the probationary ward. If they are not sent to hospital direct, then the males come before me and the females go before the matron. There is a private record of their history kept by both of us, so that we can find out what they are and what work they are likely to be able for, and we send them to the most suitable work we have. If a man is under test order from the inspector, and we think that he is fit for test, we send him to test at once for the purpose of keeping him under test discipline. The usual work that we have for them is field work, which is supposed to be test work, wood-cutting, bunching, and rope teazing, and then there are stones for breaking, which is supposed to be part of the work that we have here. The principal test labour for the females is the laundry and the hospital scrubbing.

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1891. Supposing they refuse this test labour, how do you proceed?—If they refuse work of any description, the first thing we are bound to do is to get them certified by the medical officer to see if there is any reason for their refusing to work. If the medical officer certifies them as not being able, then we give them work that they are able to do. If he certifies that they are fit, then we insist upon their doing the work. If they refuse, the proper thing would be to punish them by isolation in cells, but we don't have such cells here.

1892. Under what rule do you proceed in asking for a certificate by the medical officer?—I don't know that we proceed under any rule, but we have always been in the habit of doing that in Glasgow.

1893. On page 49[1] it is stated that any inmate who 'shall refuse or neglect to work, having been required 'so to do, shall be deemed disorderly, and the house 'governor may punish any such inmate by requiring 'him for a time, not exceeding two days, to perform 'one or two hours of extra work each day, and by 'withholding for the like time all milk or buttermilk 'which such inmate would otherwise receive with 'his meals; or by deprivation of such other articles 'of diet, and for such time, not exceeding three 'days, as the House Committee, after consulting 'with the medical officer, shall direct.' You consider it important to get a certificate from the medical officer as a safeguard to the Governor in exacting the proper amount and kind of work from each inmate?—Yes, I think it would be absurd for the Governor to act without anything to back him up. If a man insists and goes to the Sheriff, as I have seen them do in Glasgow, the first thing we have to do is to send a copy of the medical certificate. If the doctor certifies the man to be able-bodied, then the Governor can discharge him from the poorhouse, and if he does so, then the man may go to the Sheriff for being put out. The very fact of the Sheriff seeing this certificate keeps the Governor right.

1894. Although there is no obligation under the rules to require this certificate, still you think that, as a matter of practice, it is advisable?—Yes.

1895. Although you state that the medical officer should not interfere with the other inmates, except so far as they are under medical treatment, still you are guided by him in enforcing work?—Yes, so far as the certificate is concerned. But it is not dictated to me what is to be done; I merely ask if a man is fit for certain work, and he certifies him.

1896. You are responsible for selecting the work?—Yes.

1897. Do you think that this idea of non-interference that you are so emphatic about would conflict with the medical inspection suggested by the Local Government Board?—No.

1898. It would not interfere with that?—I don't think so. Whenever there is anything wrong with an inmate, the doctor must come and examine him.

1899. Is the arrangement of this poorhouse such that any inmate in it can have direct access to the medical officer?—Yes.

1900. Without the intervention of any official?—Yes, that is so.

1901. Normally, any complaint would go through you to the medical officer, but you so arrange that any inmate that has a real complaint can approach the medical officer directly?—Yes, either himself, if it is convenient for him, or by the nearest official he can get.

1902. You consider that that arrangement should be enforced in all poorhouses?—Yes, I think it is most necessary.

1903. You think that every inmate should really have direct access to the medical officer when he chooses, at a fixed time?—Yes, at any time at all.

[1] Poorhouse Rules and Regulations.

1904. He should be in a position to make his complaint direct to the medical officer?—Yes. That is most necessary.

1905. You are aware by the rules that that is not really obligatory?—Yes. It is a thing that we are most particular about. I am glad to tell you that there is a complete arrangement in this poorhouse whereby each inmate knows that she has simply to go to the nearest official who sleeps where she can get her handy to get the medical officer, and this arrangement also applies to the male side of the house.

1906. So really, both for day and night, you have complete arrangements whereby any complaint by any inmate can, in the shortest time, be brought before the medical officer?—Yes.

1907. As regards punishment for misconduct, as laid down on pages 48 and 49,[1] do you consult the medical officer in regard to these offences before enforcing punishment?—I don't consult the medical officer with the exception of getting the parties certified as to whether they are able for work or not. I don't consult the medical officer with regard to getting the men punished.

1908. In actual practice you follow this rule?—Yes.

1909. I suppose you are aware of Rule 63[1] regarding corporal punishment?—Yes.

1910. In the infliction of corporal punishment, does the Governor act alone, or do you have any other person present?—In Glasgow we had the medical officer present, but here I have never gone the length of punishing children. If I were to strip them I would have the medical officer beside me before I would punish anyone. I would never think of doing anything else. I don't know what the practice is in other poorhouses, but I think that this is a most necessary precaution. Something might be wrong with the child, and where are you?

1911. Is there any corporal punishment of female children here?—We have not got that length, but if there was any, the matron would be bound to carry it out.

1912. You are aware, of course, that in England the corporal punishment of female children is absolutely prohibited?—Yes.

1913. In regard to cleanliness, you state that the Governor and matron are responsible for the cleanliness of the inmates, beds, bedding or food?—That is so. The practice in this poorhouse has been that when the medical officer has found any fault with the cleanliness of the inmates, beds or bedding, he reports the same to the Governor and matron.

1914. Then further, in regard to the bathing of inmates, you state that that, where necessary, is regulated by the instructions of the medical officer?—Yes.

1915. I suppose you are aware that on page 34 of the rules[1] there is a recommendation that the bathing of the inmates shall be regulated by the written instructions of the medical officer as to the several classes of inmates, the temperature of baths, and the time of bathing. What is your actual practice here?—The practice here is that the rules are hung up in the wards in accordance with this rule. We are really guided by these, and if any of the inmates make any complaint about the heat of the water, or anything like that, he can complain to the medical officer the same as a sick person would, and we act under the instructions of the medical officer. The rules are hung up in the probationary wards and the general bathrooms.

1916. What precaution do you take to see that the water is not too hot?—We have thermometers. If an official finds that it is too hot, he would not put the patient in.

1917. He goes by the thermometer?—Yes.

1918. All the deaths of inmates in the returns that you make to the Local Government Board half-yearly are given as having occurred in the sick list?—Yes.

1919. There is no distinction as to sudden deaths?—You don't ask for a distinction. We can show the number at any time, but it is not given in this return.

1920. In reference to the Board's instructions regarding the reporting of sudden deaths, do you consider that the present rule is satisfactory?—Yes, quite.

1921. Do you have any roll-call of inmates in the house?—No.

1922. That is found to be quite impracticable?—Yes.

1923. And, I suppose, quite unnecessary?—Yes.

1924. The rule, therefore, with regard to the roll-call is, in your opinion, inapplicable to a large poorhouse?—Yes.

1925. Then I would refer you to Rule 34,[1] where it is stated, 'The House Governor and matron shall fix, 'subject to the directions of the House Committee, the 'hours of rising and going to bed for the sick, the 'infirm, and the young children, and determine the 'occupation and employment of which such inmates 'may be capable'?—All that goes before the committee—all the rules are sanctioned by the House Committee.

1926. Of course the Governor has really nothing to do with the rising and going to bed of the sick?—No, he takes nothing to do with that; the rules sanctioned by the House Committee guide him.

1927. You would confine yourself entirely to the infirm and children, and ordinary inmates?—To those who do not require medical treatment. Anyone requiring medical treatment I would leave entirely in the hands of the doctor.

1928. This rule would therefore require modification?—Yes.

1929. Who searches paupers applying for re-admission?—The probationary warders.

1930. Have you ever found anything on them?—Yes, many a time.

1931. What check do you have on it?—That they must be searched. The rules are that all admissions shall be searched for anything that might cause fire, for whisky or any prohibited articles. For the purpose of satisfying ourselves that there is nothing of that kind, they must be searched, and we insist upon it. It is supposed to be done by the porter, so far as the rule is concerned, but we cannot afford to have the porter doing that sort of thing, as it takes him all his time to watch the gate. In a small poorhouse it is done by the porter.

1932. Does he search the women also?—No, you must get someone else to search the women. Of course I have not had the experience of a small poorhouse, but I am sure that you would not ask the porter to search the women there.

1933. On page 27[1] it is stated to be the duty of the porter 'To take care that no poor person or inmate 'entering the poorhouse, either for admission or on 'return from temporary leave of absence, shall take 'into the house or premises any spirits or other 'prohibited articles; and for this purpose to search 'their persons, if he shall think fit.' You know that rule?—Yes. I have no experience of a small poorhouse, and I don't know how the porter does there, but I don't think you would ask him to search the females.

1934. You would not consider it a right thing that the porter should search the females, and you would forbid that?—Certainly. Of course I would not forbid him searching the parcels, but I would certainly object to his searching their persons.

1935. When going round the house with us to-day, you said that you had very few persons who asked admission after nine o'clock?—That is the case in Dundee. Of course we have them coming at midnight, but there are very few cases.

1936. What arrangement have you as to the porter delivering up the keys at nine o'clock?—That is quite impracticable, and could never be carried out.

1937. You have necessarily to disregard that rule? Yes; it would never work.

1938. Do you have a porter on night duty?—No, but in Glasgow the place is never shut.

[1] Poorhouse Rules and Regulations.

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1939. Have you had experience of pauper nursing in poorhouses?—Yes, I have had experience of that here.

1940. That is where they are acting as assistants under a trained nurse?—Yes, they are ward assistants, and do such things as make beds, scrub, and so on.

1941. These are simply paupers assisting the trained nurses?—Yes.

1942. Have you any experience of pauper nursing, pure and simple?—No, it is a thing that should not be allowed.

1943. Take a small poorhouse with 100 or 200 inmates, where the sick might amount to ten or fifteen, would you consider it a proper thing that these should be exclusively in charge of a pauper nurse?—Without any trained nurse at all?

1944. Yes?—Whenever the figure goes over your figure here, I would say by all means appoint a trained nurse.

1945. Would you consider that any number under twenty could be properly nursed by pauper nurses?—I would not like to say that t could be properly done, but it would be a hardship on a small poorhouse to have to appoint a trained nurse where the number was under twenty.

1946. You have had no experience of pauper nursing exclusively?—No.

1947. You state in regard to the rules for nurses, that you don't think that if drawn up they should be embodied in the rules and regulations, as it would cause trouble. On what grounds do you make that statement?—I think that if you were to embody them in the rules it might suit certain people and certain institutions, but there is the head nurse to begin with, and the Governor, and the matron, and under these three heads the staff of the house should be entirely under the control of the Governor, the matron, and the head nurse, and, of course, the doctor. If you are to put these rules down in the Local Government Board rules, then they say, 'Here are my instructions; I 'will just carry these out.' In Glasgow we framed the rules separately, and we have always had them carried out in that way.

1948. You would prefer that each locality should have the liberty of framing its own rules, subject, of course, to the approval of the Local Government Board, if necessary, and you think that these rules should not be a universal code, applicable to all poorhouses alike?—That is so.

1949. You want freedom of action in each particular place?—Yes.

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1950. Your last point is in regard to visitors, and you say, 'At present here, and in several large poor-'houses, visitors to inmates are allowed to visit them 'once a week, from two to five on Saturday afternoon. 'As this tends to frustrate proper management and 'discipline of the house, it ought to be discontinued. 'Once every month is often enough, visitors to hospital 'patients being admitted as directed under Rule 44, 'page 41'[1]?—That is so. In the first place the idea is to test the people as much as possible. I find since I came here that the friends come practically out and in every week to see the inmates, and we cannot prevent them. The very fact of their having seen their friends so often, as you can understand, makes them feel quite comfortable here, and you can never get them out. Besides that, there is no doubt that their friends carry a lot of stuff in. The committee here and in Glasgow allow them to carry in pastry, and sometimes even tobacco, and when the people get all these comforts, I think they get too much freedom. Besides, it tends to interfere with the discipline. Five or six years ago we never allowed them in more than once a month, and we found that that was quite often enough. Here we allow them in once a week, and they see their friends practically as often as they like. I don't think that that is right.

1951. Have you any opinions to offer us as regards the relation of the Governor to the porter?—I certainly think that the Governor should have full control over the porter, the same as he has over anybody else.

1952. That would involve engaging, suspending, and dismissing, but all subject to the House Committee?—Yes, subject to the approval of the House Committee. Of course, if an urgent case occurs, I have simply to send to the chairman of the House Committee, and we can dismiss the party on the spot. I think that that should apply to the porter.

1953. Does it apply to the porter in Dundee?—Not so far as the rules are concerned, but if any occasion arose, I would certainly dispute that. I think that the rule should be altered.

1954. Have you anything to do with the removal of patients to the hospital or the poorhouse?—No.

1955. Who supervises that?—The inspector.

1956. Have you any remarks to make on the medical certificate sent with the patient, as given on page 29?—I think it is quite satisfactory.

1957. You would not want any more details?—I don't think so.

1958. You have found it to be quite satisfactory?—Yes.

The Committee adjourned.

FIFTH DAY.

THURSDAY, 6TH NOVEMBER 1902

At the Local Government Board Offices, Edinburgh.

Present:

Mr J. Patten MacDougall, *Chairman.*
Dr W. Leslie Mackenzie.
Mr. R. B. Barclay.

Mr J. Jeffrey, *Secretary.*

Mr James Russell Motion, called and examined.

Mr J. R. Motion. 6 Nov. 1902.

1959. *By the Chairman.*—You are Inspector of Poor and Clerk to the Parish of Glasgow?—Yes.

1960. How long have you held that position?—Since 1898 I have been in charge of the inspectors' department since 1885.

1961. What was your experience prior to that?—I have been in the Poor Law service in the Barony Parish since 1866.

Mr J. R. Motion. 6 Nov. 1902.

[1] Poorhouse Rules and Regulations.

1962. Having been in that position, you have had very considerable experience, not only of the working of the Poor Law in the Barony, but in other parishes?—Yes.

1963. We are inquiring first of all here into what improvements may be effected in hospitals and sick wards of a poorhouse, and in the general administration of medical relief to the sick poor, both indoor and outdoor?—The improvements in the general administration of medical relief to the sick poor at present being carried out in the parish of Glasgow appear to me to be in advance of anything yet attempted in Scotland. These are the erection of district hospitals (two) for acute and immediate cases of illness; for advice and treatment of alleged cases of insanity, a ward for fifty; a general hospital and infirmary for chronic sick, infirm, and children, with specially-equipped wards for consumptive cases; and the retention of Barnhill Poorhouse, with extensions and alterations in progress, for the care of all ordinary poor, including the vagrant class. I hand in our reports of new cases for the year, and the last half-yearly reports. (*Hands in Reports, vide* Appendices VII.–X.)

1964. Have you anything to add as regards the analysis of applications for relief for the first time?—No.

1965. Then with regard to indoor relief, you have told us what has been done in Glasgow with a view to making better provision for that. What is your view as to the treatment of tuberculosis, malignant and offensive diseases?—I think it is expedient to treat tuberculosis, malignant and offensive diseases in the poorhouses by having separate wards therefor. This arrangement will save buildings, separate administration, and other so-called oncost charges. Of course this all depends upon the size of the poorhouse and the population.

1966. In your *précis* you state what is being done now by the Glasgow Lunacy District Board?—Yes; they are building separate hospitals of wood and iron for patients afflicted with tuberculosis. I might state that the cost comes out at about £90 per bed, roughly speaking.

1967. How does that compare with stone and lime?—I think the stone and lime comes out about £150 or thereby. I am not able to tell what the cost will come out for Stobhill and the other two district hospitals, but we will be able to ascertain that in a short time. It cannot be less than £180 for Stobhill.

1968. Are the buildings which have been put up by the Lunacy District Board completed?—Almost. I expect that they will be opened within a fortnight.

1969. *By Dr Mackenzie.*—You are not including administration in that £90?—Yes.

1970. It is not merely structure?—It includes everything. The Woodilee one holds 100 patients, roughly speaking, and that is taken at £90 or £94 a bed. Within that building there is the accommodation for the nurses, and sitting room for the doctor, and so on.

1971. It is simply administrative accommodation that you mean, sufficient for the working of these hundred beds?—Yes.

1972. *By the Chairman.*—The hospital is complete in itself for £90 a bed. How far is it wood and how far is it iron?—The outside shell is corrugated iron. Inside of that is thick felt about one-eighth of an inch in thickness, and then there is a space, and then timber, and then what is called 'compo board.' That allows the constructor to put on a good skin with paint and varnish. It is much more elaborate and far better finished than the hospital we saw at Perth.

1973. Such a building has not the disadvantage which a corrugated iron building has, of being very cold in winter and very hot in summer?—No. We hope to have it perfect in all respects as regards heating and ventilation.

1974. *By Mr Barclay.*—I don't think that the comparison of £90 for this hospital with £180 is exactly correct, because the £180 includes your kitchens, stores, and servants' accommodation?—The £180 includes everything. This £90 does not include the main kitchen and that sort of thing.

1975. *By the Chairman.*—Then it is not absolutely complete in itself?—It can be made complete with all the necessary kitchen appliances. Suppose Woodilee were to be burned down to-morrow, that could still keep itself going.

1976. In any case the cost is very much less, and the efficiency is quite as great?—Yes. I only regret that we did not put up something of that sort at Stobhill to house a number of our people there.

1977. Do you think that what you know of these buildings which have been put up by the District Lunacy Board justifies you in suggesting that where such hospitals are required elsewhere they should be made of that material for the purpose of isolating tuberculous patients and others suffering from a malignant disease?—Yes.

1978. I suppose in your experience you always classify inmates into sick, infirm, and ordinary?—Yes, we have done so.

1979. In addition to that, do you in Glasgow attempt to classify the ordinary inmates as regards character?—It is impossible to do so at present, but I think that an attempt will be made to do it in Stobhill, because there are numerous wards and subdivisions there with that end in view.

1980. You are of opinion that such a classification of the ordinary inmates according to character would be an improvement upon the existing system?—Yes, but the numbers involved must be considered. It would not be so easily carried out with a smaller number, and it would not conduce to good discipline, but where you have a large number of people, such as 1100, I think it can be done.

1981. How would you proceed to so classify. Would you simply separate one class from the other, or would you do more; would you have a distinction as to diet and other conditions?—I would not go that length. The fact of the matter is, that this is rather *in embryo*, and it would depend a great deal upon the working out of this new scheme in Stobhill. It does not seem impossible that some such classification could be effected. It would certainly involve the dietary. My reading points, I think, to certain institutions in England where that has been done.

1982. Is it within your knowledge that it has been attempted in Scotland?—Not that I know of.

1983. So far as you can judge, such an experiment, to put it no higher, would be of practical use?—Yes.

1984. You say so, although you are not at present justified in saying that the experiment would be successful?—The want of that just now bars me from getting certain persons into the poorhouse who ought to be there, people on the outdoor roll who are unable to look after themselves properly. The neighbours look after them, and I will say that a certain woman should go to the poorhouse, and they say that if she did so she would be put along with so and so.

1985. Those are people you would not put in the infirm wards?—They would be in the infirm class, but subdivided.

1986. You would extend this classification as to character beyond the ordinary wards, and have it also in the infirm wards?—Yes; I refer to Stobhill all over as infirm and sick.

1987. I suppose this classification to which you point would probably cover all the three classes?—No, I would not extend it to all the three classes.

1988. Not to the ordinary?—I would extend it to the infirm and the sick who are able to walk about.

1989. Why would you not extend it to the ordinary inmates?—They will be sent to a poorhouse proper.

1990. You would only have it at Stobhill, and that is entirely for the sick and infirm?—Yes.

1991. You are of opinion that all first admissions with diseases of an acute character, or requiring the constant attention of a medical officer, should be considered as 'sick,' and that the transfer of such to the infirm or ordinary must depend upon the view the medical officer takes of the case?—Yes.

1992. The medical officer sees all these cases at first admission?—Yes.

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1993. Have you anything to say about the ad ission order at present in use?—I hand in the admission orders which we have in use with us, the white order being for ordinary cases and the pink one for test cases. We have an exemption from the Local Government Board as to not supplying a copy of the register. It would be a fearful undertaking to send this up, and the test order is considered to be quite sufficient. I don't think that these orders are sufficient, because I think that more of the history of the applicant should be included. (*Hands in copies of Admission Orders, vide* Appendix XI.)

1994. You suggest that in our new rules we should provide for that?—Yes; I think so.

1995. If you had the history of the cases, that would save you trouble in the long run?—Yes.

1996. It would save you trouble, particularly in the case of those who are 'ins and outs'?—Yes. At the present moment the medical officer knows nothing more by that line than that John White is a test case; he knows nothing about his history at all, and does not know why we consider him a test case. We have a man John White who wanders all over the country. Two months ago he was in Aberdeen Poorhouse, and we instructed him to be sent home. His fare was paid and he got into the train, but I don't know where he got out, and he became chargeable to Forfar. Now if something about the history of characters like that were put in, then the medical officer would see behind it.

1997. These two orders which you have handed in are similar in terms?—Yes.

1998. I suppose the distinction in colour is simply that the one is for the ordinary cases and the other is for the sick and infirm cases?—Yes. Take a man with venereal disease (and we have too many of them)—we know nothing about him, but we give him this line, and he is sent to the hospital, where he gets a good bed and is fed up like a fighting cock.

1999. Perhaps you will make such alterations upon these two forms as you think would meet your views, and let us have them?—Yes. (*Subsequently sent, vide* Appendix XII.)

2000. *By Mr Barclay.*—Supposing there is a man of dissipated habits who goes into a poorhouse, and under the discipline of the poorhouse he becomes quite orderly and subject to the discipline, would the test still be continued?—He is still left in the test department, and he is subject to the rules there in connection with labour and such like. He may not agree to these rules, and the result frequently is that he leaves the institution.

2001. There is another class of test case where a man has a family who are able to support him. Is he sent in with the pink order?—Yes.

2002. Is he treated the same as a person who has been dissipated, or of immoral habits?—I think the governors make a distinction—at least our governors do. As a rule the Governor of Barnhill interviews nearly every male inmate, and makes his own judgment apply to each particular case, but, unfortunately, all the governors of Scotland don't do that. It is the personal application of the governors of the institutions that should be applied to each case.

2003. What I want to get at is this: a man comes to the poorhouse who cannot support himself, but who has sons who ought to be able to support him; he is put in the same position as a man who has lived a bad life, and from this order the Governor does not know the difference?—Under ordinary circumstances he does not know until he enquires.

2004. Is the test not satisfied when a man of this class accepts the offer of the poorhouse?—I think so.

2005. When he accepts the offer of the poorhouse, then the test should cease?—I would go further and say that there should be a distinction between these red lines. I would have another line for a case of that kind.

2006. *By the Chairman.*—As I understand it, the additional questions and answers you propose to import would probably meet the hardship, because you would have a full history of the case upon the form?—Yes, that would depend upon the working out of it. Generally speaking, however, we have very few of these cases.

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2007. At any rate, that fuller information would enable you to do better justice to a case of that kind, such as Mr Barclay has pictured?—Yes, undoubtedly.

2008. Then you produce poorhouse rules for the test departments which are in operation in your parish, and were approved by the Local Government Board on 14th December 1894?—Yes. (*Hands in Rules, vide* Appendix XIII.)

2009. Have these rules, in your experience, been found to work well?—Yes.

2010. Have you any suggestion to make regarding them?—No. No suggestion occurs to me at this moment.

2011. As regards the powers and duties of the medical officer with respect to the 'sick' and 'infirm' and 'children,' you say that in so far as regards the indoor poor of Glasgow parish, their needs will be fully met by your new infirmary and district hospitals, inasmuch as the medical officer will have supreme control?—Yes.

2012. I suppose that that is so now?—Practically.

2013. Has he anything to do with the other inmates?—No, unless they are specially brought under his notice by the Governor, or unless an inmate who is sick presents himself at the dispensary.

2014. He sees all applicants when they first come to the poorhouse?—Yes; he or his assistant passes them through, and orders the baths and such like.

2015. Does he never see the ordinary inmates again unless application is made by the Governor or by themselves?—No.

2016. He never goes to the ordinary wards, and the ordinary inmates are not paraded before him at all?—No. Of course he may go through the wards—that depends on the view he takes of his position. I know that Dr Core goes through the wards in Barnhill. The warders have instructions, in connection with the general rules, to bring under the notice of the medical officer any cases of sickness. There is no lack of medical attention so far as our poorhouse is concerned.

2017. *By Dr Mackenzie.*—You say that it depends on the view that the medical officer takes of his duties whether he visits the ordinary wards or not. Does that come under any of the medical officers' rules?—No.

2018. It is not enjoined on him?—No. You will get one very active officer who will do it, and then you will get another who does not do it.

2019. *By the Chairman.*—You put in the general rules which you have in Barony Parish for the instruction and guidance of officials and tradesmen of Barnhill Poorhouse, approved by your House Committee on 15th March 1893, and by the Parochial Board on 28th March 1893?—Yes. (*Hands in Rules, vide* Appendix XIV.)

2020. Have these been before the Local Government Board?—No.

2021. Those rules are now in practice in your poorhouse?—Yes.

2022. Have they been found to work well?—Yes, very well. There are instructions there as to bathing and the duties of all the subordinate officers.

2023. These, I suppose, are carrying out in more detail the rules and regulations of the Local Government Board?—That is their object.

2024. Has the medical officer any duty as regards the cleanliness of the inmates' persons?—I think he has, if I remember the rules properly.

2025. You have not had your attention particularly directed to these rules, your duties being outside the poorhouse altogether?—That is so.

2026. Have you any personal knowledge as to whether the food in the poorhouse is inspected by the medical officer?—Yes. I have seen it inspected, and in connection with our contracts, where doubt was expressed as to the ability or honesty of tradesmen, I have given the medical officer private instructions to watch particular articles of food, especially milk.

2027. Are there frequent complaints made of the diet or food in the poorhouse?—Now and again, when

certain members visit the poorhouse, members who lay themselves open to receive complaints.

2028. You mean certain members of the House Committee?—Yes, the Parish Council.

2029. I suppose your whole Parish Council is the House Committee?—No; there is a committee of eleven members, but the whole Council visit in rotation, two at a time.

2030. Some of the inmates make complaints to them as to the diet and cooking?—Yes, and those are found to be unfounded.

2031. Has the medical officer, in your experience, ever made any complaint?—No.

2032. These complaints, when made, are inquired into by the Parish Council or the House Committee?—They are usually immediately inquired into by the Governor, and the medical officer, if necessary.

2033. Are the members to whom the complaints have been made themselves present when this inquiry is conducted?—Yes.

2034. The inquiry is made before they leave the house?—Yes, but sometimes they keep back these complaints and spring them upon the committee.

2035. In all cases, however, the inquiry is made as soon as possible?—Yes.

2036. And is it always in the presence of those to whom the complaint has been made?—As a rule.

2037. They take part in the enquiry?—Yes.

2038. No. 14 of the Local Government Board's rules[1] provides that, 'The poorhouse shall be visited once at 'least in every week by a committee of two or more 'members of the Parochial Board. The visiting 'committee shall carefully examine the poorhouse, 'shall satisfy themselves as to the quantity and quality 'of the provisions issued to the inmates, shall ascertain 'whether the house is kept clean, well ventilated, and 'sufficiently warm, and whether the inmates are 'properly attended to and accommodated, and shall 'write such answers as the facts may warrant to the 'following queries, which are to be printed on each 'page of a book, to be provided by the House 'Committee, and kept for that purpose in the Poor-'house, and which is to be submitted by the House 'Governor to the House Committee at every ordinary 'meeting,' and then there follow certain questions which are to be answered. What you are telling us just now is in accordance with that rule?—Yes.

2039. That is just the ordinary routine of Poorhouse administration, as provided in these rules and regulations?—Yes.

2040. Is any record kept of these complaints and their results?—There is a book kept in which they enter their observations, and that book is read before the House Committee at their meeting.

2041. That is the book provided for in this rule?—Yes.

2042. All that is entered there?—No, they do not enter these complaints.

2043. *By Dr Mackenzie.*—Your point is that complaints are sprung upon you when the proper routine would be to enter them in the register kept for the purpose?—Yes.

2044. Your point is that the complaints are made irregularly?—Yes.

2045. *By the Chairman.*—Have you any suggestion to make as regards the medical inspection of inmates on admission?—I would like to see a more immediate and a more thorough examination. The medical officer ought to be called for immediately when the inmates appear.

2046. Is not that done at present?—It is impossible. You would require to have a medical officer sitting from morning till night in order to be able to do so, but we are trying to obviate that by sending the cases in large batches.

2047. *By Dr Mackenzie.*—That practically meets the case?—Yes, so far as we are concerned.

2048. *By the Chairman.*—You are doing all you can with your present staff to have all the inmates thoroughly examined immediately on their admission?—Yes.

[1] Poorhouse Rules and Regulations.

2049. You say that the medical officer gives instruction as to temperature of the baths, and that you have rules for bathing prepared by the Governor?—Yes.

2050. These are included in the rules for instruction and guidance of officials and tradesmen, which you have already produced?—Yes.

2051. Were these prepared by the Governor after communication with the medical officer?—I don't remember the process through which these rules were arrived at in 1893. The medical officer is responsible for the temperature at which the bath is given, and a paid officer in each department is in attendance, although the bathing may be done by an inmate.

2052. That means this, that an inmate on admission is bathed by another inmate?—Yes.

2053. Do you think that that is a good system?—There is no other way. For instance, one day last week we had ninety-five admissions between the two poorhouses. That number will probably rise to 120 or 150 in the winter, if it is a bad winter.

2054. It is impossible to do otherwise than have the bathing performed by the inmates?—That is so.

2055. It is done under supervision?—Yes, very close supervision.

2056. *By Dr Mackenzie.*—As a matter of fact, you have had no bad results from this system?—No.

2057. And you have had no accidents?—No.

2058. *By the Chairman.*—You have nothing to suggest with regard to the treatment of infectious diseases. Everything goes smoothly with you?—That is so.

2059. The medical officer has a free hand in calling in extra nurses or another medical practitioner for consultation and assistance if these are required?—Yes.

2060. Of course that is if the Governor and the House Committee approve?—Yes. We have not gone further than that.

2061. As a rule, your medical staff is sufficient for your purpose?—Yes, quite sufficient.

2062. And you are able by your existing medical staff to treat both medically and surgically all cases which you require to treat?—Yes.

2063. You have every appliance for a surgical operation?—Yes.

2064. You are as well equipped and furnished in that respect as the infirmaries in Glasgow?—Yes.

2065. Do you have sick cases in your poorhouse hospital coming from outside which have been treated in the infirmaries in Glasgow and which have been discharged from the infirmaries, and have come to you to be treated?—Yes.

2066. Have you paid cases?—We don't have ordinary paid cases, but we have applications for relief from people who have collateral relatives, for instance—an old aunt, it may be, who cannot do anything for herself, and her people ask us to take her into the poorhouse, and we stretch a point and do so. They sometimes pay the full rate, sometimes they pay half, and sometimes they pay less or more.

2067. You say that sometimes they pay the full rate; do you mean by that that they pay the whole cost of the maintenance?—Yes, the cost as made out by the blue book, 5s. 6d. or 4s. 6d. as the case may be Sometimes I have got people to pay me 7s. a week These cases are bound to be taken up by somebody, and the Poor Law authority is the only one that can do so.

2068. Because the infirmaries say that they cannot keep them any longer?—These are not infirmary cases. We have no cases that are discharged from the infirmary that are taken in and paid for. These are ordinary daily transfers.

2069. Why do these cases not go to the infirmaries?—The infirmary is not a place for them: the infirmary is not the place for an old person who is not exactly unwell.

2070. But I mean cases that require medical or surgical treatment?—We have none of these.

2071. You have no paying cases who have come to you for medical or surgical treatment which, in the

ordinary rule, would be treated in the infirmary?—No, we have none of that description. If an application is made for admission to the poorhouse hospital, we don't enquire as to where these come from. I am not aware that we have taken into our poorhouse any case from the infirmary. Possibly there are cases that we have taken in that ought to have been taken into the infirmary, had the people gone there, but having applied to me, I have no right to pass them to any other person.

2072. *By Dr Mackenzie.*—In some of these cases you get refunded to a certain extent?—I would not say infirmary cases as much.

2073. But people that would find their way into the infirmary if there was room for them there?—I don't think so. I don't think there are any cases of that description. Cases in which we are repaid by the relatives, collateral and otherwise, are cases that cannot be attended to in their own homes or in the homes of their relatives, but I am not aware that we have treated any cases that should have gone to the infirmary as such.

2074. *By the Chairman.*—I read to you the evidence given to us by Dr Johnston from question 538 onwards. What have you to say to that?—I say that it is a piece of nonsense. We don't enquire whether any of our cases have been discharged from the infirmary or not. It is nothing to us.

2075. In no case do you receive payments of the kind suggested by Dr Johnston?—No.

2076. Dr Johnston, in your opinion, must be under a misapprehension in regard to that?—Yes, undoubtedly. I have a list which shows that we have 655 cases being paid for by legal and collateral relatives in the asylums, outdoor and such like. I hand in details of money recovered from paupers and relations liable and other collateral relatives during the year 1902. (*Hands in Statement, vide* Appendix XV.)

2077. Then it is not the case that there is any rule in Glasgow as to charging for treatment in the poorhouse hospital?—No. When I was appointed inspector for the unified parish, I found that there were a number of people in the City Poorhouse, in particular the son of a clergyman, who paid so much per quarter to the chaplain of the poorhouse, and he gave that out to the inmates in little delicacies and such like. I put a stop to that instantly, because it was subversive of all discipline. That, probably, would give rise to Dr Johnston's supposition, as there were several cases of that kind—several old women.

2078. So far as you are aware, no such case as this has happened, that a patient waiting for an operation in the infirmary, and being informed by the administration there that it could not be taken for a certain period, say a month or so, has ever come to you for treatment and been received by you in the poorhouse, and the operation been performed there at a charge?—Not to my knowledge. If I had known of such a case I would not have allowed it.

2079. *By Dr Mackenzie.*—All the cases you have described here are in the ordinary operation of the Poor Law?—Yes.

2080. There is no departure in the matter of really using the poorhouse hospital as a paying hospital?—No.

2081. Suppose, however, a case of that sort as described by the chairman was admitted to the infirmary, there is no charge made there on the relatives or on the patient?—We would make a charge on the relatives liable.

2082. But I am thinking of a case admitted directly to the infirmary, and not under your notice at all. Take a case admitted to the Royal Infirmary, Glasgow?—I think charges are made or contributions taken.

2083. But still they would treat the case without any such payment?—Yes.

2084. So you may have cases that would pay nothing at the infirmary, but that would have to pay if with you?—Not paying in that sense.

2085. The relatives would pay, or would be liable to pay?—They would be asked to pay. The moment that the patient got into the hospital they would get a circular stating that they were liable to pay.

2086. *By the Chairman.*—The distinction is this, that any payment that would be made in the Royal Infirmary would be purely voluntary, whereas under the Poor Law you have an obligation to get from those responsible for the pauper as much as they are able to give?—Yes.

2087. *By Dr Mackenzie.*—Does it not come to this, that the Royal Infirmary is a free hospital, and in a great many cases the poorhouse hospital is not free?—No.

2088. There is no obligation put on relatives to pay for any case that is in the Royal Infirmary?—The Royal Infirmary is a free hospital.

2089. *By the Chairman.*—I suppose it must happen that where you have, as in Glasgow, the infirmary receiving patients of that kind, you probably have fewer patients to treat, either surgically or medically, in your poorhouse than you would have where there is no such infirmary?—Undoubtedly.

2090. We all know that people suffering from serious diseases gravitate to the big infirmaries, but there must, to a certain extent, be a larger proportion of acute cases of illness in the poorhouse hospitals in the country where there are probably no infirmaries available than there would be in Glasgow or Edinburgh?—Yes. I would like to put it this way, that the Royal Infirmary would not refuse a case requiring a major operation.

2091. They would treat it at any time?—Yes. The cases they put off, probably owing to the want of accommodation, are such cases as diseases of the kidney and stomach, and consumption. They shy clear of these if they are in the stage bordering on pauperism. The doctors know what they are at in connection with these cases.

2092. *By Dr Mackenzie.*—But the mere fact of a person being practically a pauper, although not technically a pauper, would not prevent their being admitted to the infirmary?—No.

2093. If they are admitted to you, then they have to become technically paupers?—Yes.

2094. *By the Chairman.*—It really comes to this, that infirmaries send to you cases that they don't think interesting enough to treat?—Yes.

2095. So far as your observation and knowledge go, you don't think that in Glasgow you suffer from cases being sent to you by the infirmary which, from your point of view, ought to be treated there?—That is so.

2096. You state that the punishment of inmates is carried out after certification by the medical officer?—That is so.

2097. You say that operations are carried out by the medical officers with considerable success and great care, and that very few accidents have occurred?—That is so.

2098. What have you to say with regard to the medical officer making an annual report to the Local Government Board?—I think that an annual report to the Local Government Board should be made, but I would suggest that these annual reports should be transmitted through the House Committee and the Parish Council. At present, and for years past, half-yearly reports have been made to the Parish Council.

2099. What is your practice with regard to complaints by paupers of illness?—Complaints by paupers of illness are made with us by the attendance of the parties complaining at the dispensary, or through the nurse or warder.

2100. What do you do in the absence of your medical officers?—The assistant medical officers act in the absence of their chiefs. In the late Barony Parish, when there was only one assistant he had the power to call in an outside medical practitioner if required.

2101. What are the duties of the Governor, matron and subordinate officials in regard to the health, cleanliness, clothing, etc., of the inmates?—That is met with us in Barnhill by local rules prepared by the

Governor. I am not sure if these are carried out in the city poorhouse, but the Governor there received a copy, and I have no doubt that he adopts them as far as possible. The discipline and punishment of the inmates are also carried out in the same way by other rules adopted by the House Committee and Parish Council.

2102. What have you to say with regard to trained sick nursing?—With us the nursing is as complete as it can be with the present accommodation. When we have our new buildings it will of necessity be increased.

2103. Do you think that the standard of training should be lowered, raised, or allowed to remain as at present?—I think that the present standard of training should be allowed to remain, as we have always plenty of applicants. We train our probationers as far as circumstances—accommodation—will permit. This will be materially extended in our new buildings.

2104. What have you to say with regard to the proportion of nurses to sick required for efficient nursing?—I can hardly offer an opinion on that subject, but I would observe that with an improved classification, as we propose in our new hospitals, certain wards will of necessity have more nurses than others.

2105. Do you think that rules specifying a nurse's duties should be drawn up?—I think that rules of a general character, specifying a nurse's duties, should be drawn up.

2106. Do you think that these rules should be embodied in our Local Government Board rules, or should there be special rules for each poorhouse?—There should be rules for the different groups of poorhouses. The rules applicable to the poorhouse at Lochmaddy are not at all applicable to Barmhill.

2107. The poorhouses should be grouped?—Yes.

2108. There would be different rules as regards the nurses' duties for the different groups of poorhouses?—Yes.

2109. You would probably classify them into two, three or four classes?—Yes, according to the occupation.

2110. How is the visitation of the poorhouse carried out with you?—It is rather perfunctorily performed. Two members in rotation visit our houses, but frequently one or other cannot go, and the visit fails. I think that one visitor is sufficient, and he ought to be accompanied by the superior officer or his depute.

2111. *By Mr Barclay.*—If the members of the House Committee do not perform the visitation of the poorhouse properly, would you have any objections to a visiting committee being appointed of persons other than members of the House Committee?—I don't think I would agree to that.

2112. *By Dr Mackenzie.*—Or including any outside person along with members of the Parish Council?—It would depend on the outside person.

2113. *By the Chairman.*—I understand that your committees visit very regularly in Glasgow?—No, very irregularly.

2114. You don't suggest that any outside assistance should be got in order to supplement the visiting committee?—No. I think the visitation of the poorhouse by the Local Government Board officer is quite sufficient, and it ought to be made quite sufficient without any outside visitation.

2115. Have you anything to say with regard to the salaries of medical officers of poorhouses?—The salaries of the medical officers of our poorhouses seem to be satisfactory to the present incumbents, but I think they should be paid in some proportion to inmates. If a medical officer is a good man, and has a high appreciation of his office, he cannot be too well paid.

2116. With regard to the dispensing and supplying of medicines, you say that in your poorhouses that is very efficiently carried out?—That is so.

2117. Coming now to outdoor relief, do you think that the medical relief arrangements at present in force are adequate?—In so far as these refer to the Glasgow Parish, I think they are adequate. We have eighteen districts—one in charge of one medical officer at £385, 10s. per annum; thirteen at £75; one at £80; one at £90, and two at £30. I put in two statements giving statistical details, the names, appointments and salaries for the month ending 15th July, and also prints of the outdoor medical officers and their districts, with the rules of the parish and the Local Government Board. (*Hands in Statements, vide* Appendices XVI.–XVIII.)

2118. These statements show exactly the working of your outdoor medical officers' system in Glasgow?—Yes.

2119. I understand that the rule which provides that the medical staff shall be supplied with a list of the poor in each district has been dispensed with in Glasgow?—Yes.

2120. In substitution for that you give each pauper a line to the medical officer?—Yes, or the ordinary pay tickets, on the back of which all the information is printed, and when these are returned for official purposes, the medical card is substituted therefor. (*Hands in copies of Pay Ticket and Medical Card, vide* Appendix XIX.)

2121. Do you find that that system answers thoroughly?—Yes.

2122. It is necessary where you have such a large amount of pauperism to deal with as you have in Glasgow?—Yes.

2123. In addition to this, when an application is made for relief, the applicant is sent direct to the medical officer of the district?—Yes.

2124. What occurs? We had a case brought under our notice where a pauper suffering from a compound fracture of the leg had been discharged from the infirmary, and where there was great difficulty in getting the man to go to the hospital to get it taken off. I read from Dr Muir's evidence, answer 1096. Do you know about that case?—Yes. We could do nothing else.

2125. *By Dr Mackenzie.*—This case, as we understand, was not removed for some time after your instruction to the medical officer to visit, and his report to you. What provision is made for looking after a case like that, pending removal?—In a case of that kind, the moment the medical officer sent in his line the inspector of the district would go out and offer to send an ambulance to get the man conveyed to the hospital. If the man refuses to go, then the district inspector's instructions are to call there regularly to see that nothing goes wrong, and to continue to offer to take the man to the hospital, and to get a nurse if necessary. These are the standing instructions.

2126. Is the outdoor medical officer bound to visit the man until he is removed?—Yes.

2127. In point of fact the case, medically, is properly supervised pending removal?—Yes. It is a very expensive job. There was a case of an old woman in Maryhill which cost us 22s. a week for four months, and we found afterwards that she had £22 in her stocking.

2128. A refusal to go to hospital in a case like that is never a reason for not giving attendance?—No. If anything goes wrong we feel that we would be liable to censure, if nothing worse. While you are on this amputation case, I may mention that Dr Johnston sent to me on three separate occasions to get the authority of a father to amputate a young man's limb. Ultimately I did get the authority, but it involved three weeks of the lad waiting in the hospital. It was pure contumacy. That is the kind of people we have to deal with nowadays.

2129. Your actual method of dealing with cases like that is, that when the outdoor medical officer reports, you remove the case. If they refuse to go, do you give a medical relief order?—Yes.

2130. That provides for medical attendance until such time as the man makes up his mind to go to hospital, or dies?—Yes. If the medical officer wants a nurse, he will get one.

2131. *By the Chairman.*—I think you say in your *précis* what dispensaries you have?—Yes; we have a laboratory and dispensary at 73 John Street, and

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dispensaries in the East End, in the West End, and North-west where recipes are dispensed, and where medical officers have consultations with the poor. All the drugs are drawn from the chief laboratory in the central relief department. For the ordinary applicants for poorhouse and hospital we have a staff of five medical officers attending at the central relief department, where applicants are immediately examined and promptly removed to one or other poorhouse. I am preparing an expansion of this by having a medical officer in attendance at 10 a.m. to relieve the morning and forenoon pressure. We remove by van, etc., as many as sixty cases in a day.

2132. For your outdoor relief, I think you are in the habit of getting such nurses as you require from two nursing associations?—Yes; we subsidise two nursing associations—the St Elizabeth Home and the Glasgow Sick Poor and Private Nursing Association, at £50 each per annum, and we draw upon these for attendance of nurses upon the outdoor sick. I now hand in post-cards from the matrons of the nursing homes, on which they intimate to me that certain paupers are being attended to by the district nurses. (*Hands in Post Cards, vide* Appendix XX.)

2133. How many may you have of these in the course of a year?—It varies very much. I shall give the number for a year afterwards.[1]

2134. What is your view as regards the cost of these outdoor nurses ranking against the grant?—I think it should be the same as the indoor. I may add, with regard to the nurses, that the district medical officers were instructed by circular to make use of nurses when required. They are supplied with post-cards addressed to the inspector, and when these are delivered at the central relief department, instructions are telephoned to one or other of the nursing associations.

2135. What have you to say with regard to the supervision of boarded-out children?—When we board out children, a duplicate certificate by the medical officer of the poorhouse is sent with the child, and instructions are given to the guardians to call in their own medical attendant, who renders his account to me direct at stated half-yearly terms. The guardians have a feeling against calling in the local Poor Law medical officer, and we have found it the best policy to give the guardians a free hand, and they are extremely careful. I hand in instructions to the guardians, medical certificate from the poorhouse medical officer as to the condition of the child, a copy of which is sent to the guardians, and I also put in account forms[2] for the medical staff. (*Hands in Documents*, Appendices XXI.–XXII.)

2136. We may take it that as regards medical attendance upon your boarded-out pauper children, you leave it to the guardians themselves to employ the medical attendant?—Yes.

2137. Your whole system keeps in view this prominent factor, that you desire to remove, if you can, from these children any stigma that may be attached to them through pauperism?—Yes.

2138. And all your rules and regulations aim at that result with regard to the boarded-out children?—Yes.

2139. *By Dr Mackenzie.*—Have you found any bad results actually happening, such as ill-treatment?—No.

2140. *By the Chairman.*—Are the visitation and inspection of your boarded-out pauper children efficient and complete?—I think so. Of course that can be overdone, and there is a medium, but I think that what we are doing is quite ample. Besides that, there is the local influence, the teacher or the clergyman, who is ever ready to acquaint us if there is anything wrong, or any complaint or idea of a complaint.

2141. These boarded-out children all go to the local school, and they all go to a church of some denomination in the district. The teachers and the clergymen know that they are boarded-out pauper children, and you look to them to inform you if there is anything calling for your attention?—We don't, in so many words, say to the clergymen that we look to them, but as public functionaries going about, they see these children. Then the neighbours see them.

2142. So far as your experience of the Glasgow Parish Council goes, the system is a most admirable one, and has produced most excellent results, which you have tabulated from time to time?—Yes, I am at present preparing a report for the last ten years.

2143. *By Mr Barclay.*—You have a lady inspector for the boarded-out children?—Yes.

2144. Is she a trained nurse?—She was trained at Woodilee Asylum as a nurse, and she holds the psychological certificate.

2145. Do you think that inspection by a lady who is a trained nurse is more efficient than it would be by a medical officer?—Yes, I think so.

2146. In what way?—Because she knows more about children than most medical men do, and she is able to give advice about cooking ordinary articles of food, which is a lost art in the country. This particular lady is gifted with a great deal of good common sense, and she goes through her work and her visitation with her eyes open, which means a great deal.

2147. *By the Chairman.*—I think you have already dealt with the accommodation, arrangements and provision for casual sick poor. What have you to say as to the expediency of obtaining compulsory powers of removal to a poorhouse or general hospital or other lodging when a sick pauper has no relatives to look after him or her, or when the case is obviously one for poorhouse or hospital treatment?—This is a clamant necessity. Compulsory powers are as much required, if not more, in large cities as in remote country districts. I have called for this over and over again. The Bill now before Parliament ought to be taken up by the Local Government Board and carried through the House.

2148. Do you send any cases to seaside or other infirmaries or convalescent homes?—For about three years we have contributed £50 to the Dunoon Convalescent Homes for the purpose of securing accommodation for selected cases from the poorhouses and for persons on the outdoor roll. In addition, we have sent cases to the Roman Catholic Home in Lanark, and paid so much for each case. We are satisfied with the results of these arrangements. I hand in a circular from the inspector to the whole of the medical staff, indoor and outdoor, with reference to accommodation for convalescent cases. (*Hands in Circular, vide* App. XXIII.)

2149. Do you find beneficial results from this treatment?—Yes, on the whole.

2150. I suppose you are aware that the Govan Parish Council have started a convalescent home of their own in Bute?—For children only.

2151. Have you considered the advisability of doing that for Barnhill?—No, but we have a distinct children's department at Stobhill, which will be practically a convalescent home.

2152. It will answer the purposes of a convalescent home, being so situated and so equipped, and so far in the country—Yes; and, further, it will have the effect of improving the boarding-out system by passing these children through a sort of sieve, so that before we board them out we will know their character and their little failings and idiosyncrasies, and we will therefore run no risk of having failures.

2153. Will you please explain to us what your views are as regards the grant in aid of medical relief, and the rules regarding minimum and maximum expenditure which we now apply?—I think we ought to get the grant for wines, cordials, beef extract, milk, soda water, sanitas, and all disinfectants,—all articles not used for purely curative purposes.

2154. These should be included in the medical relief charges?—Yes.

2155. You think that the basis of distribution should be vouched expenditure, without any maximum or minimum?—Yes. I hand in post-cards sent by the medical staff for the supply of what we call nutritious diets. A great many of the medical gentlemen prefer to prescribe these instead of medicine. They come to the

[1] In a letter dated 8th December 1902, Mr Motion states that 'during the past nine months we have had intimation 'from nursing associations of forty-five patients of our outdoor 'poor who have been attended by outside nurses.'

[2] Account forms not printed in Appendix.

same thing; and we think that they should be included along with drugs. (*Hands in copies of Post Cards, vide* Appendix XXIV.)

2156. And that the certificate of the medical officer should be sufficient to justify their inclusion?—Yes. Whatever is ordered by the medical officer ought to be included in the audit of the grant.

2157. Your proposal would be that the conditions and instructions should be amplified so as to include these. You would propose to substitute that anything which is ordered by the medical officer, and which is certified by him to be nutritious and necessary, should be included?—Yes. A rule should be issued which can be appreciated by the meanest understanding, stating that that is to be included in the grant, and no more. We have no difficulty in making up our returns for the Lunacy Board as to what is admissible under 'maintenance' and so on.

2158. But you have trouble for the medical relief grant?—Yes, because we put in things that your auditor objects to. Besides that, one medical officer goes in for the pharmacopœia, and another discards it and gives milk, beef tea, wines, and so on.

2159. One medical officer gives stimulants and another does not?—That is so.

2160. You would leave it to each medical officer to certify himself what was nutritious and necessary for the patients?—Yes.

2161. You think that that alone should be the criterion?—Yes. That should be produced to the auditor to get it put into the claim.

2162. You think that that would save a good deal of trouble, both to you and to the Local Government Board?—Yes, an enormous deal of trouble.

2163. *By Dr Mackenzie.*—You would make no distinction between medically-ordered diet and medicine in a claim for the grant?—No. When I produce a medical order for anything, then that ought to be included.

2164. *By the Chairman.*—You would have the grant distributed both for outdoor medical relief and indoor relief?—Yes.

2165. All upon vouched expenditure?—Yes.

2166. The grant, of course, is a very small one altogether?—Yes, it is too small.

2167. You say that the grant should be calculated each year on the vouched expenditure of that year. Don't you think that an average of years might do, and would save trouble?—I would certainly have anything that would simplify it. If it was not possible to give the grant on the past year's expenditure, then I would take the next best, an average of three years. It really does not vary very much; I notice very little difference in our accounts.

2168. Perhaps you will give us your general views as regards the grant in aid of medical relief?—As I have said, I think the basis of distribution should be vouched expenditure. I would not take density of population, pauperism, or relative needs of parishes. If it is to be according to vouched expenditure, then I think the present division of the grant as between sick nursing and other medical relief is not equitable; that a separate division in aid of indoor and outdoor medical relief would be better, and I think that the grant should be calculated each year upon the vouched expenditure of that year, and one-half thereof allowed under the grant.

2169. *By Mr Barclay.*—Would you take the vouched expenditure in every case, without any check upon it?—I am assuming that your audit department will have power to check all that.

2170. You have had accounts from country parishes where the amount charged for medicine seemed to be excessive?—Yes.

2171. And you have complained about it?—Yes.

2172. Could you suggest any way in which the whole of that account might not be charged against the grant?—The only safeguard in that way is where medicines are ordered from a drug store.

2173. The parishes I spoke of are parishes where the medical officer is also the druggist?—It is not impossible to make some rule in connection with that, because you can easily find the price of an ordinary bottle. Indeed, we do that for parish purposes in Glasgow—when a pauper gets medicine out of our ordinary dispensary, we have to calculate what it costs. We know what medicines cost as a rule, and we put on so much for rent, official charges, and so on. You want that in these districts where there is no drug store.

2174. There is great encouragement to run up a large account for medicines against the Parish Council in order to increase the nett remuneration of the medical officer, who is also druggist?—Yes, that is done very largely.

2175. Can you suggest any check upon that?—No, not off-hand, but I think that a check could be devised.

2176. That is one objection to paying on the vouched expenditure, without either a maximum or minimum?—Yes, but I don't think that because of the irregularities of perhaps half a dozen or a dozen medical officers, a general principle like that should be cast aside. You could have a check by quarterly accounts, as you could not go far wrong in three months.

2177. *By the Chairman.*—I think you say that you would widen the definition of what is medical relief expenditure for the purpose of the grant?—Yes, a large proportion of so-called medical relief is given in a variety of forms, not medicine, and is at present disallowed. The Local Government Board should themselves define admissible items the same as the General Board of Lunacy in their accounts for 'maintenance 'and providing.'

2178. Should any restrictions be placed upon the amount which a Parish Council may subscribe to a hospital and claim against the grant?—I think that restrictions should be placed upon the amount which a Parish Council may subscribe to a hospital and claim against the grant.

2179. Have you been led to form that opinion from cases brought under your notice?—Take the principal nursing institution in Glasgow as an illustration. When the council agreed to contribute so much there, a whole host of other nursing institutions wanted to get a share of the money. It depends a great deal on the constitution or the complexion of the Parish Council, because they might spend a great deal of money unnecessarily in keeping up certain small nursing institutions which are of no earthly use.

2180. But what kind of regulation would you suggest. Would it be this, that according to the number of outdoor paupers that you have, or of sick outdoor paupers on your roll, the subscription shall be regulated?—I should think on the total number on the outdoor roll resident in the parish.

2181. And there should be a certain sum for twenty or fifty of them?—Something like that.

2182. At present you think that the system, which is a very haphazard one, does not work in the interests of the ratepayers or the sick?—That is so.

2183. You think that the rule respecting reciprocal obligations in regard to medical attendance should be continued?—Yes, and I also think that it should be extended to medicines. We do, that in Glasgow between Glasgow and Govan.

2184. Supposing you have a pauper from another parish who gets medical attendance and also medicines, you would now intimate at once that the pauper was there and chargeable to that parish; but if medicines were included in the reciprocal obligation, don't you think that the parish so relieving this pauper belonging to another parish might neglect to give that notice, and questions might arise which would cause trouble?—Yes.

2185. Would your answer be that the parish that was giving this relief was responsible for not giving notice, and therefore it must suffer? There would be no liability emerging, because your obligation would cover both the medicine and the attendance, but there might be a liability afterwards?—Yes.

2186. How do you meet that in the case of Govan? Do you send your notice as usual?—No, there is no

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notice; but in new cases we give and require notice, though no charge is made against each other. We trust each other thoroughly.

2187. There you are such good friends, but if you had a parish with which you were not on such friendly terms, what then?—We must give notice of some kind.

2188. And you think the answer to the objection to the inclusion of medicines under the reciprocal obligation which occurs to one is that the parish must just take the consequences if it does not send notice timeously?—Yes, if you have the notice the same as the ordinary statutory notice.

2189. What have you to say with regard to the remuneration of the medical officer in cases where a surgical operation is necessary, or in cases requiring the administration of an anæsthetic?—Where there is no Poor Law or general hospital in the district, remuneration should be allowed where a surgical operation is necessary, or in cases where the administration of an anæsthetic is required.

2190. I am not sure that I quite follow your answer. The rule which we try to enforce here is, that where a surgical operation or the administration of an anæsthetic is required, and assistance is called in, in addition to the medical officer of the parish, then a fee is chargeable for such extra assistance against the parish of settlement. Do you suggest that there should be some amendment of that provision?—There has been some difficulty about that, if I remember aright. There was a case in a poorhouse in the north.

2191. The rule itself is clear. Supposing that you in Barnhill required for some special operation to bring in the assistance of, say, the best surgeon in Glasgow, then according to our rule you would be entitled to pay a fee to that surgeon for his attendance, and to charge the parish of settlement with that fee. That is the rule we apply where it is necessary to call in extra assistance from outside, either for the purpose of administering an anæsthetic or anything else?—But in my answer I refer to cases where there is no Poor Law or general hospital in the district.

2192. It is all the same whether it is outdoor or in the poorhouse. If it is outdoor, then the outdoor medical officer does the same thing?—That does not seem to be generally known.

2193. It is where extra assistance is necessary that is to be paid for by the parish of settlement?—Would that cover midwifery cases?

2194. It covers a midwifery case where it is a case of difficult labour. It is suggested to me that your view is that the salaries of the outdoor medical officers as now fixed do not make sufficient provision for a case where a surgical operation is necessary, or where the administration of an anæsthetic is required, and that that ought to be taken into view in fixing the salaries of medical officers. Is that what was in your mind?—No, but it is a way out of the difficulty.

2195. At present the salary is fixed, and the medical officer is bound to do everything he can do by himself for his salary. If he undertakes it, he must do it for the salary he is getting, and if he requires outside assistance, then that has to be paid for by the parish of settlement?—But where are you to draw the line? The medical officer might think it necessary to call in extra assistance to do a very minor operation.

2196. I think that his Parish Council have a check over him?—Sometimes.

2197. I am afraid that it is a check which they sometimes enforce, perhaps rather drastically, because the medical officer's tenure depends on the Parish Council?—Yes.

2198. *By Mr Barclay.*—If this fee is allowed, then in your view it should be a claim against the grant?—Yes.

2199. *By the Chairman.*—What have you to say as to the necessity of advertising vacancies in the office of medical officer?—I think that all vacancies in the offices of chief medical officer of a parish should be advertised. As the assistant medical officers are under their chiefs, and the latter responsible, these should not be advertised.

2200. I understand you have a committee of your Parish Council called the Medical Committee?—Yes.

2201. What are their duties?—To appoint the outdoor medical officers, to attend to the supply of drugs and to the dispensary, and to have charge of the boarded-out lunatic poor.

2202. They appoint the medical staff?—The outdoor medical staff.

2203. Only outdoor?—Yes, entirely.

2204. Is that provided for in your rules?—It is in our standing orders.

2205. Perhaps you will send us your standing orders. From these will be found what is the constitution of the Medical Committee, what are their duties, when their meetings are held, and so on?—Yes. (Subsequently sent, *vide* Appendix XXV.)

2206. A question was put to Dr Johnston as to the form of medical certificate for the admission of paupers, and he stated that he saw the certificate as a rule when he saw the patient, and that very often they came in with blank certificates which he had to fill up (Q. 913). Now is that in cases where there is no medical officer when the application is originally made, or under what circumstances does it occur?—It is very uncommon, and it does not happen in the case of any apparent serious illness. My staff have power to get the first medical man in the street if there is anything serious. Such a case as Dr Johnston has referred to would probably be one of an 'In and out,' who had put off and put off till seven o'clock at night and then tried to get into the night asylum, was there refused, and then returned to our office when there was no medical man present. The officer can see with his own eyes whether it is a bad case or not. If it is an ordinary case, he is sent to the city poorhouse, and they are told there that he is coming, but if it is anything worse, he would go upstairs for a removal officer and send out for any medical man that could be got.

2207. Such a case would be very much out of the ordinary rule?—Yes.

2208. Cases like that occur at times of the day when they are not expected, and they may be called emergency cases?—They are not emergency cases; they are the drunken, debauched class who hang off purposely to try and extract a shilling or so, and perhaps they have not been able to beg or steal enough to give them a night's lodging.

2209. I refer you to Dr Muir's evidence, answer 1085, in which he states that it was very common, when he was a member of the Parochial Board, to find the night asylum being used by the inspectors—sick paupers applying late after office hours would get a 6d. from the inspector, and would be sent to the night asylum, and he would go for them the next morning?—That process is very ancient history; it will be fifteen years ago at any rate.

2210. Has that now ceased?—Yes, long ago. We have a member of the medical staff who goes at ten o'clock, and who stays till eleven. Another is present from eleven to twelve, another till one, and so on. There is practically a medical man about the place from ten till four, but these loafers, knowing that the doctor leaves at four, come in and bother us. I frequently go in at night and get women with children whom we sometimes send to the night asylum, but sometimes do not. We send them up without a medical certificate when we see that they are all right.

2211. We may take it that this process referred to by Dr Muir is not in use?—That is so. The inference there, is that those poor people were shunted from the inspector's office to the night asylum, so as to get rid of them until next morning. That is not done now, and it has not been done for many years. We simply send to the night asylum cases who come in late, the 'ins 'and outs' who deliberately come late, and they are ordered to come back to us the next morning.

2212. Are there many sick paupers who discharge themselves and who are not fit to be discharged?—There are a good few.

2213. Would you suggest that there should be some power of detaining these?—Yes, most undoubtedly.

2214. What shape should that power take?—It is proposed in connection with ordinary cases that a reference should be made to your Board or to the Sheriff.

2215. Would you extend that to sick inmates where certified by the medical officer to be unfit for removal?—Unfit to leave the institution, and having no means of support.

2216. Who are physically unfit by illness to leave?—Yes.

2217. That power you would vest in the medical officer, subject to the control, in the first place, I suppose, of your own House Committee?—No, this Board or the Sheriff. These folks would be put on the outdoor roll.

2218. Dr Mackenzie reminds me that there is a provision under the Public Health Act to detain infectious patients. You would extend that to the poorhouse inmates who are in such a state that it is dangerous to themselves to be removed?—Yes, that is quite necessary.

2219. It would be those who, in the opinion of the medical officer, are unfit to be discharged?—Yes.

2220. What have you to say with regard to the deaths of inmates?—The medical officer examines and reports to the Local Government Board and the Procurator-Fiscal. He also makes post-mortem examinations if not satisfied from appearances and otherwise, if the Procurator-Fiscal does not order such. It would be well that the committee should consider some other arrangements than those set forth in regard to the so-called sudden deaths. Under the present rules, complaints reach me as to the death of a man being conveyed, for instance, to the poorhouse. He is found dead, and an inquiry is instituted. Now it is quite simple to explain, if you will allow me, as I have no other opportunity, the difficulty we have over these cases. The great bulk of them are in these models, in little cubicles, where there is almost no possibility of diagnosing them. A match has to be lit, and the doctor has to get down on his knees and peer round about. Anything is better than to allow them to lie there, even although they die on the road. In one case where the Board wrote about a death, the man actually dressed and walked into the van himself, declaring his desire to go to the hospital, and he was found dead after half an hour's ride. There was no apparent collapse, or anything of that kind; if there had been, a warder would have been sent with him, and stimulants and all that would have been given. Our vans are constructed with that in view; but cases come up, and it is very difficult to say why that should be called a sudden death.

2221. Had the man you refer to been seen by the outdoor medical officer?—Yes, by our own medical officer.

2222. Had he not diagnosed anything materially wrong?—No.

2223. Is not that, in your opinion, a sudden death?—No. The man was ill, but he had no appearance of collapse for a considerable time.

2224. Was that not a sudden and unexpected death?—No.

2225. Was it expected?—Most of us expect death, more or less. This case was an ordinary sick-looking man.

2226. But you would not treat that as a sudden and unexpected death in accordance with our rule?—No.

2227. *By Dr Mackenzie.*—On what ground do you say that anything, even resulting in death, is better than leaving a man in a cubicle in a Model? There is no danger to the other people?—In phthisical cases there is very great danger. Then in ulcerous cases there is a stench. It is almost impossible to describe it to you unless you see it. Indeed, they are far too late in coming to us.

2228. What precautions do you take to prevent these catastrophes in the ambulance? For example, do you send a nurse?—No; but if the medical officer instructs a nurse, or stimulants, or anything else, then his instructions are carried out. If the inspector thinks that anything should be done, even although the doctor says that there is no necessity for it, he does it. The nurse to whom Mr Barclay referred as attending to the children is so obliging that she has gone many a time with stimulants and removed cases.

2229. But you don't send a nurse every time with the ambulance?—No.

2230. Do you send an attendant?—There is an extra man on the box seat.

2231. He does not drive in the van with the pauper?—Not unless it is necessary.

2232. How are you to know if it is necessary?—From the appearance of the sick person.

2233. But you have actually had cases where there was no indication of any such collapse?—Yes.

2234. How are you to prevent it unless you make it the absolute routine that every sick person is to be removed in the company of some attendant or nurse?—That could be done, but it is wholly unnecessary.

2235. Have you any other way of preventing what really is a serious thing, absolutely preventing a pauper dying alone in an ambulance?—The only thing we can do, short of impossibilities, is simply at stated times to warn the medical staff about the care that is necessary.

2236. But you may have cases, as you say, where it is practically impossible to diagnose the illness, and yet where it is of extreme urgency to have the man removed. Your medical officer may not be in a position to say really whether there is danger—there may or may not be danger. Supposing it was a man with ordinary pneumonia, then raising him up and making him walk might cause collapse ten minutes after. How are you to prevent these cases unless you have an absolute routine where some person attends on every sick pauper that is removed?—Such routine would be too expensive, and it would be simply impossible to carry it out.

2237. On what ground do you say that? Are there too many cases?—Yes.

2238. You say you have removed as many as ninety-five in a day?—Yes. Probably half of these would be in a van.

2239. What is there to hinder the attendant that goes with the driver to ride inside the van?—It would be better if the doctors and the assistant inspector would exercise what is sometimes lacking, a little commonsense. They might instruct the assistant vanman to go inside.

2240. *By the Chairman.*—There are always two on the van?—Yes.

2241. *By Dr Mackenzie.*—Practically all that is wanted is that the man should ride inside instead of outside?—Yes, that might meet these cases.

2242. *By Mr Barclay.*—Of course, in removing a woman you could not put the second vanman inside along with the woman?—No. We would require probably thirty ambulances and about 100 horses.

2243. *By Dr Mackenzie.*—Not to remove forty-five sick cases a day?—Say sixty cases, and consider the extent of the city of Glasgow, on the north side.

2244. Dr Johnston told us that at Belvidere they removed as many as that in a busy time, and they have only half a dozen ambulances?—In the half year there were 2442 admissions to Barnhill, and 2440 to the City Poorhouse, making 4882.

2245. Is that sick cases?—Yes.

2245A. *By Mr Barclay.*—And a large number of these were removed by ambulance?—Nearly all of them. My idea is to remove all, if possible, by ambulance or van of some description, to save them wandering all over the place.

2246. *By Dr Mackenzie.*—You do send an attendant in every case?—Yes.

2247. If he was riding inside the van beside the man, that would meet the case?—Yes.

2248. Except, of course, when a woman was being removed?—That is so.

2249. Is it impracticable to send a woman attendant when a woman is being removed? You never remove a man and woman together unless they are husband and wife?—We remove three or four together.

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2250. How many vans do you have?—There is a 'bus that holds eight or ten, and there are three ambulance vans.

2251. *By the Chairman.*—What have you to say with regard to the tenure of office of medical officers as affecting the efficiency of the Poor Law medical relief system?—I am of opinion that all medical officers should not be dismissed without fault proved, and under appeal to the Local Government Board.

2252. What do you do with tramps, who are not paupers, found lying ill on the roadside?—We remove these when asked at once.

2253. *By Dr Mackenzie.*?—I suppose you know the form of medical certificate for admission?—Yes.

2254. Have you any improvements to suggest on that certificate?—No; I think it is sufficient, but it is a matter for consideration in connection with the admission line to the poorhouse that the chairman asked me about.

2255. *By the Chairman.*—Have you anything to suggest about the Brabazon Society?—They are doing very good work in the poorhouses in Glasgow, and I think it ought to be encouraged in every possible way.

Mr Andrew Wallace, called and examined.

Mr A. Wallace.

2256. *By the Chairman.*—You are Inspector of Poor in Govan Combination, and you have been appointed representative of the Society of Inspectors of Poor in Scotland to give evidence before this Committee on the subjects mentioned in our memorandum?—Yes.

2257. Will you please give us your views as regards indoor relief generally—the sufficiency of the accommodation, and the expediency of treating tuberculosis, malignant and offensive diseases in poorhouses?—I am of opinion that the medical relief to the indoor poor, at least in the large poorhouses, has greatly improved of late years, in respect (*a*) that better and more airy and healthy accommodation in the poorhouse hospitals is provided, and (*b*) in the employment of trained nurses to attend upon and nurse the sick poor. In the principal poorhouse hospitals the accommodation and treatment are equal to those of royal and district infirmaries. I think it is inevitable that cases of tuberculosis, malignant and offensive diseases, must continue to be treated in poorhouse hospitals. There are few towns and cities and districts in Scotland whose general hospitals or infirmaries are competent to meet all the demands for accommodation, and the poorhouse hospitals must be prepared to receive all the destitute poor who cannot find accommodation in the infirmaries or general hospitals. The only alternative would be to erect general hospitals in every district in Scotland, and to assess the ratepayers for their erection and maintenance. This would, in some districts not very populous, be at once expensive and superfluous, as a portion of the poorhouse would be amply sufficient.

2258. You are of opinion generally that the medical relief system as obtaining in poorhouses is greatly improved of late years?—Yes, so far as my experience goes.

2259. What experience had you before you went to Govan?—I was inspector for Renfrew for two and a half years, and St Ninians for three years, and I had occasion to visit the poorhouses of Paisley and Stirling at that time.

2260. Of course from being Inspector for Govan you have opportunities of knowing as to the medical relief system, its conduct and operations in other parishes besides your own?—Yes.

2261. When you say that you think that the indoor relief is vastly improved, you don't confine your remarks to Govan, but you extend them generally to all Scotland, so far as you are able to speak?—Yes. I have been in a number of poorhouses other than those I have mentioned. During the last thirty years there has been a vast improvement in the medical treatment of patients in the poorhouses.

2262. I suppose that one special department in which improvement is most marked is probably in the employment of trained nurses?—Yes, that is certainly a great improvement. There is also an improvement in the better kind of hospitals that have been erected. I know that before I went to Govan Parish the old poorhouse in Eglinton Street was a very bare, barren, and unattractive place. We have now two hospitals that will compare with any infirmary in the country. That improvement has also taken place in the principal poorhouses in Scotland.

2263. Are you aware of ever having cases treated in your poorhouse hospital which have come as overflow cases from an Infirmary?—We very frequently get cases from the Western Infirmary in Glasgow, which is in our parish. When a case turns up there that they think they cannot do much more good for, then they ring me up.

2264. That case, of course, will be immediately pauperised?—Yes.

2265. Do you think that the action of the infirmary in so doing has a tendency to increase pauperism?—Yes, although I believe that the infirmary people cannot very well help these cases, as they have not sufficient accommodation for all the people applying to get in.

2266. Is it your experience that these cases that come to you from the infirmary in this way are chronic cases which would require long, continuous treatment in the infirmaries, or treatment which they cannot get at home?—Yes.

2267. Do you ever charge for these cases?—Charge whom?

2268. Do you ever charge the patients or their relatives?—We charge the relatives of all paupers where they are able to pay.

2269. You carry out, in regard to these cases, the ordinary rules which apply in the relief of all paupers?—Yes.

2270. You apply the test, in fact?—Yes.

2271. That is to say, you endeavour to get from the relatives who are legally liable as much aliment as is possible?—Yes.

2272. You do not extend it beyond that?—No, we do not make a hospital charge in the same way as would be made in a private hospital. We just get the friends to contribute to the extent of their ability. For instance, we have cases of this kind—a man with a family whose wife takes ill with a very serious disease, and he has no proper accommodation for her. Well, this man comes to me (although it is not strictly legal for me to deal with such a case), and he says he cannot get his wife into an infirmary because it is not a case for an infirmary, that he cannot attend to her himself, and that he has nobody to nurse her. We send cases like that to the poorhouse hospital, and the man will pay 3s. or 4s. a week for his wife as a charge for her maintenance.

2273. In fact, in regard to these cases, may I take it that the principle you apply is just such as you would apply in the case of a lunatic where the parents or other relatives, although they may be able to contribute to a certain extent towards the maintenance, are not able to pay for the whole maintenance, and accordingly they come to you and ask for relief so far, and you give them the treatment which they could not get in their own homes?—That is so.

2274. *By Dr Mackenzie.*—But if the infirmaries had accommodation for these cases, they would never come to you?—Well, I sometimes think that in the infirmary they are too keen to get them off their hands. We have got a number of cases from the Western Infirmary where the patients have died within forty-eight hours of their admission to the poorhouse hospital. I blame the infirmary people for that, because it seems to me that they want to reduce their own death-rate at the expense of the poorhouse hospital.

2275. *By the Chairman.*—Have you made an official complaint?—Yes. I made an official complaint to the medical superintendent, and also to the chairman of the infirmary. The superintendent on one occasion made great complaints about my refusing to take certain cases over, but the chairman thought I was right. I think that when a man or woman is almost sure to die within a week, it is a cruelty to send them across to the poorhouse.

2276. These are medical cases?—Yes.

2277. You don't know of any surgical cases in which an operation has been unsuccessful? You have no cases of that kind?—No.

2278. What you have are chronic medical cases?—Yes. The infirmaries have some excuse for being anxious to be quit of incurable cases, because the pressure on the infirmaries in Glasgow is enormous.

2279. Do you find that they have ever sent such cases to you when they were able to accommodate them themselves?—I could not speak as to the state of their accommodation, although I believe that they are nearly always full, summer and winter. But I believe that they do send them to us on the ground that they cannot do any more good to them.

2280. Are there cases applying to be received into your hospital for medical treatment which would naturally have gone to the infirmary, showing a preference for your treatment over that which they would get at the infirmary?—I don't think so. I don't think that any person who could get admission to the infirmary would prefer to come to the poorhouse hospital.

2281. At the same time, I suppose what you have told us really is evidence of this, that the objection and the prejudice which we know were felt for many years against poorhouse hospital treatment have subsided to a certain extent?—Yes, to a great extent. Plenty of working men come to me and ask me to take their wives or children into the poorhouse hospital because they have no proper accommodation for them at home, and it is not easy getting into the infirmaries at all times—indeed, you have sometimes to wait for weeks and weeks.

2282. Do these working men express themselves as willing to contribute, so far as they can, from their own weekly wages toward the support of such relatives as they ask you to accommodate?—Yes. Of course they are the poorer class, and we cannot get very much from them.

2283. But it is the same system as applies in regard to lunatic cases?—Yes. We make everybody pay as far as they are legally liable.

2284. Will you now tell us how, in your opinion, the classification of the inmates into 'sick,' and 'infirm, and 'ordinary' can best be accomplished so as to secure uniformity and efficiency of administration?—I would suggest the following:—

For the sick.—A separate hospital ward, with one or more nurses, as required.

For the infirm.—A separate ward, to be visited daily by a medical officer.

For the ordinary.—At least two separate wards, one for the decent, well-behaved inmates, and one for the dissolute class, with power to the Governor to transfer individuals from the one to the other, according to behaviour. If the number of inmates in any poorhouse is small, division of large wards could be effected by means of a partition.

Children.—Children should be kept separate from adults, although allowed to meet at meal times and worship.

2285. You suggest that there should be a classification of the ordinary inmates, as I understand it, dependent upon their character?—Yes.

2286. Would you confine that classification to 'ordinary' inmates, or would you extend it also to the 'infirm' and 'sick' in the other wards?—I think not, as it would involve a great deal of extra expenditure in building separate wards for separate classes of patients.

2287. But as regards the 'ordinary' inmates, you think that it would be very desirable?—Yes, we have it in Govan poorhouse.

2288. Is it successful?—Yes.

2289. I understand it has been in operation for some years, since 1894 or 1895?—We have always had it, but it was improved then.

2290. *By Mr Barclay.*—The privilege class was started then?—Yes.

2291. *By the Chairman.*—Your view is that it has been beneficial, and should be extended where possible?—Yes, I am very strong on that point. There are a lot of decent people who, through sheer necessity, have to go to the poorhouse. These should be kept separate from the dissolute class, because, as you are aware, the very lowest class come to the poorhouse.

2292. Explain to us shortly what distinction you draw between the two, how it works and what the regulations are. Have you got anything in writing about it?—I think not. I don't know whether they have adopted any rules; I think it is left to the discretion of the Governor and the matron. Of course in my own department, I, in marking the schedule, state whether I think it is a bad or doubtful character, and I mark 'test case' on the admission order, so that the Governor will test a certain man by putting him in the dissolute wards. I put 'doubtful' where the case is neither too bad nor too good, to allow the Governor to discover through his conduct afterwards where he shall be put.

2293. Is there any distinction between these as regards dietary?—I expect so. The well-behaved old people get tea in the evenings. I don't think that any test case gets tea at all except perhaps on an odd occasion.

2294. Will you give us now your views as to the powers and duties of medical officers?—I can only make a few general observations under this head. I think that sick and infirm patients should be visited daily by the medical officer, and the children should be visited at least once a week. The ordinary wards should also be visited once a week, and the medical officer should report to the Governor any cases that may be fit for work, so that they may be either discharged or given work in the poorhouse or grounds. The medical officer should take a supervision of the general health of the inmates, the cleanliness of their persons and of their beds and bedding, of their food, and the bathing of the inmates, as the neglect of these matters may be prejudicial to health. The medical officer should examine all persons on their admission, so as to allocate their places either in the hospital, infirm or ordinary wards. He should report the able-bodied for discharge, he should report any persons who are sick and have no proper home to go to, and the Governor should have power to retain these till they are fit to be discharged. Infectious cases, except those that are not notifiable, should be sent to the infectious diseases hospital; the others should be isolated. The calling in of extra nurses or of another medical practitioner for purposes of consultation or assistance when required should be left to the discretion of the medical officer. I have no remarks to offer as to the deaths of inmates, such as making reports, post-mortem examinations, etc. I consider that no punishment of a severe nature should be inflicted without the consent of the medical officer. It is desirable that an annual report should be sent to the Local Government Board so as to remedy defects not remedied by the House Committee. Complaints by paupers of illness should be carefully enquired into, so as to secure proper treatment in real cases and to detect shamming in fictitious cases.' Any substitute to act in the absence of the medical officer should be approved by the House Committee.

2295. I should like you to say whether you think that we should alter our poorhouse rules and regulations and make an explicit regulation that sick and infirm inmates shall be visited daily by the medical officer?—I think that that is very necessary.

2296. Could that be done in all poorhouses?—Would you classify poorhouses, or how would you do it?—Where there is a hospital, I think it is necessary that they should be visited. If there were only one or two patients, and the doctor was satisfied that there

was no danger, then an exception might be made, but in a large poorhouse where there is a large number of sick people they should be visited every day. Of course I am supposing as a rule that the medical officer will be a resident medical officer, but even where there is a non-resident officer you should make that the rule.

2297. You say that the sick and infirm should be visited daily by the medical officer. You are speaking there of Govan?—Yes, or a large poorhouse like Govan.

2298. Would your suggestion be that probably we should discriminate between the larger poorhouses and those where there are not so many inmates either sick or infirm?—I think so. Where there is not a resident medical officer, and where the numbers are small, I don't think that that rule would need to be strictly observed.

2299. It might depend on the acuteness of the cases that were being treated?—Yes.

2300. You think that our rules are not specific enough as regards daily visitation by the medical officer?—I don't have the rules before me.

2301. I suppose that you frequently find that the sick in your sick wards desire to be discharged when they are not in a fit state for it, or when the medical officer, if consulted, would say that they ought to be detained?—Yes, there are a number of cases of that kind. Of course there are a great many cases in good enough health comparatively that you cannot get out of the poorhouse, but there are a number of cases which leave the poorhouse too soon.

2302. And they probably come back again?—Yes, it is quite a common thing for them to come back in a few days.

2303. How many such cases would you say there were in the course of a year?—It is quite a common thing to have people going out of the poorhouse and coming back again after a week or ten days, saying that they thought they were abler for work than they really were. I should say that there were fifty or sixty cases of that kind every year.

2304. Was it a desire to work that actuated these people in going out?—No. I think it was just to get out to obtain whisky or tobacco, or something like that.

2305. Supposing your view were to be adopted and some power of detention were given in a case of that kind, where the resident medical officer or the visiting medical officer were to certify that a certain case was not one which, on medical grounds, ought to be discharged, how would you work that? What would you require before the detention was put into operation?—An order from the Local Government Board that the medical officer should not allow a person to leave if he is not in a fit state to leave, giving an appeal to the Local Government Board if they complained. I don't think that any legislation is required. You keep in lunatics and drunkards, and why not keep in these poor people? Legislation would be required, of course, to put them in against their will, and attached to that would be the power to retain them until they were fit to go out.

2306. What powers do the Board have to deal with a case of that kind? It would be an interference with the liberties of the subject which I am afraid would require very specific power to enable the Board to deal with it?—If you got powers by an Act of Parliament to forcibly send people to the poorhouse who cannot be looked after in their own homes, you could tack on to that authority to retain them until they were in a fit state to leave.

2307. You treat them as *in pari casu* with those suffering from infectious diseases with regard to whom there are powers of detention under the Public Health Act?—Yes. I have a case that occurred the other day of an old woman lying in a house in the most beastly state of filth that could be imagined, and the landlord came to me to see if I could not force her into the poorhouse. Of course I had no power to send her, although there she was not only a discomfort to herself and a danger to her own health, but a source of danger to her neighbours. That is a common thing, people lying in a condition of filth and destitution with nobody to look after them, and yet we have no power to force these people into the poorhouse.

2308. Have you anything to say as to the duties of the Governor, matron and subordinate officials in regard to the health, cleanliness, clothing, etc., of the inmates?—I have no remarks to make except that these officers should carefully attend to these matters.

2309. Have you anything to say as to the discipline and punishment of inmates?—No, except that some inmates require and deserve severe testing by work and common diet. The poorhouse should not be a refuge for the dissolute and sorning class.

2310. Then what have you to say as to trained sick nursing?—Some of the inspectors are of opinion that certified nurses are not always necessary in poorhouses, but that a woman of experience as a nurse, and of a good character, who would not be above putting her hand to the ordinary duties of the hospital, would serve the purpose equally with one who had a professional training and has a certain amount of professional dignity to maintain.

2311. You say that the visitation of poorhouses should be done regularly and systematically by members of the Parish Council?—Yes.

2312. In Govan is it done in rotation by the members of the Parish Council?—Yes.

2313. Is it, in your view, a satisfactory and systematic visitation?—There are three members who go together in rotation every week.

2314. They regularly perform the duty?—Yes, very regularly.

2315. And very thoroughly?—They go over the poorhouse, the hospital and the asylum. I don't know that they make a very minute examination of the bedding, but they go through the wards and make a few remarks in the visitors' book.

2316. They listen to any complaints that may be made to them by the inmates, as to anything in the house, or treatment, or diet, or otherwise?—Yes.

2317. When such complaints are made to them, are they inquired into on the spot?—They are entered in the visitors' book, and that book is read to the House Committee at their monthly meeting, and also the monthly meeting of the Parish Council.

2318. Is there recorded in that book the result of the inquiry which is conducted?—No, not in the visitors' book.

2319. The visitors' book only contains the complaint?—Yes.

2320. It does not give the result of the inquiry?—No, that is given in the minutes of the Parish Council or the House Committee, as the case may be. If the case is of a serious nature, or is one requiring attention, they probably appoint a sub-committee to investigate, and to report to the House Committee.

2321. Supposing a complaint is made as to something, say as to food, on the day in question, that would be inquired into at once?—Yes, that would be brought under the notice of the Governor there and then.

2322. If they are complaints of a general character, they are delayed, but matters of treatment, ill-usage, or anything of that kind, or the food being bad, or the diet insufficient, such things would be inquired into on the spot?—Yes.

2323. The Governor would be asked his opinion about it in the presence of the committee?—Yes.

2324. And probably in the presence of the complainer?—Yes.

2325. *By Mr Barclay.*—In such a case it would not be put in the visitors' book?—No. What is put in the visitors' book is anything of an important character, but any complaint made by an inmate is investigated at once.

2326. *By the Chairman.*—Rule 14 of the Rules and Regulations[1] provides for a book being kept. That is the book you have been speaking of?—Yes. Our members do not take the trouble to answer every question that is in the book.

[1] Poorhouse Rules and Regulations.

2327. When they do answer questions, they will answer them specifically, or such of them as they have considered?—They will mark specifically anything they see wrong under any of these heads.

2328. According to Rule 14[1] there are a number of questions put to be answered by the committee each time they make their visit. In Rule 15[1] there is a provision: 'The Visiting Committee shall forthwith 'report in writing to the Chairman or acting Chairman 'of the House Committee any observations connected 'with the poorhouse which may appear to them to 'require the immediate attention of that Committee.' I suppose in Rule 15[1] you are not dealing with the complaints which have been dealt with under Head 11 of the previous rule?—No.

2329. You are dealing with matters outside these; complaints which are of a serious kind, and not such as may be disposed of at the moment, would be dealt with in answer to Head 11 of Rule 14,[1] and would come up in accordance with the rule at the next meeting of the House Committee?—Yes.

2330. We now come to out door relief. Will you tell us what your opinion is as to the adequacy of the medical relief arrangements at present in force?—So far as my experience goes, the medical arrangements at present in force are fairly adequate. In widely-spread and sparsely-populated districts, the distance between the residence of the medical officer and the poor is an obstacle to immediate and efficient relief; but a considerable improvement in this respect has taken place in recent years, more medical officers being now employed, and better remuneration awarded.

2331. Then what have you to say as to the duties of the medical officer and the inspector of poor in regard to the outdoor sick?—The duty of the medical officer should be to attend promptly to all cases reported to him by the inspector (as well as on the application of the poor on the roll), and the duty of the inspector is to give prompt attention to the recommendation of the medical officer. Cases of neglect on the part of either should be reported to the Parish Council or the chairman.

2332. How do you work in Govan when there is an application for outdoor relief?—Do you give the applicant a card, as we understand is done in Glasgow, permitting him to go to the medical officer, or do you send to the officer a list of the names of the applicants?—When persons come to apply for parochial relief, we give them, in the first place, a form to be filled up by the medical officer stating their condition and any other information regarding their circumstances that comes under the doctor's jurisdiction. They bring that back to the office the following day, or the same day if it is an urgent case, and then I deal with the case *pro tem.*, either by sending the party to the poorhouse or putting him on the outdoor roll. If they are sent to the poorhouse, they come immediately under the supervision of the medical officer in the poorhouse; if they are put on the roll, they get an interim relief card, and afterwards they get a permanent one from the relief committee. On the presentation of that card to the medical officer of the district, he is bound to attend to them. (*Hands in copy of Rules, etc., for Outdoor Medical Relief, vide* Appendix XXVI.)

2333. It amounts to this, that you have found that Rule 14 on page 104 of our rules,[2] which provides that lists of all aged and infirm persons in receipt of outdoor relief shall be furnished to the medical officer every six months, is not implemented?—We don't give a list of the paupers on the roll to the medical officer, as that would be an impossible thing to do.

2334. You have too many to enable you to carry out that rule in its entirety?—Yes.

2335. And accordingly in Govan, as in other large parishes, it has been practically superseded?—Yes.

2336. You suggest that in any revision of our rules, we should see that the system which you have substituted for this should be recognised?—Yes. It is quite as efficient, because even under this rule they require to present their ticket to the medical officer, although the doctor has got the names. Now the presentation of the card itself is quite sufficient authority for the doctor to attend to these cases, because the pauper would not have this card unless he was on the roll. We are changing every day, some being struck off and some being added. We have 2000 or 3000 on our outdoor roll, and it would be an awful business to supply a list to the medical officer when you take into consideration the changes that are going on.

2337. You say that it is the duty of the inspector to give prompt attention to the recommendations of the medical officer as regards the treatment of the outdoor people?—Yes.

2338. That is always done?—Yes, except sometimes when they order a bit of flannel for an old woman, and I don't give it if I think she does not require it. Anything, however, in the way of medicines or nutritious diet is given.

2339. Look at Rules 3 and 4 as to medical relief of the poor, page 102.[2] Rule 3 says that 'in addition to 'medical relief, Parish Councils shall furnish the sick 'and convalescent poor with nutritious diet, cordials, 'clothing,' etc., 'to such an extent as may be necessary.' Rule 4 states that the medical officer, who is 'appointed 'by the Parish Council to attend any poor person, shall 'intimate in writing to the Inspector the description 'and extent of the relief under Rule 3 which he may 'consider necessary,' and that 'the Inspector, on his 'own responsibility, shall forthwith furnish or refuse 'the relief so intimated to be necessary, until he shall 'have brought the case before the Parish Council and 'received their instructions regarding it. But if the 'Inspector refuses or fails to furnish that relief, or any 'part of it, he will be held accountable for such refusal 'or failure.' Are these rules implemented and observed?—Yes. You will notice that I have discretionary power to refuse the little bit flannel. That is the only thing I ever refuse, and I take good care that the party won't suffer by the refusal. It is only in one case out of a hundred that I don't implement the doctor's instructions. Cordials and nutritious diet are always given when ordered.

2340. *By Mr Barclay.*—Have you ever had any complaints among the inspectors' society about doctors ordering too much nutritious diet?—I have not heard the inspectors say that, but I sometimes think it myself

2341. *By the Chairman.*—You represent the inspectors to-day?—Yes.

2342. Although you say that it is the duty of the inspector to give prompt attention to the recommendations of the medical officer, still you qualify that by adding that the provisions of Rule 4[1] as to the conditions of such giving are in operation?—Yes.

2343. It does happen that an inspector sometimes refuses to give the relief which the medical officer has ordered, but the inspector does so at his own risk?—Yes. So far as my knowledge of the inspectors go, I don't think they refuse to give anything in the way of either medicine, cordials, or nutritious diet when ordered. I never refuse that myself, and I don't think that any others will refuse it.

2344. What are your views as to the expediency of establishing dispensary districts, as in England and Ireland?—Where the parish is large, there should be district dispensaries, or arrangements should be made with existing dispensers.

2345. What are your views as to subscriptions to nursing associations and the appointment of nurses for the outdoor sick poor?—Subscriptions to nursing associations are commendable and useful where no nurses for the outdoor poor are appointed by the Parish Council, for these associations can command a number of nurses. Any poor person on the roll, who requires *constant* nursing, should be sent to the hospital.

2346. We should like now to have your views as to the supervision of boarded-out children?—The chief concern of Parish Councils in boarding out children should be to secure clean, comfortable, and well-aired homes. Too much visitation and supervision would be expensive, and possibly irritating to respectable

[1] Poorhouse Rules and Regulations.

[2] Board's Rules, &c., to Parochial Authorities.

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guardians; but I am afraid that in many parishes the children are not visited often enough, and then too hurriedly and superficially. The system of local voluntary committees adopted in England might be tried in Scotland, but no more than one visitor should be appointed for one district or sub-district, as too much supervision, and that by different visitors, might result in irritation to guardians, and probably between the visitors themselves.

2347. You suggest that the children are not visited sufficiently often, and that they are visited too hurriedly and too superficially?—Yes.

2348. Can you give us instances of that?—In our own case we have them scattered all over the country, and when the members of the Board go once a year, they may find that the child is away at a distance, and they do not have time to wait and see it. They can see the homes of the children and their general condition, but they do not always see the children, as they may be away playing at a distance, and not to be found, or may be at school, which may be a mile away. The members often have to catch a train, and they don't see the children. I daresay, however, they see the most of them. That is the reason that I say that they are superficially visited by the members of the Board.

2349. How often are they visited?—They are visited once a year by the members of the Parish Council, but the childrens' inspector or I myself visit them twice or three times a year where there are a number of them together. In some of the out-of-the-way places there is only one visit in the year or in the half year. For instance, we have some children in Islay and some in Arran. These I visit along with the lunatics twice a year, and on one of the occasions the members of the Board go with me. Children which are boarded away at Inveraray or Strachur are visited just once a year. We take care that they are in good homes, and the one visit is almost always quite enough.

2350. Those children attend school in the parish in which they are boarded?—Yes.

2351. Do you find that the schoolmaster or the other inhabitants take any interest in the boarded-out children?—We get reports of their attendance at school along with accounts for their school books. If there is anything which goes wrong materially, then the inspector of poor, who has a list of the children, will report to us, and sometimes a neighbour will report to us.

2352. So you are in touch with the local inspector and others besides the guardians of the children in whose houses they are boarded?—Yes.

2353. I suppose your intention and purpose are, as far as possible, to remove and keep from those children the stigma of pauperism which might rest upon them if their whole history were known in the district?—Yes; and in order to carry that out as far as possible, we do not pay their aliment through the local inspector at all; we send the money direct to the guardians quarterly in advance.

2354. You spoke about the system of local voluntary committees which is adopted in England. Do you approve of that?—Yes, if done prudently. I would not like to see a committee of ladies taking charge of one district, and perhaps one visit to-day and another next week, and making far too much fuss over the children. I don't think that that would be a good thing.

2355. Have you in Govan any record, statistics, or history regarding your boarded-out pauper children?—Yes.

2356. Have you a record of what has become of them in after life?—Yes. So far as we can ascertain, we put down in our records what becomes of them after they are struck off the roll. We don't follow them up year by year, although we very often learn about them when we are visiting the district.

2357. You have information as to what employment or trade or pursuit they follow after they cease to be chargeable?—Yes.

2358. Have these statistics been published in any shape?—No, they are not published.

2359. Have they been collated or printed in any form?—No, except in our annual statement.

2360. Could you let us have from your annual statement a short report, telling us generally what has been your experience as regards the success of those boarded-out children in after life? If you can let us have such statistics as to your boarded-out children, it would be useful, as showing how successful the system has been?—I shall be very pleased indeed to do that.[1]

2361. As carrying out what you have told us—the principle which runs through the system of trying to remove the stigma of pauperism, so far as possible—I understand that the medical officer of the parish in which the boarded-out pauper children are residing is not necessarily the doctor who attends them. You give the guardians of the children power to call in any such medical advice as they think would be best suited to the circumstances?—Yes.

2362. And you pay for that?—Yes, although I believe in strict law we could make the medical officer of the parish attend them as paupers under his care, just as we do with adult paupers. We don't do that, however. We pay the accounts for the children, and let the guardians call in whatever doctor they think proper. I have just received an account for £6, 11s. for a doctor attending one boarded-out child. It sometimes comes to be very expensive.

2363. Do you know yourself about the English local voluntary committees?—I don't know anything about them except from hearsay. Some of our lady members have gone into that question, and they are pretty strong on that point.

2364. You cannot tell us anything further about it?—No.

2365. Do you know that in England there are visiting committees of the Guardians as there are in Scotland?—Yes, but in addition to that they have local committees. I gave a reading of my notes to a lady who was on our Board for six years. She has gone into the question thoroughly, both as to the scattered homes and the visitation of the children, and on returning my notes, she said that in England, although there were local committees, the members did not visit the same child. She thought that my suggestion was the thin end of the wedge. We have a good many children boarded out at Blairgowrie just now—they were sent there through one of our lady members. There is a lady member of the Parish Council there who takes supervision of our children. That works very well, because when anything goes wrong this lady advises us. That is the only instance in which we have a local person looking after the children. She came in, as it were, unauthorised, but we allowed her to continue to do the work.

2366. Accordingly it comes to this, that where there is a local person on whom you can rely, and who can do the work, with discretion, you think that such a person should be employed to look after these boarded-out paupers?—We should be very glad to avail ourselves of the services of such a person, when we found one suitable.

2367. Do you think that regular medical inspection is also requisite in the case of boarded-out pauper children?—I don't think so.

2368. *By Dr Mackenzie.*—You never found in your own visits that there was anything to justify such a thing?—No. We don't have a doctor to come and inspect our own families from time to time. We only send for the doctor when there is anything wrong.

2369. *By the Chairman.*—Which doctor is called in?—We never question that. They call in the doctor they think most of. They may go to the parish doctor, but they are not in the least restricted by us to do so, unless they go to the inspector and he sends them to the parish doctor.

2370. You find that the guardians you select, as a rule co-operate with you in doing what they can in the interests of the children to remove from them any idea of their pauper origin and connections?—Yes.

2371. That, of course, is of use to them in their future career?—Yes. When I go to a school I always

[1] Mr Wallace, unfortunately, died shortly after his examination, and the statistics referred to in Q. 2360 were not received.

ask our children to be sent outside, so that I can speak to them there. I don't go into the school, so that the other children may not see that they are on the parish. I should like to say with regard to the children in our poorhouses, that we have only from 80 to 100 as a rule. They are only in the poorhouse until they can be boarded out, or are removed by their parents. These children are taught at a school within the poorhouse walls, and we also give them a very complete physical drill, much more so than is to be found in any of the Glasgow Board Schools, or quite as good. If you were at one of our concerts where the children are brought out to exhibit the musical drill, you would be quite surprised. The teacher is a certified teacher.

2372. We come now to the accommodation and arrangements for the casual sick poor in each parish, and the accommodation and provision for the treatment of sick poor in parochial lodging-houses?—I understand by 'casual sick poor,' persons who have no proper home or proper persons to take care of them; these should be sent to the poorhouse hospital, if at all possible. But where that cannot be done, there should be, in every considerable parish, a casual ward near the inspector's office, where emergency cases could be treated, and, of course, the outdoor medical officer should attend to these cases, and also a competent nurse—though not necessarily a certificated nurse. In small country parishes a small house could be rented, and a capable neighbour allowed a moderate salary or fee to attend when required.

2373. What do you think of the expediency of obtaining compulsory powers to remove to a poorhouse or general hospital or other lodging when a sick pauper has no relatives to look after him or her, or when the case is obviously one for poorhouse or hospital treatment?—Compulsory powers of removal to a poorhouse or general hospital of sick persons who have no proper homes or proper persons to attend them are most essential, both in the interest of the patient and of the ratepayers. A good many of this class refuse to enter the hospital until they are unfit for removal, and a nurse must be provided at a considerable cost, and the accommodation most unsuitable both for the treatment of the patient and the decent up-putting of the nurse.

2374. We shall be glad to hear your views as to the expediency of sending selected cases to seaside or other infirmaries or convalescent homes, and the cost of providing therefor?—This is a very desirable provision for convalescents, and would enable them to complete their convalescence, and become fit for work. In my parish we give subscriptions to three or four convalescent homes, and we receive forms of recommendation in return, and these are frequently used.

2375. What have you to say as regards the tenure of office of medical officers as regards the efficiency of the Poor Law medical relief system?—I am of opinion that the medical officers should have an appeal to the Local Government Board when a resolution to dismiss them has been passed by the Parish Council. There is a pernicious habit in some parishes of changing a medical officer, it may be, every two or three years, not for any fault on his part, but either through personal animus, or simply to give another medical man a turn at the office. Such a procedure is not carried out in regard to other officials, and is unjust to the medical officer, who may have been led to practise in a district because of his appointment, or sacrificed some portion of his private practice by becoming the parish doctor; and frequent changes cannot be to the advantage of the poor. The interests of all parties concerned would be secured by an appeal to the Board.

2376. You say that there is a pernicious habit in some parishes of changing the medical officer, not for any fault on his part, but either through personal animus or simply to give another man a turn at the office. Can you give any instances which have come under your own notice of cases of dismissal of a medical officer through personal animus?—There was a case of that kind in the north two or three years ago, in Dingwall, or some place in that direction, where a man who had been medical officer for a long time got into bad odour with the new members of the Parish Council and was dismissed.

2377. Was that the case of Dr Macpherson?—I think so. His case was a very grievous one, and was brought up before the Medical Officers' Association.

2378. He has now got another appointment?—I don't know. There is a feeling in the minds of the members of my own council, not to appoint every year, but to have a change, and to give some younger doctors a chance. Now that is never done in any other class of officials—they are not sent about their business to give some other man a turn at the office.

2379. Would you not rather put your answer this way, that there is a pernicious habit in some parishes of changing their medical officers in order to give each of them a turn at the office?—I am willing to put it that way. I know that there is a strong feeling that some medical officers have been dismissed very summarily through some kind of feeling or personal animus. I remember that being stated at one of the medical officers' meetings at which I was present. I am quite willing, however, to modify my answer, because I have only had that one particular instance, and I don't remember what parish it was in.

2380. We have been informed that you have started a convalescent home in Bute in connection with Govan poorhouse?—Yes.

2381. That has been found to work very well?—Yes.

2382. It has given satisfaction to your Parish Council, and you think you will continue it?—Yes.

2383. You use it in the summer months only?—We have not quite decided whether to keep it open in winter or not. We are going down to make an inspection to see whether that should be done. It has made a marked improvement in the health of some of the delicate children that we have sent down.

2384. It is only for children?—Yes.

2385. You send adults to Dunoon and other convalescent homes?—We contribute to all the convalescent homes—Dunoon, Kilmun, Saltcoats, and Lenzie; and when we have cases recommended by the doctor, people that are on the roll or even recommended by the Parish Council as requiring to be sent to a convalescent home, we use the lines that we get for that purpose. If the doctor at the poorhouse says that there is a case that it would be better to send to the convalescent home, then we would have no hesitation in giving a line there.

2386. *By Dr Mackenzie.*—Have you had any results showing that the stay at the convalescent home has made them capable for working and being discharged?—Yes; they are convalescent and just require a setting up.

2387. You send them both from the outdoor poor and from the poorhouse?—We have had very few from the poorhouse, as the poorhouse itself is in the country, and they have all the advantages of fresh air there.

2388. In fact you pretty much use the convalescent homes as a sort of hospital for your outdoor poor?—Yes, it is more for that.

2389. *By the Chairman.*—What have you to say with regard to the cases of tramps, not paupers, found lying ill at a roadside?—Tramps, not paupers, found lying ill on the roadside are, *ipso facto*, proper objects of relief, and should be dealt with by the inspector of poor. A police station, or a general hospital, may be many miles away, whereas there should be a poorhouse or a parochial lodging-house in every parish. It should be the duty of the police, however, to convey the tramp to the inspector, or to the poorhouse or lodging-house, whichever is nearest, and cases of emergency should be received, in the first instance, without question. Cases of infectious disease should, however, be conveyed to the infectious hospital direct, if at all possible.

2390. We now come to the grant in aid of medical

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relief. You are of opinion that there should neither be a maximum nor a minimum, but that the grant should be given on some system of proportion to either expenditure, population, or pauperism, as in England?—Yes.

2391. I understand your view is that the grant should be given upon vouched expenditure only?—Yes, including nurses, of course.

2392. In that vouched expenditure would you include medicines as well as medical attendance?—Yes; they are included just now. I would add to that everything ordered by a medical man.

2393. Would you have any check upon the medical man at all? You must remember, in answering this, that as representing the Society of Inspectors you are dealing with all parishes. Would you have any check upon the expenditure as vouched and attested by the medical man?—I may say with regard to the sick nursing that I put that in specially at the request of the Inspectors' Society, because they think that big parishes who have the nurses are getting more than their share of the medical grant. I am speaking specially for the Society on that point. With regard to a check upon the medical officers, I don't see how they would benefit by ordering more than is needed.

2394. Would that meet the objection that some inspectors have to certified nurses in poorhouses? You said before that some of the inspectors were of opinion that certified nurses were not always necessary in poorhouses, and that a woman of experience as a nurse, and of good character, would serve the purpose equally well?—Of course indoor nursing is now entitled to claim against the grant as a first charge. Is it owing to that that the inspectors have objection to trained nurses?—That is one of the objections they have, because it takes away their share of the grant. They are also of opinion that trained nurses are sometimes not the best, that a woman who had practical experience of nursing, but who had not so much professional dignity to keep up, would be more serviceable than a trained nurse.

2395. Are the inspectors who have this view persons who have had experience of poorhouses, or are they speaking without the experience which a poorhouse would give them?—I am not aware of that, but I believe that the diminishing of their share of the grant has something to do with it. At the same time, I believe that some nurses have very high notions of their position, and I can say from our own experience in Govan, that although formerly we had only a head nurse, who selected the best paupers she could get to help her, now that we have trained nurses we have as much pauper labour in the hospital as ever we had before. Trained nurses require a good deal of attendance.

2396. Have you pauper nursing still in Govan?—No, but we have pauper assistance.

2397. *By Dr Mackenzie.*—Is it your suggestion that the nursing is not any better than it was before?—I would not go that length, but in a small parish or a small poorhouse, where the expenditure requires to be kept down, the opinion of some of the inspectors is that a good, sensible, experienced woman who has not gone through the technical training might be just as satisfactory as, and less expensive than, a trained nurse, and would not require so much attendance. I think in the large poorhouses trained nursing is an absolute necessity, and is a great improvement on the previous state of matters.

2398. What do you mean by a person with practical experience as distinguished from a nurse with training?—There are a great many who have not been trained except through experience—midwives, for instance. It is quite a common thing in the large towns of Scotland and in the country to meet with women who have never passed through a technical training, but who are capital nurses, and can put their hands to anything that is required, not only in actual nursing, but in the way of keeping the wards clean and making themselves generally useful. Now trained nurses would never put their hands to the like of that.

2399. Would you suggest that that kind of practical woman you speak of should be registered by the Board as a nurse for poorhouses?—I think that after an examination by a medical man she might be registered.

2400. That means that you would suggest an alteration of the Board's rule, which requires two years in a hospital?—It is not my own suggestion. I am merely giving the opinion that is prevalent in our Society.

2401. *By the Chairman.*—And you don't share in that opinion yourself?—I think there is something in it. I think that trained nurses have rather too high a sense of their own importance.

2402. The views you are giving expression to are the views of the Society of Inspectors, which they have asked you to advance here?—Yes.

2403. They are views given without any practical knowledge of the inside working of a poorhouse hospital, and it must also be borne in mind that the medical officer who has charge of the poorhouse is the person who must know what the value of trained nurses is as against those women whom you suggest should be employed in their stead?—I have no doubt of this, that a trained nurse is better than a woman that has only picked up her knowledge by experience, but at the same time I cannot hide from myself the fact that a great many trained nurses have too high an opinion of their own position—they are very mighty in a great many instances, and very exacting in being attended to.

2404. But you don't suggest that the paupers should suffer because of that?—I don't know that the paupers would suffer very much.

2405. You admit, however, that the trained nurse is better qualified for her duties than the untrained one?—There is no doubt about that.

2406. If you employ untrained nurses in place of trained nurses, then the patients will suffer?—Sometimes mere technical training is not so good as practical experience.

2407. The medical officer, however, must be the best judge?—He is just like a professor examining his students on the theory of any science. He cannot answer for the practical carrying out of his theory afterwards.

2408. But has not the medical officer a practical experience of the hospital wards which an inspector of poor has not?—I grant that, but that means that he judges them, not by their technical knowledge, but by their practical action afterwards. For instance, a doctor may be well versed in all the science of medicine, and still be a very poor doctor after all. Just in the same way a lady may have a pretty thorough knowledge of the way in which a patient should be treated, and what appliances should be used, but she may be a very handless and useless creature, after all.

2409. *By Dr Mackenzie.*—But she may also, in addition to her training, have just the same practical experience as the untrained person might have?—That is so.

2410. Is there anything in the training of a nurse to exclude the experience you speak of?—No.

2411. You may have both ways of it?—Yes.

2412. Is not the difficulty you complain about as to the nurses being high and mighty largely due to the fact that there is less competition for poorhouse nurses than in general hospitals?—I am not speaking of our own nurses, because I believe they are all good practical nurses, as well as being well trained, but there is something in what you say, that there is such a scarcity.

2413. There is such a scarcity that you have to take whatever nurses you can get?—Yes, and it gives them a greater sense of their own importance when they are so much run upon.

2414. If you had a much bigger candidature, just as the infirmaries have, you would probably be able to make a better and more satisfactory selection?—Yes.

2415. *By the Chairman.*—Does it not come to this, that possibly there are one or two cases of the kind which you say are a little high and mighty, and

these have led the inspectors to desire you to say that you prefer untrained women of experience as against those who are trained?—I may say that in my remarks about trained nurses I have not a word to say against our own trained nurses, but I hear it on every hand that trained nurses are very punctilious in gentlemen's houses in a good many instances.

2416. *By Dr Mackenzie.*—You think you will get women of experience or skill that will serve the poorhouse hospitals just as well as certificated nurses?—Yes.

2417. Do you suggest that the Board should revise Rule 3 of the trained nursing regulations[1]?—I would not like to interfere with that. I think the nursing system is a capital system, and I would not by any means say that there should not be trained nursing in the larger poorhouses. As I say, I am speaking more from what I have heard some of the inspectors saying than from my own judgment in the matter.

2418. *By the Chairman.*—We shall resume your evidence with regard to the grant in aid of medical relief. You have already said that there should be neither a maximum nor a minimum, but that the grant should be given on some system of proportion to either expenditure, population, or pauperism, as in England. Will you give us your views now as to the basis of distribution?—I am of opinion that the most satisfactory basis of distribution is expenditure, for then it would be assured that the grant would be really applied to the purpose intended, or assured that it was given in aid of what it really professed to be, in aid of 'medical 'relief.' If distributed on the basis of area, etc., it might be said to be in aid of anything in connection with the Poor Law.

2419. Do you think that the present division of the grant as between sick nursing and other medical relief is equitable?—The present division of the grant as between sick nursing and other medical relief is not equitable. The sick nursing grant is on the basis of a fixed proportion per nurse, and as nurses increase in number, the amount of grant for them increases accordingly, while the grant for other purposes decreases thereby.

2420. Would a separate division in aid of indoor and outdoor medical relief respectively be better?—No distinction between outdoor and indoor medical relief should be made—it would be invidious. The one is as important as the other. If the grant for nursing is fixed *per capita* for the purpose of encouraging the system of trained nursing, then there should be a separate grant for it. Why should it be given at the expense of other kinds of medical relief? But the abolition of the 'maximum' grant would solve the question.

2421. Should the grant to be paid to each parish, etc., be calculated each year upon the vouched expenditure of that year?—The grant may be calculated on each year's vouched expenditure as at present.

2422. Is it advisable to widen or narrow the definition of what is 'medical relief' expenditure for the purposes of the grant?—All expenditure prescribed by the medical officer, whether for medicines, medical appliances, cordials, such as wines, spirits, cod-liver oil, etc., should be included in medical relief, if it is intended to improve the condition of the sick poor. To guard against abuse, the medical officer's prescription should be forwarded along with other vouchers.

2423. Do you think that any restrictions should be placed upon the amount which a Parish Council may subscribe to a hospital and claim against the grant?—The Local Government Board should have power to restrict the grant where in their opinion there has been an excessive contribution to any hospital. But contributions to an outdoor sick nursing association should be included in the claim for the grant, where it can be shown that services to the poor have been rendered.

2424. You are of opinion that some restriction should be made as regards the contributions which should be made to these sick nursing associations?—I was asked to make this representation because of the Kilmarnock case which was brought under the notice of the Society of Inspectors. We in Govan give £50 a year to the outdoor sick nursing association of Glasgow, what is called Mrs Higginbotham's Institution, and we were told by the Local Government Board that we were quite justified in doing that, but we were not allowed to claim from the grant for it.

2425. You are of opinion that you should be allowed to claim for nursing of outdoor paupers and such expenditure as you may incur in connection with that?—Yes.

2426. You think that you should be allowed to claim for the subscription that you give to the nursing institution in Glasgow?—Yes. We also give £10 to the St Elizabeth's Roman Catholic Nursing Institution.

2427. Will you tell us whether you think that the rule respecting reciprocal obligations between participating parishes in regard to medical attendance should be continued, and if so, whether the reciprocity might be extended to medicines also?—The rule respecting reciprocal obligations between participating parishes in regard to medical attendance should be continued. It would be impossible to calculate the value of a medical officer's services as between the poor of his own and of other parishes. But the rule should not be extended to medicines and medical appliances. These can be easily ascertained, and there is no reason why these should not be charged any more than monetary relief.

2428. Is that the view of the Society of Inspectors, that the rule respecting the reciprocal obligations should not be extended to medicines and medical appliances?—I believe so.

2429. For what reason?—Because it is outlay just the same as ordinary relief and clothing. The reason you cannot apply it to the doctors is, you cannot divide the doctor's salary very well for attendance on the poor of other parishes. Just now we are paid for our medicines and medical appliances, but I don't see why that should not continue just as well as giving outdoor relief.

2430. Would it not simplify your accounts if medicines and medical appliances were included in the reciprocal obligation?—It would be a very serious matter for parishes where there is a large congregation of poor from other parishes, and where they would not get a reciprocal benefit owing to the fact that they have not so many of their own poor away in other parishes. For instance, take centres like Glasgow and Edinburgh, where they have hundreds of poor belonging to other parishes—it would be very hard to make them pay for these.

2431. There seems to be a difference of opinion between you and Glasgow. Mr Motion is very strongly in favour of the inclusion of medicines and medical appliances in the reciprocal obligation, and says that as between you and Glasgow you don't charge for medical appliances and medicines at all?—That is a mistake. Where we only give medical relief to a case where the settlement appears to be in Glasgow, and *vice versa*, we don't make a claim, but we hold that has the effect of preventing an acquisition of settlement. All poor people on the roll of the Govan Parish living in Glasgow are charged for by Mr Motion for medicines. I think that Mr Motion must have misunderstood the question. In a case where there is an obligation for relief of a person not on the roll, we don't claim, but we send a statutory notice to ensure that the medical relief prevents an acquisition of settlement either in Glasgow or Govan. Where our poor reside in Glasgow Parish, and go to their doctors and get medical relief and medicines or appliances, and *vice versa*, we pay our accounts to each other quarterly. Mr Motion has had the idea that your question applied merely to where medical relief was given to a person living in the parish, but there are a lot of our poor paid for by us living in Glasgow whom we do not bring to see our doctors in Govan—they go to the doctor in the district where they are, and the doctor orders medicine, and that is charged regularly every quarter by the Glasgow parish.

[1] Trained Sick Nursing Regulations, *vide* Appendix LXVII.

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2432. I understood Mr Motion to tell us that he advocated the inclusion of medicines and medical appliances with the medical attendance in the reciprocal obligation, but he advocated it in this way—he said that it would mean a great saving of accounting and trouble, and all the rest of it, and in addition he said it was the practice at present as between Govan and Glasgow?—He has only had in his mind those cases where the parties are not on the roll, and are merely coming for medical relief.

2433. What are your views as to the remuneration of medical officers in cases where a surgical operation is necessary, or in cases requiring the administration of an anæsthetic?—It would be expedient to allow extra remuneration for surgical operations and accouchements to outdoor medical officers who are not entirely in the service of the Parish Council, but not to those who are wholly in their service. Such offices often take up a great deal of time, and they are paid for at a higher rate in private practice. I may say in regard to the extra remuneration, that we were in the habit of paying a fee of 10s. 6d. or 7s. 6d. to a doctor for accouchements, but when we made a charge of that kind against another parish for one of their poor, they refused to pay it. We appealed to the Local Government Board, and they said we were not entitled to charge that against the other parish.

2434. When was that?—Some years ago.

2435. The rule of this Board, as I understand it, is that your outdoor medical officer in Govan, for example, is bound to do everything he can do or is called upon to do by way of attending upon a pauper and performing an operation or undertaking an accouchement without fee of any sort or kind, unless he is obliged from the acuteness of the case or the serious nature of the confinement to call in extra assistance. Now if he is obliged to do so, then that extra assistance may be paid by a fee which is chargeable against the parish of settlement?—I quite understand that.

2436. Is your practice different?—No, but, as I say, we allowed our doctor a fee when he had an accouchement case.

2437. That, we hold, should be covered by his salary?—I did it on my own authority—I don't know that my Board knew anything about it, as I came to the conclusion that if a man had to sit up half the night waiting for a confinement he was entitled to something extra for that.

2438. That is an item which should be covered by his salary?—But in many parishes the doctor has only a salary of £10 or £15 a year, and if that same doctor goes to a private patient, he will get perhaps a guinea for an accouchement. After that decision of the Local Government Board we stopped giving a fee to our medical officers. Of course I may say that their salaries have been increased considerably.

2439. Do you think that it should be obligatory on the Parish Council to fix the medical officer's salary exclusive of medicines, which should be paid for as obtained, *i.e.*, without any sum being fixed therefor?—The medical officer's salary should not include medicines, as it might lead to restrict the granting of necessary medicines. Medical officers should be allowed to dispense medicines and to charge for them in cases of urgency and pressing emergency, where they cannot otherwise be obtained; but otherwise they should be supplied by a neutral chemist, or from parish dispensaries.

2440. What about the necessity of advertising vacancies in the office of medical officer in every case?—This is an objectionable rule, and should be abolished. It stands in the way of an immediate appointment where such is required, and it serves no practical purpose.

2441. On what ground do you say that?—I don't see any good in it, especially in continuing the advertisement over three different weeks, because sometimes a doctor is required in a hurry. If a doctor is to die, are we to wait until three weeks are over before we can appoint his successor?

2442. But you can appoint an interim doctor?—Yes, but that is an invidious thing to do, because we may say that this doctor, being in possession, has a preferential claim.

2443. No man need accept the post of interim doctor unless he wants to do so?—But it is all for his benefit to be appointed.

2444. Then he has a better chance of being appointed subsequently?—Yes, that is the objection. Why should one advertisement not be sufficient, just as if you wanted a clerk.

2445. You suggest that three advertisements are too many, and that one would be sufficient?—Yes, that is where the evil is.

2446. *By Dr Mackenzie.*—In removing sick patients to the poorhouse hospital, you don't send a nurse for every case?—Not unless the doctor orders it.

2447. You are satisfied with the working of the present medical certificate?—Yes.

2448. Have you had any deaths in the ambulance?—Occasionally.

2449. Do you take any means to prevent that? Do you send an attendant with the ambulance besides the driver?—Yes, as a rule; I may say that when the doctor says 'ambulance and nurse,' we send a nurse.

2450. Supposing there is a case in such circumstances that the doctor cannot fully diagnose it, and he has no evidence that it may not be a dangerous case, what then?—We think that the doctor is the person who should decide that point.

2451. But if the conditions do not allow him to make an examination, as must frequently happen in poor dwellings or lodging-houses, how would you meet a case like that?—The doctor should be able, in any circumstances, to tell whether the person was so exhausted that he required such special attention.

2452. But, as a matter of fact, cases have died in the ambulance?—I believe that the doctors in a great many cases have the choice of two evils—either to run the risk of removing the patients or letting them lie in the state of filth and misery in which they are.

2453. Would that not be a reason for removing them in charge of an attendant or nurse on every occasion?—I don't think so.

2454. Would it mean much extra service in Govan?—We remove cases almost every day.

2455. How many cases will you have every day?—We don't have many every day, but we always have the ambulance waggon.

2456. Will you have ten cases every day?—No, we will have one or two at the very most. A great many are removed in an ordinary machine.

2457. In removing an average of one or two a day, there would not be much extra service required in sending an attendant with every case?—We take an attendant from the hospital and pay an extra fee when it is done. To take a nurse from the hospital two or three times a day would be rather an awkward thing.

2458. It is a matter of economy. You admit that it would be the proper thing to do?—Well, accidents don't happen very often, and where they have happened, it has been in cases where the patients have been in such circumstances that they must perforce be removed, even at the risk of their dying on the way. They are in the police office or in a model lodging-house, or a house where the sanitary condition is very bad.

2459. *By Mr Barclay.*—When you send a person to the poorhouse, you mark the certificate 'test'?—Yes; in one or two cases I say 'severely test,' but not often.

2460. Has the Governor any information as to the past history of the case sent to him when it is a test case?—A great many of these cases are repeat cases which have been in before.

2461. Did he get information from you when they came in first?—No.

2462. In country parishes a copy of the page of the general register is sent with each case?—We have that at the end of our order, but it does not say anything about their moral character. There is no line in the page of the general register saying anything about their character.

2463. Do you send a page of the general register?—

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Our order contains the most of the information that is given. Our order is different from that of Glasgow, but it gives quite as much information as theirs.

2464. More, I should think?—Yes. I shall be glad to send one in. (*Subsequently sent, vide* Appendix XXVII.)

2465. Supposing a person is sent in as a test case, it might be a case where his sons would not support him. What do you do in such a case?—In such a case I say 'test family.'

2466. Would he be treated as a test case in the house?—I am sorry to find that they look upon that as a test in the real sense of the word. There was a party put in in that way, 'test family,' and I, in the absence of the Governor, gave a note to one of her friends to go and see this woman in the poorhouse. The clerk, very officiously I thought, asked the meaning of this order of mine, and said that the test had not been removed, which showed that he interpreted my remark as a test of the pauper instead of a test of the family.

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2467. You don't think that that is right?—No, it is not right.

2468. You think that they should be promoted from the test class according to their behaviour after they are in the house?—Yes. I mark 'test case' very often in the case of those fellows coming from the model lodging-houses, where I don't think there is a great deal wrong with them although they are certified as not fit for work. A drunken woman and the like of that I mark as a test case, but where it is merely testing the family, I say 'test family.'

The Committee adjourned.

SIXTH DAY.

FRIDAY, 7TH NOVEMBER 1902.

At the Local Government Board Offices, Edinburgh.

Present:

Mr J. Patten MacDougall, *Chairman.*
Dr W. Leslie Mackenzie.
Mr R. B. Barclay.
Mr J. Jeffrey, *Secretary.*

Mr Andrew Ferrier, called and examined.

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2469. *By the Chairman.*—You are Inspector of Poor of the City Parish of Edinburgh?—Yes. I have been Inspector of Poor and Clerk to the Parish Council of the City Parish of Edinburgh since the year 1895. Prior to that I was Inspector of Poor of St Cuthbert's Combination from 1884; previously, Inspector of Poor of the Parish of New Monkland from 1871, and before that Law Clerk to the City Parochial Board of Edinburgh from 1861; so that I have forty-one years' experience in Poor Law matters. The boundaries of the City Parish of Edinburgh are the same as those of the City of Edinburgh, having recently acquired the parish of Duddingston, and parts of the parishes of Liberton, Leith and Cramond. The population may be estimated at 318,000, and the gross valuation of the parish for last year was £2,863,868. The poor rate levied this year is 6½d. per £, with the exception of the Portobello district, where, in terms of the agreement at the amalgamation, the rate is required to be 4½d. per £ for the next seven years.

2470. Will you tell us about your poorhouses and their accommodation?—There are two poorhouses in connection with the parish—one situated at Craiglockhart, in the parish of Colinton, with a sanctioned accommodation for ordinary inmates of 741 and a daily average of 526, and sanctioned accommodation for lunatics of 227 and a daily average of 207, including sixty-three patients resident in Middleton Hall, near Uphall; and the other situated at Craigleith, in the north side of the city, with sanctioned accommodation for 830 and a daily average of 599.

2471. What about the arrangements for medical relief in your two poorhouses?—The arrangements for medical relief in these two poorhouses are as follows:—

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Craiglockhart.—A resident (male) medical officer, with a salary of £100 per annum, with board and lodging; and a consulting visiting medical officer, who visits three times a week, with a salary of £120 per annum. There is a hospital attached to Craiglockhart Poorhouse with accommodation for 181 patients, with a lady superintendent and eight trained nurses. The salary of the lady superintendent is £50 per annum, with uniform, board and lodging. Two of the trained nurses have £35 per annum, and the remaining six £30 per annum, with uniform, board and lodging.

Craigleith.—A resident (female) medical officer, with a salary of £100 per annum, with board and lodging; and a consulting visiting medical officer, who visits three times a week, with a salary of £120 per annum. There is a hospital attached to Craigleith Poorhouse with accommodation for 173 patients, with a lady superintendent and eight trained nurses. The salary of the lady superintendent is £50 per annum, with uniform, board and lodging, and the eight nurses have £30 per annum, with uniform, board and lodging.

The rules and regulations issued by the Local Government Board for the guidance of medical officers are strictly adhered to in both poorhouses; but I shall leave the governors of these poorhouses and the visiting medical officers to speak more particularly with regard to the detailed administration of medical relief within their establishments. I may, however, state that, in answer to the circular issued by the Local Government Board recently with regard to the medical

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inspection of poorhouse inmates, reports on the subject from Dr Edward Carmichael, visiting medical officer at Craiglockhart, and Dr Robert Aitchison, visiting medical officer at Craigleith Poorhouse, have been received, copies of which have been sent to the Local Government Board. Both of these gentlemen seem perfectly satisfied with the present arrangements for the administration of medical relief within the different houses; and the House Committee of the Parish Council are also satisfied.

2472. You say that the rules and regulations issued by the Local Government Board for the guidance of medical officers are strictly adhered to in both poorhouses. I suppose you refer to the printed rules as revised in 1892?—Yes.

2473. Effect is given to the notes which are appended to these rules, so far as found necessary to do so?—Yes.

2474. In your opinion are the arrangements for the administration of medical relief within your poorhouse quite sufficient?—Yes, I think they work exceedingly well. I am not prepared to suggest any improvements or alterations with regard to these; as I say, I would leave you to get further information from the governors of the two poorhouses. So far as I am concerned, as inspector of poor, I have no suggestions to make with regard to the transmitting of patients to the poorhouse, and the rules and regulations connected therewith. The present rules work exceedingly well. I would leave you to get further details from the medical officers as to the internal arrangements, and especially as regards the special examination that has recently been suggested by the Local Government Board.

2475. Your work is entirely outside the poorhouse?—Yes. From the reports I have sent in to the Local Government Board, if you have read them, you will notice that the practice in the two poorhouses is not similar. In Craigleith Poorhouse, Dr Aitchison says that his patients are always under supervision, whereas Dr Carmichael says that at Craiglockhart they only see the doctor when they ask to see him. The question would arise whether it was necessary to have a special examination, or have them, as Dr Aitchison says, always under supervision—that is, a general supervision by the doctor walking through the wards every day.

2476. That is the practice in Craigleith?—Yes.

2477. *By Mr Barclay.*—It is done by the resident medical officer there?—Yes. Dr Aitchison is only there three times a week.

2478. *By the Chairman.*—Does the resident medical officer in Craiglockhart not see the paupers every day?—No, he does not make a special peregrination of the wards every day.

2479. You don't desire yourself to express any opinion as to what would be right?—No. Nothing has arisen to call my attention, or the attention of the Parish Council or House Committee, to suggest anything different from the present arrangement during all my experience there.

2480. Things have worked satisfactorily in Craiglockhart as well as in Craigleith so far as the matter of the inspection of the inmates is concerned?—Yes. Of course there is a resident doctor who is always within call, should any pauper desire to see him, or should the Governor think that anyone should see the doctor.

2481. There have been no cases of sudden death or illness which have arisen from the want of inspection of inmates by the doctor in Craiglockhart?—No.

2482. We would be glad to have your views as regards trained nurses and probationers?—I would like to notice the difficulty there is in obtaining trained sick nurses for the hospitals. At present the staffs at both poorhouses are full, but occasionally a difficulty is found in filling vacancies when they occur. I cannot account for this, unless by the scarcity of nurses and the disinclination of trained nurses to go into a poorhouse hospital. I think that the supply of nurses might be maintained and regulated by the training of probationers in our larger poorhouses, where there are resident medical officers; but in order to induce Parish Councils to adopt this plan, it would be necessary to allow these probationers a share in the medical grant, as at present it is cheaper to employ a regular trained nurse with the Government allowance than a probationer without it. The salary of a trained nurse is £30, and the cost of her keep £20, a total of £50 per annum; and we get half of her salary—£15—and 3s. per week, or £7, 16s. towards her maintenance—making the total cost of a trained nurse to the parish £27, 4s. The cost of a probationer is £20 for salary and £20 for food—a total of £40 per annum—making the cost of a probationer to the parish £12, 16s. per annum more than a trained nurse. I would therefore suggest that the Government grant, to a certain extent at least, should be given for probationers.

2483. You say that there is a difficulty in obtaining trained sick nurses for the poorhouse hospital. Have you experienced that difficulty?—Yes, both in Craiglockhart and Craigleith.

2484. Have you probationers there?—No, we have no probationers at either hospital.

2485. If you were to have probationers, would that meet the difficulty?—Yes, we would be able to train nurses for ourselves and get them to stay with us.

2486. What is there to prevent your doing that now?—The cost. It was considered some years ago by the Parish Council, when the question of trained nursing was first suggested, but the question of the cost simply put a stop to it. They said it was far better to get in trained nurses and to get the Government grant than to have probationers without it.

2487. If the medical relief grant were extended to probationers, you think that the difficulty would be removed?—Yes, so far as the ground of cost is concerned.

2488. And you would be provided with nurses in training who would fill the vacancies as they occurred among the trained nurses?—Yes, or who could go outside and fill the ranks of trained nurses elsewhere.

2489. I suppose you are aware that they have probationers in some poorhouses now?—Yes, I understand they have them in Dundee, Govan, and Irvine, or Ayr, and some other places.

2490. Are the salaries you give to your nurses in Edinburgh the same as are given elsewhere?—Yes, I think so. I don't know where they get better salaries. With us they get £30, rising after two years to £35.

2491. You don't think it is the question of salaries which prevents you from getting them?—No. I don't know any poorhouse where they get a better salary than they get with us.

2492. How do you account for the difficulty?—There are various difficulties. I think that young nurses would rather be in a general hospital than in a poorhouse hospital. There is a monotony in the hospital of a poorhouse; there are no operations and nothing to help to extend the future usefulness of a nurse. I think that that has something to do with it, and I don't know but what probably the rank of a poorhouse nurse is a little beneath that of an ordinary hospital nurse.

2493. Does it prejudice them in their after career?—I think so. I have always a feeling that they don't care to work in a poorhouse hospital—that they prefer to work in a general hospital.

2494. You said that there were no operations in your poorhouse hospital—There are very seldom any operations. Of course there may be an operation such as an abscess, or something like that.

2495. When you have cases requiring surgical operations, as you must have, what happens?—They would probably be sent to the infirmary.

2496. You have not the necessary appliances in your hospital for conducting major surgical operations?—No. We don't have appliances for major operations, but probably they could amputate a finger or something like that. I have no doubt that they would do the major operations if they had any, but I feel that they have not appliances, and they have not the assistance, and that sort of thing. I don't know of any case

within my recollection where we have had a major operation.

2497. Such operations as you have had have been conducted by your medical staff?—Yes.

2498. You have never called anyone in from outside to assist you in the event of an operation being requisite?—Yes, I think we have done so. I think we did so on one occasion, and we paid a fee for it, but I forget what the operation was. There is no restriction on the doctor there at all; if he thinks he should have extra help from outside, he is quite at liberty to call it in, and the Parish Council have always paid for any extra assistance in that way.

2499. Your hospitals are not such as to induce trained nurses to go there; they get larger experience elsewhere, and that is one reason why you are unable to get nurses when vacancies occur?—Yes. They get far larger experience in a general hospital than in a poorhouse hospital, where probably they have only chronic cases to deal with.

2500. *By Dr Mackenzie.*—Your hospital does not aim at being the same as a general infirmary?—No, we are not a clinical school.

2501. You have no consulting surgeons, you have no specialist surgeons as such?—No.

2502. *By the Chairman.*—You are of opinion, as is also your Council, that the Government grant should be given for probationers as well as for trained nurses?—Yes, as an inducement to their taking in hand the training of probationers. We have a resident medical officer and a visiting medical officer, and I understand that both of them would be willing to train probationers, by giving lectures to qualify them, if they had the opportunity.

2503. Of course that could not be done in all poorhouses. Would you suggest that we should classify poorhouses?—That probably might be done. It is a question for the different Parish Councils. In our poorhouses it could not be very well carried out, because the accommodation for our nurses is rather limited—that is to say, we would be rather crippled for room if we had probationers, but if it was found to be a benefit, there is no doubt that extra accommodation would be built. At present we have no extra sleeping accommodation for probationers.

2504. *By Dr Mackenzie.*—From what time would you suggest that the grant should be made? Should it be from the time of engaging the probationer?—Yes.

2505. From the beginning of her training?—Yes, certainly.

2506. Have you considered whether the preferable way would be to count it from the end of her first year rather than from the beginning?—The view I take is that it is a question of cost, and the grant should commence as soon as the cost is incurred.

2507. You want to put it so that it would not be more profitable to employ a trained nurse than a probationer?—Yes, that it would not be more expensive to employ a probationer than a trained nurse, and therefore the grant should commence when they incur any expense.

2508. Of course she would be of very little use in a hospital until she had had some training?—That is so.

2509. Your point is not the usefulness, but the inducing of them to be trained?—Yes, it is the use that they will be afterwards.

2510. *By the Chairman.*—What is the practice in your poorhouses in regard to phthisis?—I do not think that it is the duty of the Parish Council to provide from the rates sanatoria for the treatment of consumptive cases, but in every poorhouse separate accommodation for the care of the pauper consumptive should be provided. In Craiglockhart Poorhouse a separate ward in the hospital is set apart for cases of phthisis, and at present an addition is being made to the laundry, where their clothes will be washed apart from those of the other inmates of the house. In Craigleith there is no such separation, as the accommodation in the hospital, which is crowded, will not admit of it, but every precaution is taken to keep them as much as possible apart from the other inmates.

2511. Have you anything to add to your answer?—No, except that since I made the jottings for my evidence the doctor at Craiglockhart has arranged for the erection of sheds for the open-air treatment of phthisical cases as much as possible. Plans of these have been sent to the Local Government Board, and I understand they have been sanctioned. We have also laid before the Local Government Board an increased dietary for consumptives, which, I expect, will be attended to and probably approved.

2512. You mean an increased dietary for phthisis patients?—Yes; this special dietary for consumptive cases was approved at our meeting last Monday; it has been sent to the Local Government Board for their consideration, and, if they approve of it, it will be adopted.

2513. Has that been drawn up by your medical officer?—Yes, it has been drawn up by Dr Carmichael, and his assistant, Dr Grant.

2514. Is that to apply to Craigleith as well?—It is only with reference to Craiglockhart in the meantime that he has drawn it up, but I have no doubt that it will apply to both by and bye.

2515. *By Mr Barclay.*—Would it not be possible to send all your phthisis cases to Craiglockhart, where you have this improved dietary and accommodation?—I have no doubt that that will be the result of it. If they resolve to treat these cases at Craiglockhart with an increased dietary, and with these open sheds, there is no doubt that all cases of phthisis will be sent there for treatment, and not to Craigleith. Then I might state that we are doubling the size of the laundry at Craiglockhart, and having a special laundry for the washing of the clothes of consumptive patients.

2516. *By Dr Mackenzie.*—Have you got a disinfector?—Yes.

2517. *By the Chairman.*—That points to this, that it is the intention of your Council to treat all the cases of phthisis at Craiglockhart?—Yes. I think the time is coming when they will be forced to build a new hospital, and that will be at Craiglockhart, where we have ground for extension.

2518. *By Dr Mackenzie.*—Craiglockhart is a very favourable place for phthisis?—Yes; it is said that there could not be a better place for a sanatorium than Craiglockhart Hill.

2519. *By the Chairman.*—As regards outdoor relief, the Parish of Edinburgh is divided into ten medical districts, with a properly qualified medical officer in charge of each?—Yes. In three of the districts the salary of the medical officer is £70 per annum, with £5 additional for duties under the Lunacy Act; in six districts the salary is £65, with £5 additional; and in Portobello District, £50, with £5 additional. Besides the district medical officers, there is a certifying medical officer, who attends at the chambers of the inspector of poor daily from one to two o'clock for the purpose of examining and certifying applicants who have no home nor place of abode, and who are directly admitted to the poorhouse. The salary for this work is £100 per annum.

2520. That is an additional examination to that which will take place when the applicant reaches the poorhouse?—Yes.

2521. Is that a usual thing, or is it a supplementary practice on your part?—It is required by the Local Government Board. No person can be admitted to a poorhouse without a medical certificate. The certifying doctor I refer to comes to the chambers of the inspector of poor merely for the purpose of medically examining tramps and houseless people who have no place where the district medical officer could examine them. These people probably come from a lodging-house or the night asylum, and they are examined at the office by the doctor, and passed on to the poorhouse. In regard to other applicants for parochial relief, a note is sent to the district medical officer, who visits and certifies their condition for the information of the inspector, and, if required, gives medical attendance. When a pauper is placed on the outdoor roll, a pay ticket is handed to him with the name and address of the district medical officer on the back of it, and an

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intimation that the services of the medical officer can be obtained on sending the ticket to his address, or the patient can himself wait on the medical officer during his consulting hours and receive medical advice. This has been found to work exceedingly well, and is much better than sending periodically lists of the sick and infirm to the medical officers, as recommended by the rules of the Local Government Board.

2522. In common with some of the other larger Parish Councils, you give to paupers a ticket which entitles and enables them to go to the medical officer?—Yes.

2523. You have obtained leave not to comply with the rule of the Local Government Board, which says that a list of paupers is to be sent to the medical officer from time to time?—Yes. I hand round specimens of our tickets. (*Hands in tickets, vide* Appendix XXVIII.)

2524. By adopting this practice, rather than that in the rules, you are able to save yourselves a lot of trouble?—Yes.

2525. You find that it works extremely well?—Yes, much better than the other practice.

2526. I suppose you have not considered whether the rule should be altered for the smaller parishes?—No, but I should think that it would be the better plan for all parishes. A person may be admitted to the roll to-day as sick and his name sent to the medical officer. Well, he may be better in a week, and that would never be reported to the inspector.

2527. Might he not retain this ticket and go at any time, say a year hence?—No, no pauper is put on the roll for a greater period than three months. He cannot be longer than that. A cross is put on the ticket to denote the expiry of their period, and when they come for their last pay the ticket is taken from them.

2528. That is a check?—Yes.

2529. It is a check which works well and is thoroughly efficacious?—Yes.

2530. Have you had experience of the other course of sending lists?—No. I adopted the same system in New Monkland. I don't know any parish in Scotland where the practice laid down in the rule is carried out.

2531. It is your opinion that the rule is in abeyance?—Yes. Probably to commence with it was good enough, but I don't know of a place where it is obeyed, and I never heard of it being obeyed. Of course our medical officers keep a register, and they make a quarterly report to the Parish Council of the number of cases they have dealt with—new cases, old cases, how many have recovered or died—and that report is submitted to the Medical Committee every three months.

2532. What is your practice in Edinburgh as regards the dispensing of medicines?—In the Parish of Edinburgh, prescriptions by the doctors are dispensed by a druggist or druggists in the districts of each medical officer, with whom a contract has been made to supply drugs in terms of a price list prepared by the Parish Council.

2533. You think that that system works better than having established dispensaries in various parts of the town?—Yes, it works much better, especially in the case of a large town parish where paupers are so far from the central district. To ask them to come from Granton, Causewayside, or Portobello to a central dispensary at Castle Terrace would be a great waste of time, and, I should think, a great cruelty. In every medical district we have one or two chemists who dispense the medicines, and render their accounts once a quarter.

2534. I think the practice in Glasgow is to have a central dispensary and branches all over the parish?—Yes, but that is a far more expensive way.

2535. How is it more expensive?—If you compare what it costs Glasgow for its drugs with what it costs Edinburgh, you will see. There are the salaries of the dispensers, and that amounts to a large sum.

2536. You find your system, however, to work thoroughly well?—Yes, exceedingly well. Our price list is drawn up by a pharmaceutist who knows the prices of drugs.

2537. What have you to say with reference to subscriptions to nursing associations?—The City Parish of Edinburgh contributes £50 per annum to the Queen Victoria Jubilee Institute for Nurses and £5 to the District Nursing Institution in Portobello. These donations are granted on the distinct understanding that pauper patients are attended to by the nurses of the institutions, on the recommendation of the inspector or district medical officer of the Council. Before the donation was granted to the jubilee nurses, enquiry was made at the district medical officers as to what extent the jubilee nurses were of service to the outdoor poor, and each and all of them bore testimony to the great value of the services of the nurses and the appreciation of the poor of their services. In one case it was stated that a jubilee nurse attended and dressed a pauper's wounds daily for nine months. The donation, I may state, has the sanction of the Local Government Board.

2538. You are satisfied with the work that these outdoor nurses do, and you approve of the system, and think that these subscriptions have been justified by the results?—Yes.

2539. Have you ever difficulty in getting nurses when you require them from these associations?—No, we have no difficulty at all. If there is a case of emergency, all we have to do is to send to the Jubilee Institute, almost next door, and a nurse is dispatched at once. That nurse continues to attend the case the same as a medical officer would do.

2540. Your experience of the Jubilee Nursing Institution is that it is a good and successful institution?—Yes, it is an excellent institution.

2541. You recommend it as a means by which the wants of Parish Councils for outdoor nursing can be supplied?—Yes. I should like to see a nurse, or more if possible, in every parish in Scotland. I think that a thoroughly trained nurse can greatly aid a doctor; and in a country district especially, where the doctor's visits are not so frequent as in a town, the services of a trained nurse are certainly invaluable.

2542. You think, judging from your experience, that Parish Councils would benefit themselves and be thoroughly justified in giving contributions to nursing associations of that kind for the nursing they would be able to do?—Yes.

2543. I suppose you also think that the cost of this outdoor nursing should form a claim against the grant?—Yes, I think it is medical relief.

2544. Will you tell us now about the accommodation and arrangements that you have for the casual sick poor?—As a rule the casual sick poor are at once removed to the hospitals of the two poorhouses as soon as they apply; but medical relief is often granted, in the shape of medical attendance and medicines, to applicants who are in needy circumstances and require medical aid. At 15th May last the parish, when amalgamated with that of Duddingston, took over the care of the casual sick house in Portobello which belonged to that Council, and it has been continued since. The house is situated at 5 Maryfield, Portobello, consists of two rooms, and is under the charge of an old woman, who receives a free house for taking charge of any patients who may be sent there. It is used in the case of a tramp turning up who happens to be ill, and is sent there on the order of the inspector of poor, where he is cared for and medically treated for a few days. If he does not recover in a short time, he is sent to the poorhouse. The rent and taxes of this casual sick house last year amounted to £7, 13s. 2d. This arrangement has been in existence for the last seventeen years, and has wrought exceedingly well. Looking at the distance of Portobello from the two poorhouses belonging to Edinburgh, I am of opinion that this casual sick house should be continued.

2545. You say that medical relief is given to the casual sick poor in the shape of medical attendance and medicines?—That is so.

2546. The casual sick poor are removed to the hospitals and attended to there?—Yes. What I was referring to was a case of any person applying for medical attendance who did not desire to be alimented in

money—that is to say, their destitution only went to the extent that they were unable to afford the services of a doctor.

2547. They come to the poorhouse and are supplied with medicines there?—No, they are supplied by the district druggist.

2548. And they are put on the roll?—Yes.

2549. You are of opinion that the casual sick house which you took over at Portobello when the parish was amalgamated is an institution which is doing good, and which ought to be maintained?—Yes. Of course my opinion is merely formed from reports that have come to me; it has only been under my charge since May.

2550. You give the case of a tramp who happens to be ill, and is sent there on the order of the inspector of poor, and looked after in the casual sick house. There is no one there except the old woman to look after him?—No.

2551. If the illness became serious, I suppose you would remove the case to the poorhouse?—Yes. Suppose a tramp is found by the policeman on the roadside, then he is taken to the inspector, who sends him to this casual house, and the doctor is sent for; if the doctor thinks that he may remain till the morning, then he does so, and he will be kept there for a few days if he is only suffering from a trifling illness, but if the illness is going to be serious, he will be sent to the poorhouse.

2552. So he is under medical care as well as under the charge of the woman who looks after him in the sick house?—Yes. We require to get a certificate that he is disabled before giving relief in a casual way such as I have mentioned.

2553. In your experience, the system of boarding children out has worked well?—Yes. The arrangements with regard to the medical attendance of children boarded in the country are that the medical officer of the parish in which they are boarded attends and prescribes for the children when ill, he being paid by the Parish Council a fee of 2s. 6d. for each visit, together with medicines prescribed. The Parish of Edinburgh had at 15th May last 535 children boarded in the country in various parishes throughout Midlothian, Fife, Stirling, Lanark, Peeblesshire, and other country places. These children are paid for at the rate of 3s. per week, with clothing and medical attendance. They are paid direct from the office, and have no connection with the local inspector; but a list of their names and addresses is sent annually to the local inspector, in order that he may be aware that they are in his parish.

2554. Your practice, I see, is different from that of some other parishes, because your boarded-out children, as I understand from what you have told us, are attended by the parochial medical officer of the parish in which they are boarded?—Yes, or by the resident doctor, who invariably is the parochial medical officer.

2555. You leave it to the guardians of the child?—No. We appoint the medical officer.

2556. But the medical officer may be a medical man other than the medical officer of the parish?—Yes. We don't bind ourselves to employ the medical officer of the parish, but at this moment there is no doctor employed by us who is not the medical officer of the parish. Suppose a medical officer was attending our children as medical officer for the parish, and was giving up the medical officership for the parish, or was dismissed, we would not be bound also to discontinue our employment of him.

2557. Your aim is to get the best man you can, irrespective of the fact that he happens to be the medical officer of the parish?—Yes.

2558. That practice agrees with what we are told is the practice in other parishes?—Yes. We pay him for it.

2559. One object you have in that is to remove, so far as you can, from these children the stigma of pauperism?—Yes.

2560. And with a view also to that you do not pay the allowance for the support of these children through the inspector of the parish of residence, but you pay it direct to the guardians?—That is so. Of course we send once a year a list of them, in terms of the Local Government Board's suggestion, to the inspector to make him aware that we have children of that description in the parish, but that is not done with a view to his interfering with them.

2561. When you require it, you get a report from the inspector as to these boarded-out children?—No. We have a special officer who visits them, but if we did want a special report, I should say that the local inspector is bound to give us one. I don't think he could say, 'They are not under my care, and I won't 'give you a report.'

2562. *By Dr Mackenzie.*—In point of fact, have you got reports from the local inspectors?—Yes, we have a number of children boarded out that are not in a position to be visited by the officer in charge—isolated cases, where we depend entirely on the reports of the local inspectors.

2563. *By the Chairman.*—I suppose those boarded-out children always attend the parish schools?—Yes.

2564. You would get information, I suppose, from the schoolmaster, and also from the clergyman of the parish?—Yes.

2565. As a matter of fact, you do hear of them through these sources?—Yes.

2566. You say that the rate you pay for these boarded-out children is 3s. per week?—Yes.

2567. Is that the invariable sum?—It is the average sum.

2568. Is that all you pay for children of any age, or is there a sliding scale?—There is a sliding scale. For children under two years of age we pay 4s. a week, and I have seen us paying in special cases of delicate children as high as 5s., but the average and usual rate is 3s. a week.

2569. Of course that is not sufficient to support the child. I suppose your theory is that these children do a certain amount of work?—Yes, they go messages, they clean the house, and help to do little odds and ends for the guardians. We make it a rule that we never send children to a guardian who is dependent for her own living on what she makes from the keeping of the children. If there is no other income, then she does not get children from us. It is not a question of taking children to support a guardian, but the guardians take the children to help them in a way, and some take them from pure love of children, liking to have them about the house.

2570. Your experience is that the system has worked well?—Yes.

2571. Have you ever had trouble with the guardians?—No. I cannot recollect of a single instance of a complaint as to not having sufficient nourishment given to the children.

2572. Does your Council keep a record of these boarded-out children and what becomes of them in after life?—Yes.

2573. Is that available?—Yes.

2574. Is it printed and circulated?—No.

2575. So far as you are aware, these boarded-out children, as a rule, have been very satisfactory in after life?—Yes. They very often communicate with me in after years.

2576. From your point of view the system is an admirable one, and very much better than allowing the children to remain in the poorhouses?—Yes, very much better.

2577. *By Dr Mackenzie.*—Have you any contrary records?—Of course there are some, but very few.

2578. A small percentage?—Yes, a very small percentage.

2579. *By the Chairman.*—Would you suggest any further inspection of your boarded-out children?—I don't know any that I could suggest; I think it is so complete.

2580. I suppose you have a visitation of these boarded-out children by a committee of your Council?—Yes, once a year.

2581. It has been suggested to us (and there is a practice in England on that line), that there should

be a local committee of inspection?—I would be very much against it. It would cause nothing but interference and meddling by the people in the locality, and would give rise to no end of mischief.

2582. From your point of view, I suppose such a local inspection would militate against your theory that it is right and proper that the stigma of pauperism should be removed from these children?—Yes.

2583. Of course, from communications passing between the Parish Council and this local visiting committee, the committee would be apprised of the whole circumstances of the paupers?—Yes. We find no difficulty in having supervision over the children, and in getting information in regard to anything wrong with our children. We employ the local bootmaker or tailor, and in the annual visitation we make a point of visiting these parties. They keep a sharp eye on all the guardians.

2584. *By Mr Barclay.*—Are you aware that in Glasgow they have a female inspector, who is also a trained nurse?—Yes.

2585. Do you approve of that?—There are no objections to it, but I don't think that it is any great advantage. Of course there is no objection to any person who visits them having all the knowledge that he or she can have.

2586. Would you approve of them being visited by a medical officer who was an official of the Local Government Board?—I have no objections to that whatever, but I don't see what good it is going to do. It is only multiplying the evil that we are trying to avert.

2587. *By the Chairman.*—You go on now in your *précis* of evidence to tell us about aged people with no relatives, and living alone?—Yes, a difficulty has often arisen, in the administration of outdoor relief, in the cases of poor and aged people residing in lodgings or in houses of their own, with no relatives or anyone to look after them, and who refuse to be removed to the poorhouse or hospital for treatment, although certified by the medical officer that this is the only adequate relief that can be granted; and a Bill, prepared by the parishes of Edinburgh, Glasgow and Govan, was this session introduced for the purpose of giving powers to Parish Councils to apply to a Sheriff, Magistrate, or Justice of the Peace for orders to compulsorily remove such cases until arrangements are made for their proper care and treatment, or until they should be discharged by order of the Local Government Board, to whom such poor persons should have the right of appeal; but it is very doubtful if this Bill will become law this session. I, however, quite approve of the terms of the Bill.

2588. Will you tell us now your opinion as to the expediency of sending selected cases to seaside or other infirmaries or convalescent homes, and the cost of providing therefor?—My opinion is that the poorhouse hospital should be capable of treating all classes of cases sent there, but it might also be expedient, if necessary, to send cases to the infirmary or to a convalescent home, or to the seaside, should the medical exigencies of the case demand it. At present the City Parish of Edinburgh are in the habit of boarding out invalids in the country, and there are 84 such cases residing in private houses in Midlothian, Fife, Stirling, and Peeblesshire—the aliments ranging from 3s. to 10s. per week. Most of these, however, are debilitated cases, in whom no improvement is expected, but who are more comfortable in the country than they would be in the wards of a poorhouse.

2589. You are of opinion that convalescent homes for paupers are advisable, and you are in the habit of sending, I suppose, both adult invalid paupers and children in certain cases to convalescent homes?—I won't say to convalescent homes, but we board them out.

2590. You board them out where they are in delicate health and where you think that the air of the country would be of use in restoring them to health?—Yes. We probably send them to a farmhouse where they keep cows, and where they can get plenty of milk to drink.

2591. You say that most of these are debilitated cases, where no improvement is expected?—Yes, these are cases of old people who are better out than in, but there are cases in which the doctor has recommended a change to the country as being beneficial. Most of our cases that are boarded out are old invalided people, but we have young ones also.

2592. Is there any inspection or supervision after these people go away?—Yes, the same as with the boarded-out children. They are all under the same officer.

2593. You select the doctor in these cases?—Yes, the same doctor who attends to the children.

2594. I understand that you do not recommend any alteration in the tenure of office of medical officer?—I don't see that it will lead to any beneficial result. All the medical officers of the City Parish are appointed during the pleasure of the Council, but subject to the rules and regulations of the Local Government Board, and I see no reason to alter this tenure of office, although I have often heard complaints from the medical officers that their position was not independent enough, and that they should not be dismissed by the local Parish Council without the consent of the Local Government Board. Probably in small parishes such an order would strengthen the hands of the medical officer.

2595. I call your attention to No. 4 of the rules as to medical relief of the poor[1]: 'A medical practitioner 'appointed by the Parish Council to attend any poor 'person shall intimate in writing to the inspector the 'description and extent of the relief, under Rule 3, 'which he may consider necessary for the proper treat-'ment of such poor person; and on receipt of such 'intimation, the inspector, on his own responsibility, 'shall forthwith furnish or refuse the relief so intimated 'to be necessary, until he shall have brought the case 'before the Parish Council, and received their 'instructions regarding it. But if the inspector 'refuses or fails to furnish that relief, or any part of it 'he will be held accountable for such refusal or 'failure.' In your experience have you known cases of refusal to put in operation what the medical officer has recommended?—No. Of course this refers entirely to medical relief; it does not refer to relief in money or kind.

2596. It refers to all that is specified in Rule 3[1]—nutritious diet, cordials, clothing, suitable lodging, and sick bed attendance. That is all medical?—Yes, everything. The moment a doctor says, 'I recommend and 'order a patient to get such and such,' then I say that I am bound to supply it without consulting my Board. The doctor must take the responsibility.

2597. Suppose he recommends something that is not of the nature of a drug or of diet, but some material comfort?—If it is necessary for the patient, and ordered by the doctor, then I supply it.

2598. You have never known a case where it was not supplied?—No, I don't think I ever heard of a case. The inspector would certainly run a great risk if he did not supply what was ordered by the doctor.

2599. Even although, from your point of view, such comfort might be superfluous, you always give effect to the doctor's order?—Yes. I have had cases of my own where a bottle of brandy has been ordered to be given to a patient, and instead of the patient getting it, the parties round about got it, and became drunk. Care was taken, however, next time that they did not get it—that is to say, that the supply of brandy was stopped and the pauper was taken into the poorhouse. Even if I had known that there was a possibility of the brandy or part of it being put to such a use in the interest of the patient, I should not have felt myself entitled to refuse it.

2600. In fact the doctor is supreme?—Yes, he is supreme in everything affecting the health and condition of a patient. If anything were to happen to a patient or to a pauper through the inspector refusing to give what was ordered by the doctor, then it would be a very serious position for the inspector to be placed in.

2601. *By Mr Barclay.*—Does that not put in the

[1] Medical Relief Rules, *vide* Appendix LXVI.

hands of the medical officer practically the power of increasing a pauper's aliment?—It could not be so, because the inspector is perfectly aware of what the doctor is ordering, and if he finds that he is ordering too much in the way of creature comforts, then the aliment can be reduced in money.

2602. *By Dr Mackenzie.*—You do not suggest that this rule should be altered?—No.

2603. You are satisfied with it?—Yes.

2604. You are satisfied with having the veto on the medical officer's instructions in the hands of the inspector?—It does not give any veto here.

2605. It says: 'On receipt of such information the 'inspector, on his own reponsibility, shall forthwith 'furnish, *or refuse* the relief so intimated to be 'necessary until he shall have brought the case before 'the Parish Council and received their instructions 'regarding it'?—I did not notice the word 'refuse.' I should certainly delete that word, unless there may be cases where an inspector knew that the doctor was doing what he should not do.

2606. *By Mr Barclay.*—Did you ever have a case where you thought that the doctor was ordering too much in the way of creature comforts, and where you refused aliment?—No, I have never had such a case. I merely suggested that it could be obviated in that way. I would be inclined to leave the rule as it is. It is possible that there might be cases in which an inspector might feel, from his knowledge of the case and his knowledge of the medical man attending the case, that there was a misapplication of creature comforts, and he would be quite entitled to refuse it, but, of course, he would be responsible.

2607. *By Dr Mackenzie.*—You notice that the rule states that the inspector, on his own responsibility, shall furnish or refuse the relief so ordered until he brings the case before the Parish Council and receives their instructions regarding it. So you are protected by the Parish Council?—Yes, the inspector's responsibility only lasts until the case is reported to the Council. I think that the rule should stand.

2608. *By the Chairman.*—Will you tell us your practice as regards tramps found ill at the roadside?—The practice in our parish with regard to tramps and poor persons found lying ill at the roadside, or on the streets of the city, has been to admit these parties to the poorhouse, on being taken there by the police, without first obtaining a medical certificate, the resident medical officer being called upon to render his services as soon as the party is admitted, and the case reported to the inspector of poor next day. Most cases, however, of illness on the street in large towns are taken direct to the infirmary and there dealt with, and we have found very little difficulty in dealing with cases found ill, as very few are admitted to the poorhouse in the course of a year.

2609. You have had no difficulty as regards the respective duties of the police and the Poor Law authorities in regard to these tramps?—Not in the city.

2610. It has worked without friction?—Yes.

2611. I daresay, however, you are aware that in country districts there is sometimes trouble as to the relative liabilities and duties in the case of a person found ill or suddenly taken ill upon the roadside?—Yes.

2612. Such difficulties have not occurred in Edinburgh?—No.

2613. You told us a little ago that in all cases there is a medical certificate before anyone is taken to the poorhouse. You suggest now that tramps found on the roadside are taken to the poorhouse by the police without at first obtaining the medical certificate?—Yes, that is an exception. They are taken, as they require to be taken, without a certificate.

2614. These are cases of emergency?—Yes. The resident doctor is always called as soon as the man appears.

2615. It is only in cases taken to the poorhouse by the police that you dispense with the preliminary examination?—No. Cases of emergency have occurred where my assistants have removed them without medical certificates. I have had cases coming to our offices in Castle Terrace where they have taken ill, and I have got them put into a cab and taken to the poorhouse at once.

2616. *By Dr Mackenzie.*—In such a case the resident medical officer would examine them?—Yes.

2617. It is not a habitual thing?—No. We have had cases of death occurring in the chambers—cases of men coming for relief and falling dead in the waiting-room.

2618. *By the Chairman.*—Under the Prevention of Cruelty to Children Act, cases may be taken to the poorhouse without a medical certificate. Have you any of these?—We have had cases of that kind, but when they are admitted, the first duty of the Governor is to call the attention of the medical officer to them, so that I may be furnished with a certificate.

2619. *By Dr Mackenzie.*—If a casual case comes to the poorhouse, it is admitted?—Yes the Governor has discretionary power there.

2620. *By the Chairman.*—What do you do with applicants coming after office hours?—We have an officer resident on the premises.

2621. What takes place? Are they taken to a shelter for the night?—If necessary they are sent to the poorhouse—that is to say, if they are seemingly ill, but if not they are told to come back next day.

2622. They are not given money for a night's lodging in the Night Asylum, or anything like that?—No, they may be referred to the Night Asylum or the House of Refuge.

2623. But you don't give them means to pay for their bed there?—No. Some years ago we had an arrangement that when we sent anyone to the House of Refuge we paid, I think, 4d. a night, but that has been given up now. There are so very few now that we deal with them as they come.

2624. There are fewer than there used to be?—Yes.

2625. How do you account for that?—I don't know, unless it may be that the officer who used to live under the office now lives above the office, and is not so easily getatable. We have a night bell, however, to call him if necessary.

2626. So that anybody may have access to him at all hours of the night, if necessary?—Yes, but any casual person coming and looking at the place will see it all dark, while before they had always light in the area.

2627. Does that make a difference?—I could not say, but I don't think so. We give them every opportunity, at all events.

2628. I suppose you consider the office to be open all night by having this night bell?—Yes.

2629. *By Dr Mackenzie.*—But you are under no obligation to keep it open all night?—I don't know. I have been told that my duty is not only during the day but during the night. The inspector of poor is an official who has no rest, neither day nor night.

2630. *By the Chairman.*—As regards the distribution of the medical relief grant, and the maximum and minimum expenditure according to which it is now distributed, I understand that you are of opinion that the maximum and minimum expenditure should be abolished, and that the grant should be distributed according to the vouched expenditure, and that only?—Yes. The stereotyped minimum expenditure, in my opinion, should be abolished and the grant distributed according to vouched expenditure, and this should apply to the total cost of sick nursing as well as to medicines and medical appliances. There is very little difference betwixt the present rate of distribution of medical relief and the allowance for sick nursing. In the former it runs to 7s. 4¾d. per £, and in the latter one-half of the nurse's salary with 3s. per week towards her board. Taking the salary of a nurse at £30 per annum, and her board, lodging, etc., at £32 per annum, making a total of £62 per annum—the medical relief on that at the present rate of 7s. 4¾d. per £ would be £22, 18s. 6½d.; and, according to the present grant for sick nursing, one-half of her salary would be £15, and 3s. per week

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towards the rate of her board, £7, 16s., or a total of £22, 16s., showing a difference of only 2s. 6½d. in favour of the former. I am in favour of the grant being paid to each parish on the vouched expenditure for that year; but, if thought advisable that an average of years should be taken, I should say that three years' average would be quite sufficient.

2631. You say that in that vouched expenditure medicines and medical appliances should be included, and that medical appliances should be considerably extended beyond the items which at present are covered by it?—Yes.

2632. How far would you extend that?—In regard to the definition as to what is medical relief, I think this should be extended to include aerated waters, disinfectants used wholly by patients in the hospital, medical appliances—including artificial limbs—also bovril and beef tea ordered by the medical officer. I think it should include anything ordered by the doctor.

2633. You think that the grant should be extended to outdoor nursing as well as indoor nursing?—Yes.

2634. Will you give us your reasons for thinking that vouched expenditure is the best criterion for the distribution of this grant?—My reason simply is that the parish that spends liberally on medical relief should be recouped, as an encouragement to give proper medical relief within the parish.

2635. Have you considered the case of the smaller parishes, how they would be affected by the system of vouched expenditure?—Yes; they would get the same share as anyone else, and it would be an inducement for them to offer better salaries to their medical officers, and have the effect of getting better men to stay in the Highlands. In some places the salaries are most miserable.

2636. Of course we have only £20,000 to deal with?—Yes, but we might get more by-and-bye.

2637. Why do you think that the maximum and minimum should be abolished?—I think that the method I suggest of paying it on the vouched expenditure is a much better way. A parish might go to the minimun to get its share of the relief, and at the same time the medical relief in that parish may be very inadequate; while if it saw some prospect of getting further aid, it might be more inclined to make the relief more efficient.

2638. Have you considered the case of Highland parishes, where in many cases it happens that the medical officer's salary is very much larger than is justified by the pauperism of the parish, and where it is offered as an inducement to get a medical man to settle in the parish? Don't you think that in a case of that kind the maximum and minimum are almost necessary in the interests of the other parishes of Scotland?—I did not have such a case before me when considering the question, but now that you mention it, I say that to a considerable extent it would be a misappliance of the medical relief in such a parish, as you state, in so far as it would be virtually supplying medical relief to the non-pauper population at the expense of the rates.

2639. Would that lead you to modify your views as to vouched expenditure being the only criterion that should be applied?—Yes, to a certain extent. I quite see that there are many parishes in Scotland where a maximum and minimun would still be necessary.

2640. Would you suggest that in order to give effect to the different considerations which apply in different parishes, parishes should be classified?—Yes, it would be almost necessary.

2641. Do you think that that would be possible?—Yes, quite possible.

2642. As regards vouched expenditure for the year?—Yes, at present it is.

2643. Do you think it would be better to have it over an average of years?—Probably an average of three or five years would do. Medical relief varies from year to year very much, while if you take an average, you may get a better result.

2644. Possibly it might meet your view that vouched expenditure should be the only criterion if power were given to the Local Government Board to approve of the salary of the medical officer in all cases?—Yes, I think that might meet the case.

2645. Has that occurred to you?—No, but now that you suggest it, I think it would meet the case. The Board would certainly have some means of knowing the reason why such a high salary should be given, and if it appeared to them that there was a further reason than the prospect of attending to pauper patients in the parish, they could prevent it or dock them in the medical relief grant.

2646. Supposing, in the medical relief grant rules, power were given to the Board to approve of all medical officers' salaries before they could claim against the grant, that would probably meet the point?—Yes. Of course I understand that the Board at present require to approve of the medical officers' salaries.

2647. That is when alterations are made?—And on appointments also.

2648. The Board would require to have new powers as regards the medical relief grant?—Yes.

2649. You say that you are of opinion that some restriction should be placed on the amount of subscriptions given to public infirmaries, dispensaries, lying-in hospitals, and asylums for the blind, deaf and dumb, and that the criterion should be the benefit derived from year to year from the institution to whose funds the Parish Council subscribes, and that a proportion of such subscription should be claimable against the grant?—That is so.

2650. Must you not have some more specific basis than that?—I don't see what other basis you could have. You subscribe to an infirmary and send a patient there, and the patient is dealt with there, and treated during the course of his illness. That, I think, is medical relief which would be entitled to be covered by the amount you give the infirmary or hospital and a charge against the grant.

2651. You might send your next patient to a different infirmary. What you suggest is that the amount of subscription that is to be claimable against the grant should be gauged by the number of patients treated?—Yes.

2652. You have a number of these infirmaries at your door here?—Yes.

2653. It might be different in the case of a country parish. Would not a fair method be to say that each parish shall be entitled to give a subscription of a certain amount in proportion to the number of its outdoor paupers?—No, because there might not be one of them deriving any benefit from that institution. Take Edinburgh: the paupers in Edinburgh derive no benefit at all from the Royal Infirmary.

2654. Do you mean that they are all treated in the poorhouse?—Yes; but we are talking about subscriptions to infirmaries and public institutions. In giving a subcription to the infirmary, we have no *quid pro quo*, because we have no arrangement with the infirmary to admit patients from the Parish Council. It would be very unfair, in the first place, to give a subscription, and in the second place to get no benefit in return.

2655. *By Dr Mackenzie.*—There are patients that you do not remove to the poorhouse hospital, and yet they are not removed to any other hospital. Is there a residuum of patients that are not treated either by the parish or in the infirmaries?—We have no pauper cases needing medical relief that are not treated by the parish, or that the parish is unwilling to treat.

2656. But you have cases that you think ought to be in hospital, and that you have no means of getting into hospital?—There are many who, we think, would be better in hospital, but they refuse to go there although we are willing to receive them, and in some cases we withdraw the outdoor aliment in consequence.

2657. *By the Chairman.*—What cases do you send to the infirmary?—We send none; we have no arrangement with the infirmary authorities to send paupers there.

2657A. *By Mr Barclay.*—Do you not subscribe to the infirmary?—No. Recently we have made them pay poor rates in terms of a decision of the court that

they are legally liable for the same, and we have been approached by the infirmary authorities, who say that now it has been decided that they are liable to pay poor rates, the Parish Council should give back these rates as a subscription.

2658. *By the Chairman.*—By law you are not entitled to remit their poor rates?—No, but they say, 'Give us a subscription of say £300,' or whatever amount of rates a year they pay, 'give us 'that as a subscription,' which the Parish Council can do under the Poor Law Act; and we say, 'Yes, if you 'give us the benefit of your institution to the extent 'of £300 for our patients'; but they decline to do so.

2659. Don't you get cases from the infirmary?—Yes, many of them. The Edinburgh infirmary entails a heavy burden on the parish in collecting insane and diseased patients from all parts of the country, who, when they can do nothing further for them, are handed over to the parish.

2660. *By Dr Mackenzie.*—Apart from this gathering in of cases that you speak about from all parts of the country, it is quite proper for you to deal with the Edinburgh cases that are sent to you from the infirmary. You would have had to deal with them if they were not in the infirmary?—But cases come to Edinburgh, who have no claim on Edinburgh Parish, seeking medical aid, and the cost of supporting them falls on Edinburgh after leaving the infirmary.

2661. Take the Edinburgh residents, however, that go to the infirmary. There are plenty of cases that go to the infirmary, which, if the infirmary were not there, or did not take them in, would certainly come to you?—Yes, and would be provided for by us.

2662. Are you in a position to say that the cases sent to you by the infirmary, after the infirmary has done all that is possible for them, are more numerous than those that would come to you in ordinary case?—No. What I refer to is the infirmary holding out inducements for people to come from all parts of the country for medical aid, persons that have no claim against the Parish of Edinburgh.

2663. But confine yourself to Edinburgh, for argument's sake. Is it not the case that the Edinburgh infirmary, in taking poor people free of charge, is really doing the work of the Parish Council of Edinburgh?—I would not go that length.

2664. Those cases would come to you if they were not in the infirmary?—Yes; and we are able to cope with them.

2665. To that extent the infirmary, in keeping them for the time they are not with you, is doing your work?—Yes, indirectly, but what I refer to are the cases that are induced to come to Edinburgh for the purpose of getting better medical skill and then thrown upon the parish.

2666. *By the Chairman.*—They are really chargeable to other parishes?—Yes; in many cases we do recover our advances from other parishes, but sometimes we do not. Some cases are foreign cases, and in others we may be unable to find their settlements.

2667. *By Mr Barclay.*—You stated that no major surgical operations were performed in your poorhouse. There must be many of your patients requiring such operations. What becomes of them?—I don't know; we have rarely such cases.

2668. *By the Chairman.*—The infirmary won't take them. If you have a case in your poorhouse which contracts a disease requiring a surgical operation, you have no appliances, as you told us, in your poorhouse hospital?—I won't say that we have no appliances. If we have not, we can get them.

2669. But you don't have the appliances that would enable you to perform a major operation as a habitual thing, and the infirmary won't take the case. What happens to it?—I don't know. I am not in the habit of sending patients to the infirmary. The patient may leave the poorhouse and may get into the infirmary by some other means, but we have no arrangement between the Parish Council and the infirmary for receiving such cases.'

2670. Take the case I have suggested. Supposing this major operation is requisite; you dismiss the man, and you suggest to him, possibly, that he should go to the infirmary, and he goes there, but without a letter or communication from you?—We would not dismiss the man, but the man might dismiss himself. The patient might probably be told, 'we 'can do no more for you here,' and he may dismiss himself and go to the infirmary and be admitted there.

2671. We are to understand this, that it is not that the infirmary declines to take cases which come from you, but that a case which cannot be treated properly in your hospital discharges itself, and then goes to the infirmary without any recommendation or line or communication from you. That is the practice?—I have no knowledge of such a practice. Patients may find their way to the infirmary from the poorhouse without my knowledge. I know patients are never sent by me to the infirmary.

2672. *By Mr Barclay.*—You don't send them there?—No. In the event of their finding their way there, we would refuse to pay for them, on the ground that they had not been sent by us.

2673. *By Dr Mackenzie.*—You said that certain cases among your outdoor patients refusing to go to the poorhouse hospital had their aliment reduced?—Sometimes withdrawn.

2674. What kind of cases would you include in that?—Phthisis cases.

2675. The position would be that on withdrawing the aliment you leave these cases to be treated any way?—Yes.

2676. The refusal to go to the poorhouse hospital is a reason for your withdrawing their aliment?—No, it is used as an inducement to get them to go to the hospital.

2677. Does it work?—Yes. We say to them, 'Go 'to the hospital and be treated there, and aliment will be continued to your wife and family; the moment 'you go home the aliment stops.'

2678. What do you do with those who still refuse to go to the hospital, and whose aliment you have withdrawn?—We cannot pursue them any further.

2679. Is that adequate relief to an outdoor patient when you know that he won't be taken anywhere for treatment, and he won't go to your hospital? Do you think that you are discharging your duty?—Yes; we cannot follow him any further; he ceases to be chargeable to the parish.

2680. Do you mean that his refusal to take your particular means of medical treatment—namely, going to the hospital—is a reason for withdrawing his outdoor medical relief?—Yes. It is not done with a view of getting rid of the aliment, but with the view of inducing him to go to the hospital.

2681. But if it does not induce him, have you still no obligation?—The obligation of the Parish Council ceases entirely then.

2682. *By the Chairman.*—That is a refusal of relief?—No. He has an appeal to the Local Government Board.

2683. *By Mr Barclay.*—Not if you withdraw the relief?—We don't withdraw the relief; we offer admission to the poorhouse hospital.

2684. *By the Chairman.*—You offer the poorhouse?—Yes.

2685. And he comes here and says, 'This is 'inadequate relief'?—Yes.

2686. If the relief is withdrawn altogether, he can go to the Sheriff?—Yes.

2687. I understand that that is done, not only in the interest of the man himself, but of the family?—Yes.

2688. *By Dr Mackenzie.*—Have you many such cases?—Very few. It is done entirely in the interests of the family. In the case of consumptives, if they have got accommodation in their own houses where the patient can have a separate room, then we invariably give them aliment; we aliment them liberally with a view to treatment. We give them all sorts of infor-

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mation and disinfectants, and instructions as to the open-air treatment and that sort of thing. If, however, it is a case of a wife, husband and family living in a few cubic feet of space, where the disease is bound in some extent or other to affect the family, then it is in the interest of everyone concerned that the patient should be in the hospital.

2689. Yes, of course; but are you justified in withdrawing the aliment, which makes the conditions worse, just to induce the patient to go to the hospital?—That is the system we adopt, and the patient has always an appeal to the Local Government Board.

2690. Is he informed of the fact, in accordance with the rules of the Local Government Board?—Yes, and he is supplied with the necessary papers.

2691. *By the Chairman.*—As regards reciprocal obligations between parishes, you are of opinion that these obligations should include not only medical attendance but also medicines?—Yes. I think it would be a good thing to have the present reciprocal obligations between participating parishes in regard to medical attendance continued, and it would save a great deal of clerical work in making claims under the grant if the obligation were extended to medicines also. I think it would work out equally all over. The amount paid for medicines by this parish to other parishes for the year ending 1902 was £45, 0s. 10d., and the amount paid by other parishes for their poor in this parish was £29, being a sum in favour of Edinburgh of £16, 0s. 10d. In the year 1901 it works out as follows:—Paid by other parishes to Edinburgh, £28, and paid to other parishes by Edinburgh, £23, 5s. 7d., or a sum against Edinburgh of £4, 14s. 5d., so that, one year with another, the average, I think, would be very fair.

2692. We were led to understand yesterday by the inspector of one of the large Glasgow parishes, that if medicines were included in the reciprocal obligation, as you suggest, his parish, being a large one, would probably suffer. That is not your opinion, however?—No. I think it would balance itself in an average of years.

2693. By adopting the system you suggest, you think that a great deal of unnecessary labour would be saved?—Yes.

2694. You see no objection to it?—No.

2695. Not even in this, that it might lead to remissness in sending notices to other parishes. Of course the parish which was giving these medicines and medical relief would be the sufferer if it did not send notice?—Yes.

2696. The parishes must just take the risk of that?—Yes.

2697. And accordingly on every ground, you, after considering the matter, think that medicines should be included in the reciprocal obligations?—Yes.

2698. What have you to say as to the payment of a fee to a medical man when called in to perform a surgical operation?—In all cases where a medical officer is called upon to perform a surgical operation, and assistance required either for the operation or for the administration of anæsthetics, the expense of this assistance should be paid, but I would not be in favour of remuneration being paid to a medical officer for a surgical operation which he was quite entitled to perform under his agreement with the Council.

2699. I think that what you have suggested is probably what the Local Government Board themselves have been in the habit of advising as to the proper course to be taken, that all surgical operations and medical attendance, as far as performed by the medical officer himself, should be included in his salary, but if it is necessary for the administration of anæsthetics, etc., that he should call in assistance, then that outside assistance must be paid for, and forms a proper charge against the parish of settlement?—Yes, that is the way we have always acted hitherto.

2700. Has that rule worked?—Yes.

2701. Do you think it ought to be universally applied?—Yes.

2702. In your experience have you found it sufficient to leave the question of calling in extra assistance to the medical officer himself?—Yes, entirely.

2703. You have never found that license abused?—No.

2704. Do you think it should be obligatory for the Parish Council to fix the medical officer's salary exclusive of medicines, which should be paid for as obtained?—I am clearly of opinion that, in all cases in which a Parish Council is called upon to appoint a medical officer, his salary should be entirely exclusive of medicines, which should be charged and paid for separately, or obtained from a chemist; and I would be averse to any fixed sum being allowed the doctor for medicines.

2705. Have you, in your experience in the poorhouses here, ever admitted to your hospitals patients from outside who have paid for such attention and attendance as they got there?—I have admitted paupers to the poorhouse from whom we have recovered the cost of their keep, but I have never had a case where a bargain has been made that we will take them if they pay.

2706. You have adopted that course simply because of the ordinary Poor Law rule, that certain relatives are liable to aliment a pauper so far as they are able to do so?—Yes. We are legally bound to do so.

2707. You have never made a bargain beforehand with any patient whom you have treated in your hospitals, that he or she pay for said treatment?—No.

2708. You are not aware of it ever having been done, either in your poorhouse or in any other?—No.

2709. You never admit anyone to your poorhouse that is not a pauper?—There are cases occasionally. I remember a case we had of a man who was earning 23s. a week, and whose wife was disabled with paralysis. There was a young family, and the man could not attend to his work and his wife at the same time, and he applied for her admission to the poorhouse. We agreed to take her in, on condition that he paid 3s. a week towards her support. Strictly speaking that man was not a pauper, but in the circumstances he would have been very soon a pauper if he had had to leave his work and attend to his wife.

2710. You treated the case just as you would have treated it if the wife had been a lunatic?—Yes.

2711. You would have been justified by the Lunacy Acts in doing so?—Yes.

2712. You think that possibly there is room for extending the same provision here?—Yes. Strictly speaking, that man was not legally a pauper, but under the circumstances it was not only a case of humanity, but I think the law would have winked at anything we had done in the way of breaking it rather than having a scandal.

2713. *By Dr Mackenzie.*—Can you furnish us with the number of phthisis cases among your outdoor paupers?—I can give a printed report where the disablement of every pauper on the roll on 15th May is stated.

2714. You can get the number of phthisis cases in the hospital?—Yes.

2715. Can you give any figure to indicate the number of phthisis cases that you have refused aliment to with the intention of inducing them to go to the hospital?—Yes, I can give that. (*Subsequently sent, vide* Appendix XXIX.)

2716. Have you any means of finding out how many cases there have been in the year where aliment has been withdrawn, and they have been left unprovided for?—No, we have no means of finding that out.

2717. Have you any means of knowing what becomes of those cases where aliment is withdrawn, and they remain unprovided for?—Casually we may.

2718. You have no systematic means of knowing whether they go to the dispensary or what becomes of them?—No.

2719. How do you do in removing patients to the hospital; do you have a nurse going with the ambulance always?—We employ the St Andrews Ambulance Association, and we have an officer who goes with them on all occasions.

2720. Does that officer ride on the outside along

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with the driver, or does he go inside the van?—I could not tell.[1]

2721. Have you had any cases of death in the ambulance where the pauper was alone?—No.

2722. You don't make it an absolute rule that the attendant or anyone else shall ride inside along with the pauper?—I could not say.[1] I think the Ambulance Association send two men, a driver and an attendant; I think there is always one inside.

2723. Of course these are large ambulances, and there is plenty of room in them?—Yes.

2724. Who is responsible for the ambulance; is it the St Andrews Association?—Yes, we pay them 5s. for each trip, and we find it less expensive than keeping an ambulance and horsing it for ourselves.

2725. How many cases will you remove by the ambulance in a week?—We won't remove more than twenty or thirty in a year. Of course we have an omnibus and a special cab.

2726. You remove sick people in the special cab.—Yes, if the doctor says they can be removed in it.

2727. With these cabs do you send attendants?—Not unless there is any reason for it. There is an attendant in the 'bus.

2728. You rely on the request in the medical certificate?—Yes. If the doctor says there is to be attendance, then we have it.

2729. You have never had any case of death in one of these cabs?—No.

2730. How many cases will you remove in the course of a year?—Hundreds. The 'bus leaves the chambers daily, and also the cab. We have the cab wood-lined, so that it can be cleaned every morning.

2731. They are removed under your own direction?—Yes.

2732. You remove special cases in the St Andrews ambulance?—Yes, special cases where the doctor orders ambulance. We have found the St Andrews Association to serve us very well.

2733. Have you any information to offer on the question of compulsory removal of cases to the poorhouse?—I think it is very desirable that we should get that power.

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2734. And you are in favour of compulsory detention?—Yes, we are one of the three parishes promoting the Bill in Parliament.

2735. *By the Chairman.*—That refers only to the 'ins and outs'?—Yes.

2736. Would you extend it also to cases in the sick wards of a poorhouse hospital?—So far as provided for in the Bill—that is to say, they are to remain there until they get the sanction of the Local Government Board to leave. There is to be an appeal.

2737. That is the 'ins and outs.' I am dealing with cases in the sick wards, who sometimes discharge themselves before they are cured?—These become the 'ins and outs.'

2738. There are cases of people who come there and apply themselves to be taken in to the poorhouse, and are treated in the hospital there. Does it not occur to you that the Bill might be extended to such cases, who wish to be discharged, or who discharge themselves before they are properly cured?—That would be a very difficult thing to do. We have very little hope of getting Clause 2 passed, it interferes so much with the liberty of the subject, and if it were to be extended it would be even more difficult to get it through.

2739. *By Dr Mackenzie.*—Have you many cases discharging themselves in the course of a year before they are cured?—Yes; we have them coming in there two and three times a week. They will come in from a debauch of drink, and get washed and recuperated, and go out, and then come back again and get another wash and rest.

2740. *By Mr Barclay.*—Do you consider that your hospital accommodation at the poorhouse is sufficient?—No, it is not sufficient at either of the poorhouses.

2741. Are the Parish Council taking any steps?—They have had the matter before them for many years, but it has taken no practical shape as yet.

Miss E. S. Haldane, Cloan Den, Auchterarder, called and examined.

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2742. *By the Chairman.*—You have been led to take an interest in Poor Law matters by your experience as a member of the Parish Council?—I am not a member of the Parish Council.

2743. How is it, then, that you have taken an interest in these matters?—I have been a visitor for quite twenty years at the combination poorhouse at Auchterarder.

2744. Have you had experience of any other poorhouses?—Yes, I have always visited them when I have had an opportunity.

2745. You have visited other poorhouses in Scotland?—Yes, and in England also.

2746. What poorhouses in Scotland have you visited?—Glasgow, Craigleith, Fortrose, Ayr, and several others.

2747. You have had a pretty general experience, both of the larger and smaller poorhouses in Scotland?—Yes.

2748. And also the union workhouses in England?—Yes, I have visited several in England, and one in Ireland.

2749. Which one did you visit in Ireland?—A small one at Lismore.

2750. What you are to tell us to-day is based upon information obtained by your visits to these poorhouses and workhouses, and you are to give us your own views in regard to the administration of the Poor Law as regards both indoor and outdoor relief?—Yes, mainly indoor.

2751. Have you seen foreign poorhouses also?—Not to any great extent. I have visited one in Berlin. I have taken an interest in those in other countries, even where the systems were very different.

2752. You have taken an interest in the Poor Law administration of foreign countries?—Yes, but I could not offer myself for examination on that subject.

2753. What you are to tell us is based on your experience both in this country, and to a certain extent abroad?—Yes.

2754. You are a member of the Infirmary Board in Edinburgh?—I was a member at one time.

2755. In your general remarks about indoor relief, you say that you think that classification by character should be attempted in our poorhouses?—Yes. My point rather is, that outdoor relief should be reduced to a minimum, and that in the poorhouse you should make the conditions tolerable for the class which is above the lowest test class. This would reduce outdoor relief to the lowest possible limits.

2756. Are you aware that our system of Poor Law relief in Scotland is an outdoor system, and has been distinguished as such,—compared with the English system, which is an indoor one?—Yes.

2757. Your opinion is that the indoor system is better?—Yes.

2758. You think that the outdoor system which now prevails in Scotland is a mistake?—Yes.

2759. Will you explain what you mean by classification by character on the assumption that outdoor relief should be minimised and indoor relief increased?—An attempt should be made not to put those who are tolerably respectable along with those who are very much the reverse, and whose language, for instance, is very bad.

2760. You mean inside the poorhouse?—Yes.

2761. We have been informed, and we know it to be the case, that that is carried out to a certain extent at present in some of our poorhouses. I suppose you are aware of that?—Yes.

2762. Your view is that the system which is carried out in such poorhouses as Govan (and will be, I believe, carried out in Barnhill when their new buildings are completed), and also in some other similar poorhouses,

[1] Mr Ferrier subsequently explained that it is a rule that the attendant shall ride inside, and that he always does so

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should be extended as far as possible to all poorhouses?—Yes. Of course it is very difficult in smaller poorhouses—it is almost impossible under present conditions.

2763. Any rules which this Board may think fit to draw up with a view to such classification by character should be elastic?—Yes, they must be.

2764. They should discriminate between the smaller poorhouses and poorhouses where there is accommodation for such separation?—Yes, but the classification should be attempted in all poorhouses, as far as possible.

2765. *By Dr Mackenzie.*—Do you think that the want of classification by character, as has been suggested, really deters people from using the poorhouse?—I think it deters the test being applied on the part of the Parish Council—it deters the people from being sent. I don't know how it may be from the point of view of the inmates.

2766. *By the Chairman.*—It deters the Parish Council from applying the test in cases where, if there was this classification, they would apply it?—Yes.

2767. *By Mr Barclay.*—It deters the Parish Council from putting people into the poorhouse who would be better in the poorhouse?—Yes.

2768. *By Dr Mackenzie.*—Does it deter people from going into the poorhouse who would otherwise go?—I could not say. It is so difficult to say what their motives are.

2769. Is it the case that one consideration leading you to think that the indoor system is preferable to the outdoor system is this, that the poorhouse now has to a certain extent got a bad name because it is a house in which you have 'test cases,' and that cases that should go to the poorhouse won't go because of the existence of these cases, dissolute or otherwise, which are now in the poorhouse?—That is from the point of view of the individuals?

2770. Yes. I want your reason for thinking that the Scottish system is bad as compared with the English system?—I think it promotes pauperism. I think that charitable relief could be better organised, and most of the cases that really deserve and require outdoor relief could be looked after by organised charity.

2771. Not by Poor Law administration at all?—That is so.

2772. *By the Chairman.*—You state that you are of opinion that married couples should be permitted a separate room if desired?—Yes. It is permissible above sixty, I think, but it is very difficult to carry it out in the smaller poorhouses.

2773. You think it should be carried out, if possible?—Yes.

2774. You think that parents should have access to their children daily?—Yes.

2775. There is provision for that in our rules, but you don't think that is sufficient?—No. It is given in the English and Irish rules.

2776. If there is no provision made in our rules for access, you think that it should be in the rules?—Yes, I daresay it is done, but it should be clearly put in the rules.

2777. You think that the English and Irish system should be applied to Scotland as regards parents having access to their children daily?—Yes.

2778. You go on to say that committees should be empowered to discharge inmates when considered desirable. You think that that power should be extended to poorhouse committees?—I should think so. That is following the Irish rule, and it seemed to me to be a good rule.

2779. You are of opinion that inmates should be empowered to make complaints to the visiting committee, who should be *unaccompanied* by officials?—Yes. In our rules it is advised that they should be accompanied by officials. The Aged Poor Commission give it as their opinion that that should not be so, and that the visiting committees were not doing all they might. I don't think that the visiting committees are always very active.

2780. You think that they perform their work in a very perfunctory way?—Yes; but, of course, not always.

2781. Does that apply to all poorhouses?—No, I don't know about all poorhouses.

2782. Does it apply to all the poorhouses you have visited?—No, certainly not.

2783. But you have found it to be the case in some poorhouses?—Yes. It is exceedingly well done in some poorhouses.

2784. You are aware of some poorhouses where visiting committees visit regularly and do their work thoroughly?—Yes, they do it most carefully.

2785. But in other cases it is not so done?—That is so. It is more difficult in a combination poorhouse, where the people come from a great distance, than in a city poorhouse.

2786. You think that in any revision of our rules which may take place, provision should be made for regular visitation if that be possible?—Yes.

2787. And that visitation should be unaccompanied by officials?—Yes.

2788. Should it be unaccompanied in every case?—As a rule.

2789. *By Dr Mackenzie.*—Do you think that the presence of the official acts as a deterrent?—I think it may act as a deterrent occasionally, but only sometimes.

2790. *By the Chairman.*—You are also of opinion that an outside committee might sometimes be useful? Yes. I think the other is very much better when responsible people do make visits, but in a combination poorhouse, where it is very hard for the people to collect and visit the poorhouse, an outside committee might be instituted, and I would suggest that, if it is a ladies' committee, they should be a little bit encouraged; at present it is rather difficult to get them instituted. Then there are rules and regulations which you sanction for their use.

2791. Is that for the ladies' visiting committee?—Yes the lady visitors.

2792. I am not sure that we do that here. We don't recognise ladies' visiting committees?—You have one at Ayr, I know, and you sanctioned regulations for them which were issued by the committee.

2793. *By Mr Barclay.*—Is the committee at Ayr which visits the poorhouse independent of the House Committee?—Yes. Ladies are very unwilling to undertake this duty, as they have an idea that they may unwittingly infringe some rule.

2794. *By the Chairman.*—You think that that ought to be done under regulations of this Board?—No, I don't think that that is necessary at all. I think that the Local Board ought to be able to do that. I should be glad to hear that the Local Government Board approve of the plan, as there is an idea which has got abroad that they are not specially in favour of it.

2795. What do you think should be the functions of the 'outside committee,' as you call it?—It exists in England, and I have seen it working, but it is not very satisfactory. The members have to report to what corresponds with the house committee anything that they think requires seeing to. These ladies, however, tell me that it is not really satisfactory, that unless they use personal influence they don't get their recommendations attended to, and they are apt to come into collision with the officials, so that I don't think you could expect this kind of visiting committee to do any responsible work. They could be useful in many ways, not really to report on serious matters.

2796. *By Mr Barclay.*—In some poorhouses we have a visiting committee independent of the House Committee—in Stonehaven, for example?—How does it work?

2797. Very well indeed.—Have they to report about anything wrong?

2798. If they see anything wrong, then they put it in at the foot of the book which is kept in the house?—It is only in England that I have had any experience of work of that kind.

2799. *By the Chairman.*—I see by General Order of the Local Government Board of England, 1893, provision is made for any board of guardians from time to time, if they think fit, to appoint one or more com-

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mittees of persons of the female sex (reads from the English Order). Is that what you mean?—Yes.

2800. Their functions are exclusively confined to female paupers and female pauper children?—Yes.

2801. That is what you advocate as being advisable in Scotland?—I don't know that I advise it, because I don't think that it always works well, but I think it is a thing that might be considered in revising your rules.

2802. Then you think that provision should be made for admitting paupers on urgent necessity or after 9 p.m.?—Yes. I don't know about this of my own personal knowledge, but it has struck me that such cases might arise, and I see that it can be done in England. I am not prepared to speak of it from personal knowledge.

2803. The poorhouse is always open?—But not according to the rules.

2804. You think that our rules should be amended so as to meet that?—Yes. I think that the practice is very much better than the rules all through.

2805. You advise that female paupers should be searched by female officers on admission to and on quitting the poorhouse, and, further, that the matron should be responsible for the bedding of female paupers?—Yes. That, no doubt, is done everywhere, but it is not in the rules.

2806. You further recommend that matrons should have the duty of seeing that children and females are, on admission, cleansed, clothed and placed in proper wards?—Yes.

2807. That provision should be made in the rules if there is no provision for it at present?—Exactly.

2808. *By Mr Barclay.*—Would you put it, 'the 'matron or other female official'?—Yes, but the matron should see that it is done: the responsibility should rest on her.

2809. *By the Chairman.*—Then you say that the bathing of paupers should only be performed by officials, and in no case by another inmate, that paupers should not be stripped in the presence of other paupers, that regulations for bathing might be drawn up similar to those in use in England, and that baths should be supplied indoors?—Yes.

2810. We were told yesterday that invariably in the larger poorhouses, and certainly in Glasgow, an official was present when the bathing took place, but that there was so much bathing to be done that it was impossible to have it done actually by the hands of the officials in all cases. Would it meet your view if it was provided that an official should be always present?—It is putting them on a different basis from prisoners, and one ought not to make the paupers on a worse footing than prisoners.

2811. You think that paupers should be treated at least as well as prisoners as regards bathing regulations?—I mean that they should be treated better, if anything, than the prisoners, and in no case should they be treated worse.

2812. *By Mr Barclay.*—In the country poorhouses especially there is great difficulty in procuring servants?—As you know, they don't always pay them sufficiently.

2813. *By the Chairman.*—At any rate an official should be present at the bathing?—Yes. Then when I say that regulations for bathing should be drawn up, I am referring to the temperature of the bath and so on. I also suggest that baths should be supplied indoors, as it is a very great hardship for old people to have to go outside. In the smaller poorhouses they have to go to a place outside for their bath, and that is a distinct hardship for old and infirm people.

2814. Where that is the case, it ought to be altered?—Yes, they ought to be obliged to put the baths inside.

2815. *By Dr Mackenzie.*—Might it not often be dangerous for old people to go outside?—It might be a real danger for them to go outside for a bath, especially on a snowy day.

2816. *By the Chairman.*—You say that children should be bathed oftener than once a week, and should be taught to brush their teeth, etc.?—Yes; of course that would not be done at their homes, but I certainly think it should be done in the poorhouse. I think that their teeth should be looked after, because many of the boys become soldiers, and there are a great number rejected because of their teeth. Such matters should be looked after.

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2817. Whether they become soldiers or not?—Certainly.

2818. Then you say that clothing should be examined oftener than bi-monthly, and beds should be examined at prescribed periods. You think that we should have more specific rules about that?—Yes; I don't think we are quite what we ought to be in our poorhouses as regards cleanliness.

2819. Of course it is much more easily provided for in the larger poorhouses than in the smaller ones?—Yes, my interest is largely in the smaller poorhouses.

2820. Possibly it may be for consideration whether some classification of poorhouses might not be adopted?—Yes, that is very important.

2821. The same considerations do not apply to them all?—No. It is very difficult and expensive to work these smaller poorhouses.

2822. If such classification were possible, you think that it should be attempted?—Yes.

2823. You suggest that games of chance might be defined and certain games permitted?—Yes; no one quite knows about these games at present, as to whether dominoes, for instance, is permissible.

2824. *By Mr Barclay.*—In a number of poorhouses the old men play dominoes?—I was afraid to suggest it, in case it was illegal.

2825. *By the Chairman.*—You say that officials should be required to direct the attention of the Governor to any person who may seem out of health, though not complaining?—Yes; that is another prison rule which seemed to be a good one, and I suggest it for your consideration in drawing up the rules.

2826. That is if there be no provision already?—But there is no provision. It should be in black and white.

2827. Of course you would agree that the medical officer should, so far as possible, see all the inmates in the wards?—Yes, that is my point.

2828. You are of opinion that convalescent or sickly children, or even adults, might be given a change of air when required, as is done in England in the latter case through the Metropolitan Asylums Board?—Yes, I think that that should be done, because sometimes they would be much the better of going to the seaside or to some country place.

2829. You approve of Parish Councils being permitted to subscribe to such convalescent or other homes as may be utilised for sending patients in need of fresh air?—Yes.

2830. *By Mr Barclay.*—And that the Local Government Board should recommend that in their rules?—Yes, I think so.

2831. *By the Chairman.*—You suggest that an occasional scrutiny of children (outdoor and in) might be held to ascertain whether change of air is required?—Yes.

2832. With regard to cooking, you say that that should be under skilled supervision?—Yes; it is often done by the paupers. The tea is often not very good, and I suppose the other things may be the same.

2833. *By Dr Mackenzie.*—Would you suggest that you should have trained cooks in the big poorhouses?—I think there would be considerable economy by having a good cook.

2834. A cook who had gone through a training course?—Yes, a cook with knowledge of how to use materials, and so on. That would prove economical.

2835. It is not economical to have a cheap cook?—It is not economical to have a bad cook.

2836. *By Mr Barclay.*—You mean that the cooking should be under paid supervision?—Yes.

2837. *By the Chairman.*—You say that open places round poorhouses (gardens, etc.) might be utilised, at any rate for the sick and infirm inmates?—Yes. It seems to me there could be no objection, as is done in our infirmaries, in letting the people go outside in a chair, or anything of that kind. Someone sent a chair to our poorhouse, but it is never used,

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because, I suppose, it would be very dull to go round the airing yard. I think that the present system of having the sick wards upstairs makes it a little bit difficult, because the paupers would have to be carried down. I suppose that in the new poorhouses they are putting in lifts. It is a very common thing to have service lifts, which could be used for sick patients.

2838. *By Mr Barclay.*—There is one advantage in having the sick wards upstairs, in that the people get more air?—Yes, and they see more than if they were downstairs.

2839. *By the Chairman.*—With regard to religion, you say that inmates might occasionally worship outside when they desire to do so?—Yes. In England they can go out to another church. Apparently in Scotland they cannot, although, I suppose, they do it.

2840. I think there is provision for it on page 47,[1] where it is stated that the Board are of opinion 'that 'it is competent to a House Committee to give, or '(which would be preferable) to authorise the House 'Governor to give, if they or he shall see fit, permis- 'sion to any inmate to attend divine worship on any 'Sabbath, either in the forenoon or the afternoon, 'at any church or chapel of the religious denomination 'of such inmate, that may be in the vicinity of the 'poorhouse'?—That is all right, but my point is that it should be put in black and white in the rules. Then there is the old provision about servants attending prayers. I don't suppose that they are compelled to attend prayers in any house now.

2841. You come now to punishment, and you state first of all that penal dress should be abolished?—Yes. I don't think that it is used, but it looks badly in the rules. I think it is a degrading sort of thing.

2842. *By Mr Barclay.*—There is a distinctive dress used?—I don't mean that, I mean a certain dress being used as a punishment.

2843. *By the Chairman.*—Rule 57[1] 'provides that 'the House Governor may punish any *disorderly* or '*refractory* inmate by causing him to wear, during 'a period of not more than forty-eight hours, a dress 'different from that of the other inmates,' but that rule is in desuetude. You think it ought to be abolished?—Yes.

2844. Then you say that when a Governor inflicts a day's confinement, this should be counted as part of the punishment inflicted by the committee for the same offence?—Yes, that is in the English rules, and it seemed to me to be reasonable.

2845. Your suggestion is that our rules should be assimilated as far as possible with the English rules?—Yes, they are more humane and up-to-date.

2846. *By Mr Barclay.*—Do you suggest that the Governor gives twelve hours in the cell, and then the committee would give an additional time in the cell?—Yes, I think it should be counted as part.

2847. I never knew of a committee punishing an inmate yet?—The Governor has power to keep an inmate in the cell for twenty-four hours, and he requires the approval of the committee before he can do more. It should be made clear in the rules.

2848. *By the Chairman.*—You make other suggestions, which, I suppose, are taken from the English rules?—Yes. (1) Certain punishments should be confined to those under sixty and over twelve, and who have not recently been on the sick list. (2) For non-return at appointed time to the poorhouse, reasonable cause for delay should absolve from punishment. (3) Corporal punishment should be abolished for girls, and, when administered to boys, it should be in the presence of the Governor or another official. (4) Improper punishment by a Governor should be reported to the Local Government Board. (5) Paupers should have the right to complain to a committee regarding unjust punishment or charge. (6) Paupers punished by confinement should be visited by an official every three hours during the day.

2849. You think that the attention of the Local Government Board should be directed to these English rules, and, from many points of view, you think that they are preferable to the rules at present in force in Scotland?—Yes.

2850. As regards indoor relief, and the duty of the medical officer, you are of opinion that the medical officer should have supreme control over all cases which are on the sick list?—He has that so far just now, but I want more than he has.

2851. I don't know that our rules entirely provide for that at present?—That is so.

2852. In addition, you suggest that in our rules the medical officer should regulate the lighting and heating of the wards?— Yes, and I would suggest that he should regulate overcrowding. There seems to be a great deal of overcrowding in our poorhouses.

2853. The rule is, that poorhouses are to be certified to accommodate a certain number of poor people?—It seems as if it were not looked after as it ought to be. Very often the wards are overcrowded.

2854. There is a duty just now on the medical officer to report any excess in the number of any class of inmates which he may deem to be detrimental to the health of the inmates. Judging from your experience, you do not think that that is enforced?—I don't think so.

2855 You think that our attention should be directed to that more particularly in future?—Yes.

2856. *By Mr Barclay.*—You think that he should report overcrowding, whether detrimental to health or not?—Yes.

2857. *By the Chairman.*—We shall be glad to have generally your views in regard to the duties of the medical officer?—The sick in poorhouses should be placed more largely under the control of the medical officer. He should (1) regulate the lighting and heating of the wards; (2) see that those who are approaching death should be attended night and day; (3) have power of obtaining extra medical assistance (for operations, etc.) and extra temporary nurses when required; (4) report defects in arrangements and nursing to the Governor; (5) keep a register of the children in the house; (6) keep a careful register of *every* case of illness; (7) have the power of permitting smoking in the wards. In regard to the ordinary inmates, the medical officer should (1) be consulted as to the quality of the food (testing its sufficiency by weighing the inmates when deemed desirable); (2) be consulted in case of punishment, at least if this involves confinement or change of diet. He should also (3) be consulted as to the classification of the inmates and their capacity for performing manual labour. (4) The inmates should in some way have access to the medical officer, although not classified as sick. (5) The nature of the certificate of death should be more carefully specified than appears to be the case at present; and (6) in case of the medical officer's being absent, his substitute should be named to or sanctioned by the House Committee. The medical officer should (7) be allowed temporarily to recommend a change of diet; he should (8) periodically examine all inmates; and (9) at stated times—say quarterly—report to the committee as to diet, sanitary appliances, ventilation, etc., and any defect should be reported to the Governor immediately. The medical officer should (10) see every patient on his daily visit; and (11) keep a register of all who are sick. He should (12) give notice to the Governor if an illness assumes a dangerous aspect; and (13) daily visit paupers under punishment by confinement, etc. He should (14) periodically inspect the sanitary appliances, and report; and (15) enforce cleanliness as to the persons, bedding, and general surroundings of the pauper.

2858. Have you anything to add as regards the first part of your statement?—The suggestions I have made are mostly taken from the prison rules, and the suggestion with regard to temporary nurses is in accordance with the prison rules. My suggestion as regards the substitute, in the case of the medical officer's absence, being sanctioned by the House Committee is also taken from the prison rules. I think it is very important that there should be a register of the children in the house, and I don't see why a careful

[1] Poorhouse Rules and Regulations.

register should not be kept of all cases of illness, not merely the serious cases.

2859. In the sick wards there is a register of all the cases. We saw the cards over their beds in going through the hospitals?—No cards are necessary in Scotland.

2860. We saw them in Dundee and in Perth?—I have seen them, but they are not compulsory.

2861. You think that they should be compulsory?—I have no particular views about the cards, but I think that some register should be kept.

2862. *By Dr Mackenzie.*—A definite record could be kept, just as is done in a general hospital?—Yes.

2863. *By the Chairman.*—You think that Rule 48 (10),[1] which states that the medical officer shall 'keep a register of all patients under his care in the 'poorhouse, in which he shall enter the name, age, and 'other particulars of each patient, and an account of 'his visits, and also of the treatment of the more 'serious cases,' should be amplified, and should extend to the treatment of all cases?—Yes, all the sick cases.

2864. You would simply omit the words 'of the 'more serious cases'?—Yes.

2865. You think that the medical officer should have power of obtaining extra medical assistance for operations?—Yes.

2866. In the larger hospitals, of course, they hold themselves out to do just as much in the way of operations as the infirmaries?—Yes.

2867. When you come to the smaller class of poorhouse, you don't get the same thing?—No.

2868. In all cases a doctor, if he requires it, may call in extra assistance, and that extra assistance is paid for by the parish of settlement?—Is that clear?

2869. *By Mr Barclay.*—You mean that in an epidemic the doctor, who may only call in the morning, may say 'it is impossible for me to attend 'to all these cases,' and he should be at liberty to get in extra assistance. That is the kind of extra assistance you are pointing at there?—Yes. Sometimes when there is an enormous amount of influenza or pneumonia, for instance, the doctors do require assistance.

2870. *By the Chairman.*—Have you anything to add to what you have said about the duties of the medical officer in regard to the ordinary inmates?—I think it is important that he should look after the food.

2871. That is, the diet?—Yes.

2872. You say that he should be consulted in cases of punishment, at least if this involves confinement or change of diet?—Yes. That is a prison rule. It is also important that he should be consulted as to the capacity of the inmates for performing manual labour, because occasionally a man may come in with heart disease and may not show any sign of it, and the Governor may set him to do rather hard manual labour. In another case, a man who has been a painter might come in with lead poisoning, and the Governor might be so glad to get a painter that he might set him to work at once.

2873. In the larger poorhouses, what the medical officer does is to examine all the inmates when they come to the poorhouse?—Yes, but I don't know that that is done in the smaller poorhouses.

2874. If these suggestions which you have made are carried out at present in the larger poorhouses, you think that they ought to be extended to the smaller houses?—Yes, and they should be made the rule.

2875. *By Mr Barclay.*—Your suggestion applies quite as much to the larger poorhouses as to the smaller ones; a man may be put to work for which he is quite unsuited?—Yes, the Governor may not be aware of the unsuitability of the work for the man.

2876. If a man complains, and says he is not fit for the work, then a certificate is got?—Yes. I believe there is considerable difference in standard as regards those who are considered able-bodied. This is shown, for instance, in reference to those who are allowed to do Brabazon work. I am not speaking specially in regard to Scotland.

2877. *By Dr Mackenzie.*—Your point is that no inmate should be put to severe or ordinary manual labour without the sanction of the medical officer?—Yes, it comes to that, and he should decide what the man is fit for.

2878. *By the Chairman.*—You are further of opinion that inmates should have access to the medical officer although they are not classified as sick?—Yes. According to the rules at present, they have no such access. In our poorhouse they can go to the medical officer at any time, but I am not sure that that is the case in other poorhouses.

2879. I think that the practice differs in the different poorhouses, because in some cases the medical officer goes round the poorhouse himself and sees all the patients, and in other cases he will only see the sick and the infirm?—I think they ought to have access to him.

2880. *By Dr Mackenzie.*—Would you consider that having access to him in the way you suggest is sufficient without the necessity of periodical inspection?—I think that the medical officer should have general supervision over all the poorhouse from the point of view of health. I think he should see if anyone appears obviously to be ailing.

2881. This would not exclude that?—No.

2882. *By the Chairman.*—I am not sure if I quite follow you as regards the nature of the certificate of death?—The certificates of deaths in prisons are very much more defined. In a prison the medical officer has to give details as to when the prisoner became ill, when the information was given to him, when he died, when the post-mortem examination was made. That is all by Rule 236 of the prison rules. In poorhouses the medical officer has, according to Rule 48 (8),[1] 'to make to the House Committee 'a return of the sick within the poorhouse in the 'prescribed form, weekly or monthly, as that committee 'shall direct; and to enter therein the apparent 'cause of the death of every poor person who shall 'die in the poorhouse.' The exception to this is in the case of sudden deaths, where he has to give a written report to the Governor as to the cause of death.

2883. Have you heard any complaints as to the certificates of death in poorhouses?—No.

2884. Of course, as you are aware, all cases of sudden death are reported to the Procurator-Fiscal and to the Local Government Board?—Yes.

2885. You suggest that the medical officer should be allowed temporarily to recommend a change of diet. At present he has power to alter the diet and order anything he thinks proper for the sick. You think that that should be extended?—Yes. I think it is in the prison rules.

2886. That would be a change of diet applicable to a certain class of paupers?—He might think that more vegetable food was required.

2887. Always keeping within the four corners of the dietary?—Yes, such dietary as may be fixed.

2888. You would not give him power to go outside the dietary?—No. There should be something drawn up more on the lines of the English dietary.

2889. He has full powers as regards the sick now?—Yes.

2890. As regards the other inmates, you would allow him to alter the diet temporarily, but not to go outside the four corners of the dietary?—Yes, there should be regulations in the dietary rules to cover that.

2891. *By Dr Mackenzie.*—Are you aware of Article 9 in the English Order of October 1900 on the workhouse regulations as to dietaries, where it is stated that if the medical officer for the workhouse shall at any time certify that he deems a temporary change in the diet essential to the inmates of the workhouse, then the guardians shall cause such certificate to be entered in the proceedings, and the diet shall be temporarily changed according to the recommendation of the medical officer. (*Reads rule.*) Would that, with the

[1] Poorhouse Rules and Regulations.

necessary alterations, fulfil your recommendation?—Yes.

2892. *By the Chairman.*—You say that the medical officer should see every patient on his daily visit, and should keep a register of all who are sick?—Yes. It is not practicable for a doctor to attend every day in remote places, but I think there should be some sort of understanding, that if there are more than a certain number of sick, the doctor should attend daily. I don't know what the number should be—perhaps ten, or something like that.

2893. Of course where there is a resident doctor he should attend daily?—Yes, of course. When there is more than a certain number of sick, the doctor should attend daily.

2894. And you suggest that there should be a rule to that effect?—Yes.

2895. You say that the medical officer should give notice to the Governor if an illness assumes a dangerous aspect?—Yes, I think so.

2896. And that he should daily visit paupers under punishment by confinement, etc.?—Yes; there does not seem to be provision for that, and it surely ought to be done.

2897. I don't think there is very much punishment?—No, but there is punishment in some poorhouses.

2898. What have you to say as to the classification of paupers as sick and infirm?—There should be some better system of classifying paupers as sick and infirm, and it would appear that further medical inspection is required in order to establish a proper standard and assist the local medical officer in carrying out his duties. My point is that the classification is extremely difficult, and I think that all governors find it difficult, because they say, 'How are we to 'know which are sick and which are infirm and which 'are well.' Medical officers should be given more power in the matter, and certain broad rules might be laid down; thus any constant deviation from the ordinary proportion between the death-rate and the number of sick might be remarked on.

2899. There should be a periodical inspection by the medical officer in order to enable the Governor to remove them from one class to another?—Yes, that is the point. Of course a great difficulty with these very old people is that one day they may be quite well and another day they may be ill. I think it is very important indeed that they should be properly classified.

2900. *By Dr Mackenzie.*—Would that not be met to a certain extent if the medical officer were to have control of the whole house instead of only the sick?—I have my doubts about it. I feel that a certain amount of inspection, as I say, would be almost necessary to have it properly done. Of course something could be done as you suggest.

2901 Do you think that the present relation between the Governor and the medical officer stands in the way in the internal administration of the house?—I don't think that it ought to, but then the medical officer does not himself seem to have very clear ideas always about the standard to be adopted.

2902. *By Mr Barclay.*—That is, to how he should classify them?—Yes.

2903. Is it a matter of returns you are referring to?—No, who is to be put in the sick wards, and who is to be left out of the sick wards. I think that that is a very important matter.

2904. *By Dr Mackenzie.*—What grounds have you for thinking that an outside medical man should come in?—He would be able to judge better.

2905. *By Mr Barclay.*—There may be sick in the infirm wards that are not being treated properly on account of their not being classed as sick?—Some people in the one ward perhaps ought to be in the other.

2906. Some governors might want to make everybody sick—not that that is usual, but it might occur?—I daresay it might occur. The other way is very apt to occur also, because it is in the interests of the poorhouse to have few sick, so that they may not require so many nurses.

2907. *By Dr Mackenzie.*—Do you think that that rule acts in the way of keeping the standard of sick low?—I think it does in some cases.

2908. *By the Chairman.*—They don't want to employ more nurses than is absolutely necessary, and accordingly they reduce the number of sick?—Yes, the Governor, of course, wants to please his Parish Council; and when the line to be drawn is pretty fine, it might easily be done.

2909. *By Dr Mackenzie.*—Can you suggest how that standard could be established?—There should be some medical inspection by the Local Government Board.

2910. Would that be a sufficient check?—It is the only one I can think of.

2911. *By Mr Barclay.*—Do you think that the local medical officer would not object to his patients being examined by an inspector of the Local Government Board?—I don't think he would.

2912. He would be rather pleased to have the assistance?—Yes.

2913. *By the Chairman.*—You say that the medical officer should have the duty of seeing that the sick wards are supplied with suitable appliances and furnishings—arm chairs, bed rests and so on—and, if necessary, suggestions should be offered for the furnishing of wards?—Yes, that is done in England.

2914. Suggestions offered bywhom?—The Local Government Board. There is a sort of standard established.

2915. You suggest that we should make proposals to poorhouse committees as regards the furnishing of sick wards in Scotland similar to those made in England?—Yes.

2916. Would you state generally what your view is as to the dietary in existence now?—My view is that the 1850 dietary, which is very insufficient indeed, is still being used in some poorhouses (I don't know in how many), and the recent dietary is not sufficient.

2917. That is the dietary as revised in 1898?—Yes. It is considerably less than what is used in prisons, and less than what is used in England. I would suggest that evidence be taken on this subject by experts with the view of framing a new scale, and that meanwhile the old 1850 dietary should be absolutely prohibited.[1] In all cases the medical officer of the poorhouse should be consulted in the framing of diet tables, as is done in England. The Governor should also be allowed to make certain prescribed modifications in the diet for inmates who are not actually sick, subject to the ratification of the medical officer. The latter should direct the feeding of (1) mothers suckling children, (2) of children under three; and other children should be fed by appetite. Paupers should, as in England, be entitled to demand that their rations be weighed in their presence. The cooking of the food deserves considerable attention, and a competent cook to supervise should be considered essential. The food for the sick might be sent in bulk in heated tins, and the Governor should be held responsible for the serving of the food and seeing that proper implements for eating it are given and used. The children more especially should be taught to eat properly and to use knives and forks, and those who go to school and cannot return to dinner should have suitable arrangements made for them. The children should be taught to use china, because, if you feed them from enamelled dishes, you don't teach them that they must not break things. When boarded out they often do not understand such matters and have much to learn.

2918. It is less costly in the long run?—Yes; small, or any poorhouses, of course, are most unsuitable for children, and it is only a question of making the best of them. I brought the matter regarding children attending school and not returning to dinner before our Governor, and he at once made arrangements for the children getting some soup from a woman in the town.

2919. There are certain poorhouses where the children go to the parish school and come back to dinner?—Yes, but at Auchterarder they have a walk of a mile and a half. I don't know if my remark applies to many poorhouses.

[1] Miss Haldane subsequently forwarded a Memorandum on Poorhouse Dietaries. For copy, *vide* Appendix XLIX.]

Miss E. S. Haldane.

7 Nov. 1902.

2920. We come now to indoor nursing, about which we shall be glad to hear your views?—I should recommend that pauper nursing be abolished, as in England and Ireland. The objections to it are obvious. At present acute and semi-acute cases, some requiring surgical care, dressing, etc., are taken in and are not nursed as they should be. There are cases of cancer, heart disease, enteric, paralysis and general debility, acute bronchitis, advanced phthisis, all requiring skilled attendance, and in many of these cases bedsores are certain to occur without careful attendance. The nights (lights may be extinguished at, say, 8 p.m.) are long, and naturally no proper attendance is given during that time. Ventilation is not properly attended to, and extra luxuries cause jealousy, and possibly theft. The screening off of dying patients is impracticable. For the constant midwifery cases, the attention given can be of the scantiest. Unless a medical officer makes a very careful examination, the patient's symptoms or condition on entry may be overlooked The children, when suffering from infectious diseases, may not get the care they require. The suggestion in the rules as to the matron having three months' training is impracticable. The matron's duties are already manifold, preventing her constant attendance in the sick-rooms, besides which, three months' training for learning the duties of nursing and midwifery is, of course, inadequate.

As to the organisation of the nursing staff, I have come to the conclusion (after much consideration and consultation with representatives of the English Workhouse Nursing Association) that a voluntary system is, under present conditions, undesirable, and that the supply and organisation of nurses should be undertaken by a Government department. The Scottish Local Government Board have made a good beginning with the Register of Nurses, and the excellent footing (as compared with England) on which superintendent nurses are placed. There should, in my opinion, be a Central Board instituted for directing the organisation, and on this Board, I strongly hold, the matrons of large Poor Law infirmaries should be represented. Naturally there would be great difficulties in working out such a scheme, but I believe they are difficulties which could be overcome by consultation between the Local Government Board officials and responsible infirmary matrons. In any case, I see no other satisfactory way out of the very serious difficulty. The Central Board, which, after all, has its prototype in the Nursing Board of the War Office, would arrange for the efficient training, and for the appointment and promotion, of the nurses. The service would have a status as a Government service, and strict dicipline would be maintained by the fear of being struck off the roll. The probationer might be engaged for a period of, say, five years (three years of which should be spent in training, in order to place the nurse on an equal footing with other hospital trained nurses), and if local boards paid a subscription to the training schools, instead of a bonus on each nurse, they might be entitled to get extra temporary nurses when required. This (though done in prisons) is at present expensive. The proportion of nurses to patients is at present too small, *i.e.*, 1 for 20 sick as against 1 in 3 in an ordinary hospital. When there are more than two nurses, and a lady superintendent is appointed, the proportion is 1 for 30 sick. I am not prepared to say what it should be, but it should suffice for night nursing being carried on, for regular times off duty, and for looking after midwifery cases. In the great London Poor Law infirmaries, the proportion is about eight or nine patients to a nurse. Substitutes should be provided during temporary holiday.

The training given to probationer nurses should be as varied as possible, and include surgical and midwifery work; special fever training might be arranged for outside. Regular courses of lectures would, of course, be given and examinations held, and, of course, the training school must be of proper size and equipment. Many English Poor Law infirmaries make no payment to their probationers during the first year beyond board and uniform. Midwifery training might be arranged for in view of the probable extension to Scotland of the Midwives Act of this year.

In the case of isolated poorhouses, there is much to be said for removing the sick to poorhouses where proper nursing can be given. In certain cases there might be difficulties about this, but, in most, the difference in distance would not make much difference if means of access were good. At present, patients are often not by any means easy of access as far as friends are concerned.

Phthisis cases should be taken into poorhouses where nursing is to be had, and these might be fairly regarded as temporary houses of refuge until voluntary or Poor Law sanatoria are established in sufficient numbers. Patients of this kind (and, indeed, of all kinds) should be encouraged to pay what they can, and if they do contribute, the pauper stigma should surely be removed.

2920A. I understand that you are of opinion that there should be some central nursing training school from which nurses could be got for nursing paupers, and that such a system would be very much better than the present system which is in operation, under which the governors of poorhouses have to trust to getting trained nurses from outside as best they can?—Yes.

2921. In some poorhouses now they train probationers, who in time become trained nurses?—Are you talking of the training schools?

2922. I am talking of the poorhouses in Scotland. They train probationers in some of the larger ones, such as Barnhill, Dundee, and Govan?—You must, of course, have an adequate number of beds and a resident medical officer.

2923. Do you think that in the interests of the nursing in poorhouses all round, taking Scotland as a whole, it would be better that there should be a central training institution?—Yes, or more than one if necessary, where they could be adequately trained. It should be undertaken as a part of the work of the Local Government Board.

2924. How is it to be supported? Do you think that the medical relief grant should go to assist that? It is very difficult to work out a scheme. I don't know, first of all, how many nurses would be required. I think that the local boards ought to contribute in some way, either by paying for upkeep or something like that. I think that a scheme could be worked out. It would be too elaborate to go into how it could be done, but it is feasible.

2925. You think that it is a subject which the Local Government Board should consider?—Yes, it would want a good deal of consideration.

2926. It should be considered by the Local Government Board with a view to supply more thoroughly the wants of poorhouses as regards trained nursing, and with a view also to the abolition of all pauper nursing?—Yes, I am very strong about that. I think that the Local Government Board register is a very good thing. The position of the superintendent nurses in Scotland is very much better than in England, and I think that a great deal of friction in England has been due to the unsatisfactory relationship in which the trained nurses stand to the matron and Governor. In England the Workhouse Nursing Association has for a long time done useful work in supplying those nurses. At first I thought that a voluntary system of the same kind might be conducted in Scotland, but they tell me that they think it is work that they have done long enough, and that it ought now to be done by Government; that there is no reason why it should be undertaken by private enterprise.

2927. That is in England?—Yes, the Workhouse Infirmary Nursing Association.

2928. In London?—Yes, the headquarters are there. The Boards paid a subscription to it, and it supplied the nurses. It is partly charitable. Of course, just as the War Office is undertaking this duty, I don't see why the Local Government Board should not do the same.

2929. I suppose you are aware that in Scotland, as

far as regards nursing of the outdoor paupers is concerned, the Jubilee Institute of Nurses has given considerable assistance, and that where a Parish Council is willing to contribute a certain sum to their funds, they are always willing and ready to supply nurses when asked?—Yes.

2930. Of course the parish, to a certain extent, comes to the assistance by subscribing over and above what the Parish Council gives?—Yes.

2931. I suppose it is upon the lines of that that you would suggest that this Board should organise a system of nursing?—I don't see that there is very much resemblance between the two cases.

2932. The Parish Council gets a nurse for outdoor purposes from the Jubilee Institute of Nurses?—If a voluntary association were adopted, that would be so, but my point is that it should not be voluntary. I would make it a public service.

2933. Supported by Government?—Yes. The Jubilee Nurses have done splendid work, but I don't know that we should be prepared to start a fresh association.

2934. *By Dr Mackenzie.*—Could the system you suggest here in outline be carried out with the present relations of the nurse to the Governor and the medical officer of a poorhouse?—You mean the superintendent nurse?

2935. Yes?—It is quite simple, but there might be difficulties in the smaller poorhouses where you don't have a superintendent nurse. I think that such difficulties, however, could be obviated. In my opinion, some sort of centralisation would be very beneficial.

2936. Are you satisfied with the present relation of governors, medical officers, and nurses in poorhouses?—Where there is a system of nursing, I think it is very satisfactory, so far as I know—that is, where there is a superintendent nurse.

2937. But where there are only one or two nurses?—Then there may be difficulty there.

2938. *By the Chairman.*—That is due to the matron?—Yes.

2939. Unless the matron is a nurse herself, and acts as superintendent nurse?—I don't think that that is a very good plan, because the matron has her duties, which are quite separate from those of a nurse, and it is very unlikely that she would be both a good nurse and a good matron. It would be difficult for her to perform both duties.

2940. *By Mr Barclay.*—But where she was the only nurse?—It might work, but I don't think it is a good thing to aim at.

2941. *By Dr Mackenzie.*—In your view the nurse-matron system may be a necessity, but it is not very desirable?—That is so.

2942. *By Mr Barclay.*—Experience has shown the reverse. It is the only way we have been able to get nurses in the smaller poorhouses?—Where one nurse has been kept, very often her position has been unbearable. You find, for one thing, that she has to get up very often in the middle of the night, and her hours out are not properly regulated; in many ways her lot is not a very happy one. I don't wonder that it does not work. Of course I think that the nurse-matron would work better than that, but I think that something better still could be devised.

2943. Would you not approve of a scheme whereby an outside nurse would visit the smaller poorhouses when required?—No, that would not work.

2944. What is your objection to that?—An outside nurse is usually very hard-worked, and then there is a very great deal to do in the wards for so many people. It is a great comfort to tidy them up once a day, but that is not enough.

2945. She could give as much attention to those in the poorhouse as to those outside?—Yes, but it is a different thing; you are responsible for them in a different sort of way. The outside sick, too, have friends in the cottages who carry out the nurses' directions, and they are friends who are not paupers and feeble.

2946. *By Dr Mackenzie.*—You are of the opinion that chronic cases, such as paralysis, require quite as much nursing as, and probably more than, acute cases sometimes do?—Yes, it is a delusion that they don't require so much attention.

2947. *By the Chairman.*—Perhaps you may wish to elaborate your views about pauper nursing?—I am very strong about that matter.

2948. You have had experience of it?—Yes, I have had experience of abuses. I think that anyone can realise what it is.

2949. Your experience has led you, on many occasions, to say that it is not a proper thing?—Yes.

2950. There is no superintendence by anyone when the pauper is engaged in this nursing?—I suppose the matron is supposed to superintend, but that is not sufficient.

2951. And the patients have suffered?—Yes, needlessly.

2952. You say that from your own knowledge?—Yes.

2953. They have suffered in consequence of the want of attention which they ought to have had, and which they could not get?—Yes.

2954. You think that the proportion of nurses to patients is too small—that is, one to twenty, as against one to three in an ordinary hospital. You think there ought to be more nurses?—Yes, one to twenty or thirty is not sufficient. Dr Downes says one to ten or fifteen. I think that one to ten is the minimum, but I am not prepared to say that definitely.

2955. We have had some evidence before us as to probationers, and I think we have been told that two probationers are equal to one nurse?—If the training system were adopted, I don't think that a first year's probationer should be counted as a nurse, but I think she might be counted the second year.

2956. Have you any views as to the age at which a person should be taken on as a probationer?—That has been very much debated.

2957. Do you feel that you can speak as to that?—I am not one of those who think that probationers must necessarily be over twenty-five, but I think that for Poor Law work they ought not to be too young.

2958. Twenty-two is the age for registration at present. Do you consider that to be too young?—I should prefer them at twenty-five, but occasionally it might be all right.

2959. We come now to boarded-out children?—An inspectress of these children (medical by preference) under the medical department of the Local Government Board would be desirable. The rates paid for the children seem often too small, and this might be pointed out to the Parish Councils. This point about the payment for the children is, I think, an important one. When one is told that 2s. 6d. has been paid, it is said, 'Oh, so-and-so is glad to have a child 'to look after, and it is very satisfactory,' but I think there is a feeling that there is no responsibility in that case, there is a sense of indebtedness to the guardian of the child when the child is taken cheap. It is not the same as if it was a real obligation, where the guardian might be fined if it were not carried out. As far as I can make out, the House Committee has charge of the boarding out of the children. I refer to Rule 11 on page 8,[1] which states: 'The House 'Committee shall determine what poor children 'admitted to the poorhouse shall be boarded out, 'and shall see that such as are so boarded are 'placed with proper persons, that their education is 'properly attended to, and that they are trained to 'habits of industry,' and so on. It appears, however, that the care of children boarded out from the poorhouse should cease as far as the poorhouse is concerned, on their selection, and that the Parish Council should thereafter undertake their care through their boarding-out committee.

2960. The Parish Council is responsible for the boarded-out children?—Yes, I think the Parish Council should take care of the boarded-out children. Regulations should be drawn up for the guardians of those

[1] Poorhouse Rules and Regulations

children. I think there might be abuses in that, but I have not come across any case myself.

2961. Have you heard of any?—Yes.

2962. Could you give us information about that?—Miss Campbell will give you information about it much more definitely than I can do. It is only from hearsay, so far as I am concerned. I have never seen any cases of children badly treated.

2963. The object of the system in Scotland is to remove, as far as possible, from these children the taint of pauperism, and when they are boarded out to see that all arrangements possible are carried out with that end?—Don't you find that everybody in a country parish knows all about the children?

2964. Personally I cannot say, but we are told that that is not the case?—I don't know, but I think that, as a rule, you will find that the antecedents of the child are known. That being so, I suggest that there should be some more guarantee that it is done efficiently.

2965. *By Dr Mackenzie.*—Are you satisfied that your suggestion here as to an inspection of these children would not draw too much attention to these children?—I don't think it would, because everybody knows.

2966. *By the Chairman.*—Don't you think that over-inspection might affect the system prejudicially, that the recipients might object?—I don't think so, if it was properly understood, and if they were good guardians. If they were bad guardians, they would object very much.

2967. *By Mr Barclay.*—Of course the large parishes have inspectors?—Yes.

2968. Glasgow has an inspectress who is a trained nurse?—So I believe.

2969. Would you prefer that this inspection should be under the Local Government Board instead of making it compulsory on parishes?—You could not make each little parish do it. I was rather thinking of the smaller parish children; I don't mean the large Parish Council children, because I am told they are very well looked after.

2970. *By the Chairman.*—You don't think it would be advisable to have a local committee charged with looking after these children?—A committee of the Parish Council.

2971. No, not necessarily, but some persons deputed locally to act as a committee to look after these children and report on them. You would not recommend that?—You mean in the same parish as the child is in?

2972. Yes?—There might be stray children perhaps, and I don't see how that would work.

2973. It would simply be that this local committee would report to the Parish Council which has boarded-out children in the committee's district?—Something of that kind might be done by the teacher.

2974. Yes, and others interested—for instance, the clergyman?—Yes.

2975. It is apparently done to a certain extent at present?—Yes, but I think that some sort of further inspection is very desirable, because sometimes a house might look very dirty and yet the child be well cared for, while sometimes it might be just the other way.

2976. You suggest as to outdoor nursing, that existing nursing associations should be assisted and the establishing of nurses in other parishes encouraged, rather than that new nurses should be placed for Poor Law work?—Yes. The subsidised nurse would be bound to undertake pauper work, just as the medical officer is bound to do so in addition to his private practice.

2977. You have views as to the treatment of feeble-minded and sane epileptic paupers which we shall be glad to have?—For feeble-minded children special arrangements should be made, as is done to a certain extent in England, and especially in London. Special classes are now authorised by the new Education Code in Scotland, but homes might be established in the vicinity of special day schools, or otherwise, such as are authorised in England by the Act of 1898. These children, in London, have been consigned to the Metropolitan Asylums Board (Children's Committee) until the age of sixteen. This committee considers that their work is incomplete without the provision of working homes or colonies for the reception of those above that age (see report). The children, though improved, and perhaps able to become wage-earners, are not fitted to make their way in the world, and usually become parents at a very early age. Boards of guardians send many of their children to voluntary homes, and the Local Government Board for England has lately issued a circular, allowing payment to be made for these to the amount of 10s. weekly to the National Association for the Welfare of the Feeble-minded. This might possibly be the best line to adopt in Scotland. As to feeble-minded adults, it is clear that permanent care, and possibly compulsory detention, is required if a great evil is to be combated in the increase of weak-minded paupers and also of future criminals. The colony system—such as the voluntary one in Ursberg, Bavaria, or the very successful ones in several of the United States—seems to be recommended by the best authorities in Europe and America. Sane epileptic paupers should be treated separately from imbeciles or feeble-minded persons, and, in regard to them, the colony system has been found most successful. At the colony at Chalfont, Bucks., a considerable number of paupers are received, and for these 10s. weekly is paid. The poorhouse is not a suitable place for epileptics, as is recognised by the English Local Government Board (Circular 1900) and the report of the Select Committee in the Cottage Home Bill. If the colony system were adopted, it might be either in the form of a State-supported colony, or by paying for the maintenance of patients in one established by voluntary efforts, and, of course, inspected. There is a very successful working colony (voluntary) at Bielefeld in Germany, and many State-supported colonies in America.

2978. Is there any other point on which you would like to remark?—I should like to remark that I think that there is a great temptation to cultivate the gardens of poorhouses for profit. I think it should be kept in view that it is most important that the inmates should get good vegetables. Of course gardening in itself is a very good occupation.

The Committee adjourned.

SEVENTH DAY.

FRIDAY, 12TH DECEMBER 1902.

At the Local Government Board Offices, Edinburgh.

Present:

Mr J. Patten MacDougall, *Chairman.*
Dr W. Leslie Mackenzie.
Mr R. B. Barclay.

Miss Mary C. Campbell, called and examined.

Miss M. C. Campbell. Dec. 1902.

2979. *By the Chairman.*—I understand that you have had considerable experience of Poor Law administration. You have yourself been a member of a Parish Council?—Yes, for six and a half years.

2980. Which Parish Council is that?—Ayr Parish Council.

2981. Besides being a member of the Ayr Parish Council, you have had considerable experience of Poor Law administration in other places in Scotland?—I have been a member of the Kyle Union Board all the time I have been in the Parish Council, and I have visited poorhouses in other parts of the country, and taken an interest in the matter generally.

2982. Have your visits been confined to Scotland, or have you visited any poorhouses in England also?—I have never visited a poorhouse in England.

2983. You have taken a very considerable interest in Poor Law matters and administration both outdoor and indoor?—Yes.

2984. You are acquainted with the rules and instructions of this Board issued to parochial authorities, and also the rules for poorhouses?—Yes.

2985. Generally speaking, I think that what you desire to tell us is that you are of opinion that the medical officer ought to have larger powers given to him, both as regards the classification of inmates when they come into the poorhouse originally and also after they are in the poorhouse—he ought to have larger powers of supervision than he has now?—Yes.

2986. I understand that in some of the poorhouses in Ayrshire there is an attempt at classification?—Yes; there is an attempt at classification in Irvine; I don't know about other poorhouses. The Irvine poorhouse is a much larger institution than our poorhouse at Ayr. Lunatics are kept in it.

2987. From your point of view, you think that classification, where it is possible, is eminently desirable?—Yes: but I find that it is very difficult to classify on moral grounds in our poorhouse. What I do feel is that it would be a very good thing if we could have a workhouse besides a poorhouse, a house into which we could put our loafers, who come in perhaps the worse of drink, and have bad legs and bad feet. In such a place they would be able to do some work and would not be left doing nothing in the poorhouse, because cutting wood is nothing for them. I think that there should be what would be considered a casual ward in England, where they could be made to work.

2988. Do you know that that is practically so in the larger poorhouses?—Yes. I feel that we have a difficulty in the way of accommodation so as to allow us to divide the cases.

2989. *By Mr Barclay.*—Can you suggest any test that we should give these men?—I am afraid that I could suggest nothing except that the amount of labour should be the amount for an able-bodied person, but they are not allowed in when they are able-bodied, and that is the difficulty. They would have to become able-bodied before they could be tested in that way.

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2990. *By the Chairman.*—If they could comply with that test then, that would prove that they were able-bodied, and, therefore, not fit subjects for the poorhouse?—That is so.

2991. Then the question is, What is the test to be? It must vary in the different persons to be tested?—Yes, it is a very difficult question.

2992. Apart from this classification, which is a classification more upon what you call moral grounds, you are of opinion, I suppose, that inside the poorhouse the three grades of the sick, the infirm, and the ordinary paupers should be kept entirely apart?—Yes; the ordinary should be kept apart from the sick and infirm, but I have great difficulty in understanding what are sick and what are infirm.

2993. We would be glad to hear your views as to the two classes of sick and infirm in such a poorhouse as Kyle?—What I would like in the Kyle Union Poorhouse is that we should have a ward completely for what I call infirm, people who may perhaps be able to get up a little but who at other times are quite ill. I should like to have a ward for such persons alone, where they could sit by the fire and do a little knitting or something like that. Then I would like to have a ward for the sick people who are bedridden. We don't have acute cases of illness in our poorhouse. Last year there was an epidemic of pneumonia, and I believe there was great difficulty in nursing the patients properly. That, however, does not happen often with us. I think that those who are bedridden should have their own ward, the infirm should have their own ward; and then, of course, I think it would be a great relief to have the cancer and consumptive cases out of the ward where there are other patients.

2994. You would have a separate ward for tuberculous cases?—Yes, a separate block. At present if we give them sufficient fresh air, then the other people are starved with cold. The cancer cases are sometimes very trying in the wards. We have not had many, but once or twice there have been complaints that there is a sort of disagreeableness, and that it is very hard for the patients in the beds next to these cases.

2995. You defined sick as cases which were bedridden?—Yes.

2996. Don't you think that a more complete definition of sick might be those who require medical treatment and also constant nursing?—Yes.

2997. Are there any nurses in Kyle?—We have one trained nurse.

2998. For how many sick is that?—I asked the Governor the other day what was the daily number of sick, and he said that the number the doctor visited daily was nineteen or twenty, but in our two infirm wards we have forty beds.

2999. That is in the sick and infirm wards together?—The women have one ward and the men have another.

3000. It is taking the two, sick and infirm, together?—Yes.

3001. You have forty beds for both?—Yes, twenty beds on each side. Besides that, we have tramps who come in with bad legs, and we have sometimes to put them in other rooms.

3002. *By Dr Mackenzie.*—You have no precise separation of sick wards from infirm wards?—No.

3003. *By the Chairman.*—There is no question with you as to whether a case which is treated as infirm ought not to be treated as a sick case?—No, that does not arise with us.

3004. Are the sick and infirm paupers visited every day by the medical officer?—The medical officer visits the ward every day where all his patients are, but I don't know that he visits each individual every day.

3005. There is no distinction drawn as between the sick and infirm cases in the ward; they are both there together?—There is no distinction, and that is the difficulty, they seem to me to be very much the same with us.

3006. You feel this, that in a poorhouse of the size of Kyle, which, of course, is not nearly so large as those in the parishes of Glasgow, Edinburgh, and Dundee, it is quite impossible to make any distinction as between the infirm and sick?—That is so.

3007. *By Dr Mackenzie.*—On what ground does your Parish Council go in separating the infirm from the sick for the purpose of the Nursing Grant?—I don't think it separates them; I think that our nurse is supposed to attend to them all. In my opinion the heaviest work that she has is with the infirm cases.

3008. *By the Chairman.*—Is there pauper nursing in Kyle?—The nurse has two women at least who help her, and then a man is put in charge in the men's ward.

3009. These assistants are paupers?—Yes, but I don't consider that we have a sufficient number of nurses, because if the nurse is working all day she should not have to be up at night. I should very much like to see a larger staff.

3010. *By Dr Mackenzie.*—Your point would be that although of the total infirm and sick, taken as a whole, twenty might be counted sick for the purpose of the grant, and you therefore require one nurse, you would prefer that infirm and sick should be slumped together, as it were, for the purpose of nursing?—Yes, because I think that some of the infirm cases require quite as much nursing as the sick.

3011. They are so frequently on the sick list that they may almost be considered as requiring nursing at any time?—Yes, they need a good deal of attention, especially the men.

3012. *By Mr Barclay.*—Would you not think that it would be better to have a separate hospital apart from the poorhouse altogether for those who are really sick and require nursing, and make your present sick wards into infirm wards?—Yes, that is what I should really like.

3013. *By the Chairman.*—And that in addition to what you have told us already, that you would like to see the tuberculous patients kept by themselves?—Yes.

3014. *By Mr Barclay.*—You don't have any very acute cases in your poorhouse?—Not as a rule. The pneumonia epidemic was the most terrible time we have had; there were ten or eleven cases, and just one trained nurse, but the Governor got another nurse in for the time being.

3015. *By the Chairman.*—Then you have something to suggest as regards the discharge of inmates, some alteration of the existing system?—Yes. If the house surgeon could certify them as able-bodied they would have to go out; they are rather apt to stay in.

3016. What induces them to remain in?—I suppose it is the cold weather, and they don't want to go out; I think it is just laziness. Although they have their work to do, they don't feel it to be a burden at all.

3017. They are well treated in the poorhouse?—Yes, very well treated. I don't think that we are absurdly kind, but it seems to me to be impossible to deal with these loafers sufficiently in a small poorhouse like ours unless we have a separate place for them. We cannot distinguish between the people at meals; we don't have sufficient accommodation.

3018. You don't have the other experience in Kyle, namely, that people desire to be discharged and to get out of the poorhouse before they are really cured?—I have never found that.

3019. They go out, and they come back a great deal worse than they were before?—I don't remember any case like that.

3020. *By Mr Barclay.*—Would you give the poorhouse people the power to discharge those inmates without communicating with the parish to which they belonged?—Yes, I think it should be quite sufficient that the doctor should certify that they are able-bodied.

3021. *By the Chairman.*—You would like them to be discharged at once without communication with the parish of settlement?—I don't think that that would be quite fair, but I had not thought of that. I should like the doctor in Kyle to have authority to send them out, but perhaps notice should be given to the parish authorities.

3022. Your suggestion is, and you tell us it from your experience, that it would be well that when a pauper has been cured and his state of health no longer makes it necessary for him to remain in the poorhouse, the medical officer shall have the duty upon him to certify that he is able-bodied, and it shall there and then be the duty of the Governor to communicate with the inspector of poor of the parish of settlement in order that the pauper may be taken off the roll of paupers?—Yes. In my opinion it should be made impossible for the parish authorities to take no notice; I should like it to be necessary that they should act at once, so that the man or woman should not be kept any longer than twenty-four hours after the notice has reached the inspector of poor. That would give him time to reply, and if he did not reply then I think the man or woman should be sent out.

3023. You have a suggestion to make as regards the bathing of the inmates; it comes to this, that the bathing of inmates by other inmates should be discouraged?—Yes, unless under very careful supervision. In our poorhouse the bathing of male inmates is done by the porter.

3024. Have you any fault to find with that?—I really don't know enough about it, but I think there might be carelessness in one inmate bathing another, and generally they are so feeble that they might suffer a little.

3025. I suppose you would suggest that in cases where there is feebleness in body or mind the medical officer should make a special examination of them before the bathing takes place. Every case that comes in is bathed?—Not if they are feeble.

3026. It would be the doctor's duty to say whether they were unfit for bathing or not?—Yes. I was thinking more of the people who live in the poorhouse constantly and who must be bathed. I think that if we had sufficient nurses, and that sort of thing, it might all be done more carefully than it sometimes is done.

3027. The present rule as to bathing is printed on page 34,[1] and is as follows: 'The bathing of 'the inmates should be regulated by the written 'instructions of the medical officer as to the several 'classes of inmates, the temperature of baths, and the 'time of bathing.' I suppose it would meet your view that there should be such written instructions given?—Yes, but that does not reach the point as to who is to bathe the inmates.

3028. *By Dr Mackenzie.*—The written instructions could cover that. You are satisfied from your own experience that there is a certain element of danger in allowing inmates to superintend the bathing of other inmates?—Yes.

3029. *By the Chairman.*—What you would desire in addition is that there shall be in the written instructions of the medical officer provision made that the bathing shall be done by somebody other than another pauper inmate?—Yes, someone more respon-

[1] Poorhouse Rules and Regulations.

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sible. Could it not be a recommendation to the governors? Of course there will be a difficulty if there is no trained nurse in the place.

3030. You say that the porter does it?—Our porter does it.

3031. Is that by the instructions of the Governor?—I don't know. I asked the Governor who it was that bathed the men paupers who were not able to bath themselves, and he said it was our porter.

3032. *By Dr Mackenzie.*—You would not make it an absolute rule that no inmates should have anything to do with the bathing of other inmates?—That would be impossible just now.

3033. If they were under proper supervision it would be possible to get among the inmates some men who would be competent to undertake the duty?—Yes; I fancy that the porter's duty as regards bathing only applies to the admissions. I am speaking more of those who are inmates.

3034. *By the Chairman.*—Have you anything to suggest as to the calling in of a nurse or another medical practitioner?—Nothing more than I have put in my *précis*, that the medical officer should have full authority to get in extra nurses and what assistance is necessary, at the same time telling the Governor. Perhaps the Governor should have a say in the matter, because it affects the house arrangements. Of course I am considering a case where the Governor and the doctor pull well together.

3036. In cases of emergency you would give the medical officer power to do this himself, communicating at the same time the fact to the Governor?—Yes.

3037. Would you also desire that the Governor should report the matter to the House Committee?—Yes, or to the chairman.

3038. It would be quite right that the medical officer should notify the Governor at once of what he proposed to do?—Of course it gives the medical officer authority to do it whether the Governor approves or not.

3039. Would you give the medical officer full powers in regard to everything concerning the medical treatment of the sick?—Yes. I should very much like to do that, but, of course, I am afraid of injuring the position of the Governor.

3040. *By Mr Barclay.*—If the Governor refused to call in extra assistance, he would take great responsibility on himself. No Governor would care to do it?—That is so. I don't think that he would dare to refuse.

3041. *By the Chairman.*—As regards complaints as to illness by paupers, you think there is need for some alteration of the existing state of matters?—Yes. I think that if the doctor had charge of the general health of the inmates, all should have the right to know where they could find him for fifteen minutes each day without having to give in their names as feeling sick or ill.

3042. What is the present state of matters in Kyle as regards that? Suppose an ordinary inmate feels unwell, and desires to have medical assistance or advice, what does he do?—I am afraid I hardly know what he does. I know that the doctor visits a certain number every day, and the Governor knows who those are, but I don't know how they arrange if anyone feels ill. At present I think the inmates go to the Governor and say that they would like to see the doctor, and then they see him, but it would depend on the officials in the poorhouse whether that would be possible for the inmates who are not on the sick list.

3043. Do you mean they have to be put on the sick list before they get the assistance of the doctor?—With us I think that if anyone said he wished to see the doctor then he would see him, but I don't know if that is the case everywhere.

3044. You think a provision should be made for that being the case?—Yes.

3045. You are also of opinion that it would be desirable that we should make a rule that the medical officer, when he has occasion to leave, should intimate to the chairman of the House Committee the name of the substitute medical man who is to do his work in his absence?—Yes, to intimate it to the House Governor and matron, and also to the chairman if he wished it, or any member of the committee.

3046. What has led you to make this suggestion?—Really nothing has led to it except the rule itself, which does not seem to me to insist quite strongly enough upon this being made clear. The Rule 48 (2)[1] does not seem to me to be quite tight enough.

3047. What is your opinion as to the existing standard of trained sick nursing?—I should like the very highest standard of training for our poorhouse nurses.

3048. Do you have a trained nurse at Kyle?—Yes; she is a nurse who has had all her training in poorhouses. I was not at home when she was elected, and I don't know what her testimonials were. She is a very nice woman indeed, but I should like a nurse trained in other hospitals who could then come to the poorhouse. I think that we need quite as high a training as that, although we don't have many acute cases.

3049. You mean a nurse trained both medically and surgically?—Yes; I should like the highest standard of training.

3050. Have you had any serious operations in Kyle?—We have no means for that.

3051. What happens when there is a case requiring a serious operation?—Such a case would go to our hospital, which is not 50 yards away, where they have everything. Of course our poorhouse is very close to the hospital, but there may be cases that other poorhouses would have to see to.

3052. Is the hospital you refer to a cottage hospital?—No, it is the Ayr County Hospital, with a fever block beside it. They have everything there for operations.

3053. Have you any difficulty in getting nurses for your poorhouses?—We have never had any difficulty. Our first nurse, Nurse Cameron, was a splendid woman.

3054. *By Dr Mackenzie.*—What was Nurse Cameron's training?—She was trained in Glasgow, and then went to do district work in England, and then came to us.

3055. *By the Chairman.*—She was quite pleased to do poorhouse work?—Yes, we tried to give her a sufficient salary to make her pleased to come, and she did splendid work.

3056. *By Dr Mackenzie.*—Do you think you are likely to get more suitable nurses by having them trained in other hospitals?—I think that a poorhouse training is not sufficient.

3057. You mean a training in the smaller houses?—Yes.

3058. Take a training, however, in one of the large poorhouses, such as Glasgow?—I know so little about them that I cannot speak to that.

3059. *By Mr Barclay.*—You could not have a trained nurse from the smaller poorhouses, because they would not qualify for registration?—I don't know the testimonials of the present nurse, but I believe she was trained in a poorhouse.

3060. *By the Chairman.*—You entirely approve of the existing regulations for trained nurses, and you have nothing to suggest as regards them?—No.

3061. You think they work well?—Yes, splendidly.

3062. Then we will pass on to indoor relief. Have you anything to add to what you told us about the separate treatment of tuberculous and malignant diseases? Your view is that they ought to be treated by themselves in separate buildings?—Yes. My only difficulty is as to how they are to be supported, because there will be so many tuberculous cases that I don't think they can go on to the poor rate. Then paupers coming in suffering from cancer and malignant diseases of that kind might be treated in a separate building. Of course we don't have many such cases, but those that we have had tried us very much.

3063. *By Mr Barclay.*—You mean that paupers

[1] Poorhouse Rules and Regulations.

suffering from those diseases should be treated separately?—Yes.

3064. *By the Chairman.*—Will you tell us what your experience is of boarded-out children upon which you base what you have told us in your *précis*?—My experience is not very great. I don't have many cases to bring up of ill-treatment or neglect of boarded-out children, but I think that almost proves the case, because I have no power to get at what is going on. There have come before me, not as a Parish Councillor at all, but simply as an individual, several cases of real ill-treatment and neglect of boarded-out children, and I feel that underneath there may be a good deal that is not known.

3065. Without mentioning names or localities, perhaps you can tell us generally what are the facts?—I am on the committee of the Prevention of Cruelty to Children Society in Ayr. Our officer has twice been called to ill-treated children, and he has found that they were boarded-out children from distant parishes. In one case the cruelty was thoroughly proved, and the children were removed.

3066. Intimation being given to the parish that sent them there?—I don't know. I am sorry to say that the woman who had the children took the first train to the inspector who had sent them to her; I don't know what happened, but I know that no prosecution was allowed to follow.

3067. Did she take the children back with her?—No. Our officer took them to the Shelter for the time being, and the woman they had been boarded out with went to the inspector who sent them, and somehow or other it was arranged that no case should follow. I don't understand how it happened. That is some time ago. The children were removed, and I don't know what has become of them. Another case was that of a girl in a country parish boarded out from one of the large towns; our officer went up to investigate the case, but he could not get sufficient proof to enable him to prosecute.

3068. Had a complaint been made to him?—Yes. A complaint was made that the child was ill-treated.

3069. Was the complaint made by some of the neighbours?—Yes. Our officer went up to investigate the case, but he could not get sufficient proof for prosecution. Immediately afterwards, however, the child's condition improved so much that it all but proved the case. Then a friend of my own, who was fishing in the North, happened to stop at a cottage door—I don't know why—and he saw a very wretched child inside. It was a miserable house, and there was this miserable child and a miserable-looking baby in the woman's arms. She told him quite frankly that the baby was her own, and that the little child was boarded out at 2s. 6d. a week.

3070. Boarded out by a Parish Council?—Yes.

3071. *By Mr Barclay.*—Was it a large parish?—I don't know. My friend made no enquiry, but the woman said quite frankly that it was a parish child at 2s. 6d. a week. He said it looked about three years old. Then another case which vexed me very much was that of some children whose mother died, and whose father behaved so badly that after a certain time he was put into prison for neglecting his children; these children had to be boarded out for three months. The Parish Council left it to the inspector to board them out at 3s. a week, which is so very little that I don't think you can expect very good homes in return. These three children were boarded out in a house which apparently contained a father and mother, and I think at least two children—there may have been three—all in one apartment with two beds. I don't think that inspectors quite understand about the small accommodation in houses, and it was only after the children had been there for a good long time, in fact, the father was to be out of prison within a few days, that I discovered that besides those three children, one of them a big boy of eleven, and the father and mother and two children, there were a man and woman, a young woman, and a baby in that house—there were altogether ten persons counting the children in that house of one room with two beds. I am secretary of the District Nursing Association, and I found out about this case through our district nurse. There was one of the persons in the house very ill, and the nurse came to tell me that she did not think she could go very easily in and out of the house. I feel very strongly that some supervision is required.

3072. *By the Chairman.*—Were the Public Health authorities informed of that case?—Not that I know of. We are in a very houseless state in Ayr just now, there being great difficulty in getting houses.

3073. *By Mr Barclay.*—The children were only boarded there while the father was in prison?—Yes, but it was not a proper place for them. It seemed to me that what was wanted was a lady inspector. I heard that one of the children was sent to pawn its clothes, and I went to the inspector and told him. He at once went to see the children's clothes, and he said they were all there, but that does not prove that they were not at one time in pawn. I feel that the children far away may be in quite as bad a state. I don't think that with 3s. a week and the poor accommodation there is sufficient looking after.

3074. *By the Chairman.*—Of course the last case was simply a temporary boarding out during the time the father was in prison?—Yes.

3075. Places to which these boarded-out children are sent are all inspected and specially selected for the purpose, and each year there is a visitation by members of the House Committee of the poorhouse from which they are sent. You don't know whether any of these cases you have mentioned were cases of children sent from a poorhouse and inspected, but where the inspection had not been so complete as it ought to have been?—I don't know. I think that the defect lies with the visiting committee. I would never go on a visiting committee, because I feel that it is on wrong lines. It is not sufficient for a visiting committee to go all at one time and make a little tour of the homes, because everything can be rubbed up for their visit.

3076. The last case you told us of was a case of boarding out children in a town. As a rule children are boarded out in the country, and we have been told that it very often happens that the parish minister, the clergyman, or the schoolmaster feel an obligation or at any rate take on themselves the duty of seeing that these children are properly looked after, and occasionally they communicate with the House Committee or the inspector of poor of the parish from which the children have been sent, and we have been led to understand that with these people and the neighbours there is to a certain extent a check beyond that which is afforded by the visitation made by the committee. Do you think that that to a certain extent meets your point?—I am afraid not, for this reason, that I think it requires a lady to see after them. Just the other day I wrote to Miss Mason, the head lady inspector in England, and asked her to send me some reports. She wrote back sending me reports, and said, 'If you want to see this system, just come down and take a trip with me.' I could not go at the moment, but a fortnight ago I did go South. I met her at Reading, and made a little trip of inspection with her for about three days. One very interesting part was an occasion on which there was a trial for ill-treatment of a child boarded out at Farnham, a child who had been very badly treated for a long time. That child had been visited regularly. In England they have local committees in the parish in which the children are boarded out, certified by the Local Government Board. This committee had not been doing its duty sufficiently, although it had gone about with the best intentions and done what seemed necessary, handing over the money to the foster parents; but it was discovered when Miss Mason came down that the child was badly marked and bruised and ill-treated. She investigated very closely into the case, and the Guardians in London prosecuted the foster parents. At the trial the foster-mother was convicted, and the child was at once removed to London. That strongly impressed upon me the feel-

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ing that no one, no matter how good their intentions might be, could have found out what was going on unless it had been a lady. There was hardly any clothing except what was shown on the top. I feel very strongly that things may not perhaps be going on as well as they ought to be.

3077. *By Mr Barclay.*—You do not approve of the local committees?—I have not thought so much about them, because it is so difficult in Scotland to get sufficient people.

3078. Are you aware that in the larger parishes of Scotland they have inspectors to visit these boarded-out children?—Yes, a gentleman inspector.

3079. In Glasgow they have a lady inspector?—I did not know that.

3080. Most of the cases that have come to your knowledge were through information given by neighbours?—Yes, that was certainly the fact in two of the cases.

3081. That shows that there is supervision of the children?—Yes, a certain amount, but the information is slow to come.

3082. *By the Chairman.*—You specify what you think these ladies, if they were appointed to look after the boarded-out children, should do; they should visit without notice, they should examine the sleeping arrangements, the clothing, and the physical condition of the children?—Yes. I think it should be the duty of the lady inspecting them to do so. Her duty should be to see that things are all right, not to see if anything is wrong.

3083. Wherein consists the advantage of having medical women visitors?—My idea is that medical women could judge better of the children's health. Only a woman could go very closely into the clothing and physical condition of the child, and therefore I think it would be better that the visitors should be ladies. Of course in England the lady inspectors are not medical women, and I don't think that they are of opinion that it is in the least necessary that they should be medical women.

3084. *By Mr Barclay.*—Do you know how often these lady inspectors are able to get over their children?—I don't know. Ten years ago there were over 4000 boarded-out children in England, and there are only three lady inspectors who have to look over the wardrobes and examine the houses. They have power to go over the whole house.

3085. *By the Chairman.*—You did some visiting along with Miss Mason?—Yes.

3086. How many would there be under each roof that you visited?—They don't allow more than two boarded-out children in any particular house unless they are brothers and sisters. In one house we found two little boys boarded out who were very well cared for. Without the knowledge of the local committee the Guardians had sent another little child there, although it was against the rules, but the child was so well cared for that it was allowed to remain.

3087. *By Mr Barclay.*—Does Miss Mason find many cases of abuse in the course of her visits?—No. Her experience is that great care requires to be taken to see that the sleeping accommodation is right, and to see that the money is spent on the clothing, that inferior clothing is not got and a profit thereby made.

3088. Could that not be obviated by sending the clothing to them?—In England they do not think that is so good a plan. They say that the foster parents do not take such an interest in that case, and they also think that it is better to get the things made for the child where it is. They try to work it as much as possible as if the child really was in its own home. I don't know about the large places in Scotland, but I feel in our country districts there is not enough supervision of the kind that understands, supervision which only a lady can do.

3089. *By the Chairman.*—Is there anything else you desire to add?—There is just one subject, and that is about the governors of poorhouses. Our inspectors of poor are backed by the Local Government Board; we cannot dismiss them without the Board's approval or sanction. I did not know until lately that a Governor could be dismissed without any such sanction, and I feel that the governors require some backing up, so that if they are men who are trying to do good, and the members of the Parish Council fall out with them, it should not be possible to dismiss them without the Local Government Board having something to say.

3090. Have you in your experience known instances where such power of veto on the part of the Board would have been of use?—No, but I feel it would be a good thing to put the governors on a footing equal to that of the inspectors.

3091. It would give them greater independence?—Yes, and with things developing as they are I think it would be a very good plan.

3092. *By Mr Barclay.*—It is not a thing you could have experience of, because under the present conditions the Governor is bound to give in to his committee, whether the committee are right or wrong?—Yes. I am thinking of myself on the Parish Council. When I joined, a number of us were quite new to the work, and I think we gave our Governor a great deal of trouble, which we did not mean to do, by our unwise kindness, and I think it would have been better if there had been an appeal to you. I think it would help us in all we do. Our Governor had a very hard time, and it was just through ignorance on our part, it was not that we wished to do anything wrong. I think that his position might be made better in the future.

3093. *By the Chairman.*—You have found, I suppose, that in poorhouses there is need of very careful discipline?—Yes. I think we need to separate the poor from the loafers, and in my opinion we require two houses. Our old people are really infirm old people, and besides these, we have very troublesome people, who say, 'We know that you must support us, and you must do it.'

3094. *By Dr Mackenzie.*—Are you satisfied, from your experience, with the relation between the Governor, the nurse, and the medical officer of the poorhouse?—Yes, quite.

3095. There has been no actual administrative difficulty in your experience?—No. I think a difficulty would be sure to arise between the matron and the nurse if they had anything to do with one another, but the nurse being so well separated in her duties from the matron, is, I think, a great point. The nurse is supreme in her own place.

3096. And that works well?—Yes.

3097. Do you think that the fixing of the standard of one nurse to twenty patients has operated to keep down the number of sick?—I don't think so.

3098. You don't think that they would be counted as under twenty, when, if there was no such restriction, more people that are now called infirm might be called sick, and get the advantage of sick nursing?—I cannot quite understand that, because we make no distinction. Our Governor told me that he considered as sick those whom the doctor visited every day.

3099. Practically, from what you said earlier in your evidence, you would wish to obliterate the difference between sick and infirm, so far as nursing is concerned?—Yes.

3100. *By Mr Barclay.*—I think your view would be that in no poorhouse should there be only one trained nurse?—That is so, because of the night cases, which are so trying. Of course I think that in no poorhouse should there be no nurse.

3101. *By the Chairman.*—Has it ever occurred to you that outdoor nursing and indoor nursing of paupers might be combined? Take your own case, where you have one nurse for twenty indoor sick, and assume that you have in the parish a nurse to a certain extent maintained by the Parish Council who is visiting outdoor paupers. Do you think her duties could be so arranged that she might visit the outdoor paupers and also attend to the indoor paupers when wanted?—I don't think so.

3102. Of course I am assuming that they are not to

be overworked. Do you think the thing could be put on such a footing that the one could assist the other?—I don't think it would be satisfactory for either.

3103. Of course you know that outdoor nurses very often have not enough to do in the way of nursing paupers. It has occurred to some of us that possibly their spare time might be utilised in indoor work. You don't think that that would answer?—I cannot speak to that from any experience. My idea is that it would be such a mixed thing that there would be apt to be difficulties. In our town the outdoor paupers are nursed without any difference being made from the other poor. We have a good District Nursing Association, and they don't ask whether the patients are in receipt of parish relief or not.

3104. The Parish Council contribute to your funds?—No, we have such liberal funds that we do not require to ask them. If our nurse did not attend to these people they would have to go into the poorhouse, and that would bring up the number of sick; but we have no room for them.

3105. You think that the indoor and the outdoor nursing should be kept quite separate?—Yes.

3106. *By Dr Mackenzie.*—Have you any opinion to offer as to pauper nursing?—I do think that some of the women do admirably under supervision.

3107. But you would not put sick persons exclusively under the charge of pauper nurses?—No.

3108. You would not put them under the charge of pauper nurses, even under the direction of the Governor or matron?—No.

3109. Suppose you had as matron a Governor's wife, who was also a trained nurse, would you have the same objection to her using pauper assistance in a small poorhouse?—I should not like a matron to have charge as a trained nurse, but, of course, I don't know what might be done in a very small poorhouse.

3110. *By Mr Barclay.*—Take a poorhouse with twenty inmates?—There it would be quite a possible thing.

3111. The matron would be a trained nurse, and would be the only one in the house?—Yes.

3112. *By Dr Mackenzie.*—Speaking generally, in any poorhouse you would not consider that the system of the matron being a trained nurse is a very desirable system?—No.

3113. It might be better than nothing, however?—Yes.

3114. Have you thought of any system whereby the more remote poorhouses can be provided with nurses that would stay there? The difficulty, of course, is to get them to go to remote places?—Yes.

3115. Have you any suggestion to offer the Committee whereby a system could be elaborated?—I think the Local Government Board should have their own nurses whom they could send. These nurses, when sent to very far away dull places, could be moved now and then.

3116. You propose that the Local Government Board should take over that part of the duty of the Parish Councils, and do it directly?—Yes, if nurses are to be compulsory. Of course I don't know what the Local Bodies would think, but in my opinion it would be a great advantage if nurses were compulsory, and I think that they should be sent from headquarters.

3117. *By the Chairman.*—And they should be obliged to remain where they are sent?—Yes, that is the difficulty, but perhaps by moving them or promoting them you might get over that difficulty.

The Committee adjourned.

EIGHTH DAY.

THURSDAY, 18TH DECEMBER 1902.

At the Local Government Board Offices, Edinburgh.

Present:

Mr J. Patten MacDougall, *Chairman.*
Dr W. Leslie Mackenzie.
Mr R. B. Barclay

Mr James Kyd, called and examined.

3118. *By the Chairman.*—You are Inspector of Poor for the Parish of Dundee?—Yes.

3119. How long have you held that position?—Since September 1893.

3120. What was your experience of the administration of the Poor Law prior to that?—I was in the Dundee Combination Office from December 1886, and prior to that, from January 1880, I acted as Inspector of Poor in the Parish of Kettle, in Fifeshire.

3121. Your experience is not confined entirely to Dundee, and in the course of your duties as regards Dundee you have had considerable experience in Poor Law administration, one might say throughout Scotland?—Yes.

3122. I shall now ask you to give us your evidence with regard to the grant in aid of medical relief. First of all, do you approve of the minimum being retained, or do you think that there is no longer any necessity for having a minimum expenditure?—I don't think there is much need for having a stereotyped minimum expenditure, but at the same time I think that there should be something known as a minimum expenditure—that is to say, the Local Government Board or the Central Authority should fix such sum which would be the minimum that would be allowed to rank for a grant. In other words, the parish would need to pay, say, £5 in name of salary to a medical officer. There are a number of parishes just now where they have no medical officer, where they simply call in a practitioner when he is required, and the result is that the parish where a certain pauper may belong to may have to bear the burden of the expenditure.

3123. Are there many parishes which have no medical officer of their own?—It is only in dealing with claims that I have come across one or two of these parishes. Until lately there was a certain parish next door to Dundee, the parish of Foulis Easter.

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3124. Where you happen to have a pauper in Foulis Easter chargeable to Dundee, you have to pay the cost of any medical attendance that may be necessary?—Yes; in my experience I have repeatedly seen that in connection with other parishes. I cannot say that it is very common, but it does occur, and that is why I say that there should be some small sum fixed.

3125. How many cases do you think you have come across?—I cannot say; I am only speaking generally.

3126. There are parishes where there are no paupers, and we can understand that in these there will be no medical officer?—Yes. It has only come to my knowledge through claims made against Dundee.

3127. It is important that you should give us a general idea of how many parishes you have come across in the course of your experience which have no medical officer?—I would not say that they exceed a dozen.

3128. Your suggestion is that in order to oblige every parish to have a medical officer, there ought to be a minimum fixed by way of salary to such medical officer before they can make a claim on the grant?—Yes.

3129. Of course these parishes don't make a claim on the grant at present?—But I would make the appointment of a medical officer compulsory.

3130. In every parish?—Yes.

3131. In the interests of other parishes whose paupers may be resident there, and also in the interests of the parish itself, because you think that it is right and proper that medical attendance should be available at all times, even although the pauperism may be small, and perhaps occasionally nil?—Yes, that is my view. There would need to be a salary attached to the appointment, however small. I think it is as necessary to have a medical officer as it is to have an inspector, as you don't know the moment that a medical practitioner may be required.

3132. In the case of such parishes where they have no paupers of their own, but where they may have a few paupers chargeable to other parishes, you still think it right and proper that they should have a medical officer?—Yes. I mentioned the parish of Foulis Easter; that parish may have given a small sum to a medical officer, but I don't know; they did not claim on the grant.

3133. And accordingly there was no reciprocal obligation on them to attend to your paupers as you would attend to theirs?—Yes, that is the point.

3134. May I take it from you that it is your opinion that the reciprocal obligation under which the medical officer of a parish is bound to attend, not only to the paupers of his own parish, but also to those who may be in that parish and are chargeable to other parishes, should be universal?—Yes, so far as the ordinary poor are concerned.

3135. *By Dr Mackenzie.*—In a great many cases you would admit that the Act is sufficient when it simply says 'to provide medical attendance.' Have you any reason to think that that is not sufficient without appointing a medical officer for the parish?—I quite understand that; but I look at it from the point of view of a large parish which has almost 200 poor of other parishes resident in it; our medical officer is attending to these, and in some cases we have to pay for the poor of other parishes where there is no doctor. I mean to say we have to pay for our own paupers in these other parishes.

3136. *By Mr Barclay.*—It is only for your own poor in these other parishes that you are paying for the medical attendance?—Yes. My general point is that a medical officer should be appointed in every parish.

3137. *By the Chairman.*—Would you suggest that even in a parish, like several parishes in Forfarshire, where the population is under 300, they should have a medical officer of their own?—I think so. I go upon the principle that each parish should have its doctor as well as its inspector.

3138. Do you extend your views as regards the necessity for a medical officer to this, that you would require such medical officer for the purpose of your boarded-out poor?—No. I specifically say ordinary poor.

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3139. I think we may take it that the boarded-out poor are attended, not necessarily, by the medical officer of the parish, but it is left to the Guardians of the boarded-out poor to say what medical attendance they shall get in the event of its being required?—Yes, that is very much the case, unless the parish of settlement has made other arrangements.

3140. You have a great many boarded-out poor, and these poor are attended where necessary by such a medical man as the Guardians may call in?—Yes, as a rule. In some cases I have selected the medical practitioner who is to attend, but he need not necessarily be the parish medical officer. We have some poor boarded out in Newtyle. The medical officer of Newtyle happens to reside in Glamis, and instead of sending to Glamis for him, we employ the doctor in the village.

3141. Then this minimum salary, as you call it, is a slightly different basis upon which the grant would fall to be distributed from what is in existence at present, because at present it is minimum expenditure. Wherein do you think that this minimum salary would be a better basis than the minimum expenditure which we now go upon?—In the first place, it would be no great hardship on a parish to pay a few pounds for a medical officer, whether they required him or not, and the expenditure would be reduced to certainly the minimum.

3142. The minimum would be less than it is now?—It might be. I must confess that I have not followed out the old 1848 minimum expenditure in its entirety. It was so far abandoned under the second regulation when the trained sick nursing grant came into force. Circumstances must have greatly changed in many parishes since 1848. I really don't think that the 1848 scheme could be much longer followed, because even the density of population is not altogether a criterion to be taken. I would instance the parish of Aberdeen, where the population and area are much the same as in Dundee, and yet the pauperism of Dundee will be fully one-third more than in Aberdeen, and there is, therefore, more work falling on our medical officer than there is on the Aberdeen medical officer. Although a place is densely populated, there may not be many paupers. I think the expenditure of the parish should be taken as the basis of distribution.

3143. The vouched expenditure?—Yes. I think the Local Government Board would have no difficulty in fixing a minimum for each parish.

3144. Your view is that there should be a minimum salary for the medical officer fixed by the Local Government Board, and that in fixing such minimum salary, the Board should take into consideration the population, the pauperism, and the relative ne s of the parish?—Yes. Of course when I looked at this matter I may have been looking at it from the local point of view—from the point of view that the parish would look at it in fixing the salary.

3145. You will be willing to admit, I suppose, that that might not apply to the case, for instance, of a Highland parish?—Many of the Highland parishes are in a somewhat difficult position. They have a sparse population and an extensive area, and very often they are far from a medical centre. Now a good round sum would be required to tempt a medical officer to go there, and there would also be required to be defrayed the travelling expenses of the practitioner in going from one place to another, but at the same time I would have the salaries for these parishes also fixed by the Local Government Board. In some cases—I could not give one by name, as I am speaking from a general reading of advertisements in newspapers—it seems to me there is some inducement held out to medical officers to start, and it is not altogether the legal poor that are taken into consideration. Now I would give due weight to the different localities and their needs, so far as means of locomotion are concerned, but I think that the Local Government Board should have full

power to fix the salary that they would allow in any claim on the grant.

3146. I suppose you are aware that before any alteration can be made on any salary of a medical officer, the Local Government Board must approve of it?—Yes.

3147. You may take it from us that there have been cases where the Local Government Board have declined to approve of an increase of salary, but have said to the Parish Council that they had no power to interfere with such increase, so long as it does not rank against the grant. You think that in order to meet such cases of what you would term an extravagant salary, the Local Government Board ought to fix a maximum as well as a minimum?—Yes, I don't think the Local Government Board would have much difficulty in regard to the maximum salaries paid in urban districts, because there is great competition there, and there is nothing to induce Parish Councils to pay any extravagant salary. I think that they are really fixed in accordance with the demands on the time of the medical officer. That is what I mean when I say that the expenditure should be taken as the criterion, subject to the safeguarding by powers given to the Local Government Board to fix the maximum salary.

3148. In your opinion the circumstances of Highland parishes where there is a considerable scattered population, and where the area is large, would call for perhaps a larger salary than you would give in a lowland parish where the population is more compact, and the area very much smaller?—Yes, I admit that at once. In the Highland parishes the number of the legal poor is not quite a criterion to go by.

3149. You make this further suggestion, that in order to put the grant on a proper basis the Local Government Board should not only have power to deal with any alterations of salary that may be desired, but should also fix what the initial salary shall be?—Yes.

3150. That, I suppose, you would suggest should be done gradually, saving vested interests, because you do not propose, I fancy, that we should begin with a clean slate and re-adjust all the salaries of the medical officers in Scotland?—No, it could be brought in as vacancies occurred.

3151. *By Dr Mackenzie.*—Would you suggest that the large salaries paid to several of the medical officers in Highland parishes are really more than the market value?—I don't say that they are more than the market value of the medical practitioner.

3152. You said that you required a fair salary to induce any man to go there. Do you think that the supply of practitioners is so large that you could reduce their salaries for attending to the legal poor?—I don't think there is such a rush of medical practitioners to the Highland parishes.

3153. If your proposition is granted, that every parish is to have a medical officer, won't it be necessary to give such a salary as will induce a practitioner to come?—Yes; but he will have his general practice besides.

3154. But if the general practice is such that he must have a fair basis to work on in order to make it a living practice at all, does that not mean that he is offered market value in the same way as he would be offered market value by the smaller salaries in the more populous parishes? I don't think you have given any reason why you consider that the salaries offered are too high?—If you see an advertisement offering £60 in a parish where there are only twenty paupers—

3155. Yes, it looks too high, but if you cannot get medical attendance for anything less, is not the parish bound to do the best it can, even if it offered twice that sum?—That is why I suggest that the expenditure there should be in the hands of the Local Government Board as to the maximum. Of course I am speaking generally, and not with the local knowledge of a Highland parish.

3156. You say that it would be more than was necessary for the relief of the legal poor; but if you cannot get the attendance without giving a good salary, how are you to get it? You cannot compel a medical man to go there for nothing?—No, that is so.

3157. Your view is that there is a clear case for giving the Local Government Board more adequate control over these salaries?—Yes, and Parish Councils in general would be satisfied if that expenditure met with the approval of the Local Government Board.

3158. *By the Chairman.*—Don't you think that the difficulty Dr Mackenzie has suggested is to a certain extent solved by what we do now? We say, 'We 'have nothing to do with you as a Parish Council, 'except as regards the amount you are to claim against 'the grant.' For instance, the Parish Council says, 'We will advertise for a medical officer and offer a 'salary of £150,' and this Board says, 'We cannot 'allow you to rank against the grant for that £150; 'looking to the fact that your pauperism is so and so, 'we cannot permit you to rank against the grant for 'more than £100.' Do you see any objection to that course of action, it being necessary, according to you, that each parish shall have a medical officer?—I quite approve of that. I did not know that the Local Government Board had done such a thing.

3159. You think that that is a fair way to meet the difficulty?—Yes. Of course I was quite aware of the Local Government Board's circular.

3160. You are quite willing to give full power to the Local Government Board to deal with the salaries of medical officers, in so far as they shall rank against the grant, to deal with them absolutely, as the circumstances of each parish may demand?—Yes, I agree with that.

3161. Then we pass on to the question of the grant in so far as it is given for trained sick nursing?—The sum of £20,000 was divisible amongst the parishes of Scotland prior to the introduction of the system of trained sick nursing, and as the grant for the latter is paid out of the original sum, it may be argued that in consequence of the establishment of trained sick nursing, the majority of parishes have suffered a diminution of medical relief grant. As this small diminution has been going on for so many years, it is considered that the objection to the trained sick nursing grant being taken out of the medical relief grant has lost much of its force. It would not be advisable to introduce two kinds of medical relief grant. To prevent objections of the kind being raised, a classification of inmates of the poorhouses is of the utmost importance—that is to say, the trained sick nursing with all its regulations should only apply to cases requiring active medical and surgical treatment in poorhouses.

3162. Do you think that the present system, as originally proposed and carried out until the trained sick nursing has become a very much larger thing than it was, is a proper way to distribute that portion of the grant? How do you propose that we should deal with that in future, looking to the fact that trained sick nursing is becoming very much more general than it was; would you suggest that the grant should be extended, not only to trained sick nursing in poorhouses, but to the nursing of the outdoor poor?—I don't see that much improvement could be made on the distribution of the trained sick nursing grant as at present, so far as the indoor poor are concerned. I think that trained sick nursing has come to stay, and it would be carried out, by the urban Parish Councils at all events, on the lines it is carried out now, whether there was a grant or not.

3163. Would you confine it to trained nurses, or would you extend it to probationers, or to probationers after a certain time?—I think that the present system has wrought very well, whereby you put a probationer on to your list in the third year.

3164. You would not propose to extend it further than it is at present?—I don't think it should be extended further.

3165. You would leave the cost of the probationers and the cost of their training to be met by the Parish Councils concerned?—Yes. So long as the grant remains, it is an incentive to Parish Councils to continue the trained nursing, and to provide for the training of probationers, knowing that at the end of the

second year they will participate in this grant. I don't think that any change should be made in the present system.

3166. Have you considered this, that the cost to the Parish Council of a probationer is more than the cost of a trained nurse?—That is after you deduct the grant for the trained nurse?

3167. Yes?—No, that point has never struck me. Of course the accounts for the trained sick nursing are made up in the poorhouse, and I only see them *en bloc*.

3168. *By Dr Mackenzie.*—Would that not act in the way of deterring Parish Councils from employing probationers?—No, I don't think they would give over their system of training their own nurses so far as possible. My view of that is arrived at by considering that there is considerable difficulty in getting trained sick nurses to come out of infirmaries and ordinary hospitals and go to poorhouse hospitals. A poorhouse hospital is looked upon as a refuge for chronic cases, and there is not the same enlightenment or experience to be got. It seems to me that the demands will always necessitate the Parish Councils training their own nurses.

3169. *By the Chairman.*—You say that it is so much to their interest to train their own sick nurses that you don't think there is any reason for giving a grant towards the cost of the probationers?—No. I arrive at that conclusion from the fact that the trained sick nursing grant has been taken out of the grant that was given in name of medical relief.

3170. Is it your view that the training of probationers can scarcely be called medical relief?—I would not make the demands for trained sick nursing on the grant any more, because we take it away from other parishes.

3171. You think that a sufficient portion of the medical relief grant is now devoted to trained sick nursing, and you would not favour any proposal to extend it to those who have not reached that stage, to those who are merely probationers?—I would not extend it unless the grant from Parliament is to be increased.

3172. *By Dr Mackenzie.*—On the other hand, you know the difficulty of getting trained nurses for rural poorhouses, difficulties that are greater than in urban poorhouses. How are you to keep up the supply of nurses that are to be trained in poorhouses unless you are to encourage the training of nurses in every way possible?—I presume that difficulty arises from the loneliness of a trained nurse, so to speak, in a rural poorhouse, and perhaps she has more thrown on her shoulders than she would have in a larger poorhouse.

3173. But the point is that there is a difficulty in getting nurses for the remoter parishes. Have you any suggestion, other than the grant, to encourage the supply of nurses?—No.

3174. *By the Chairman.*—You think that so long as the grant remains only £20,000, there is no money to give towards the cost of probationers?—Yes.

3175. Does that extend to the nursing of outdoor paupers?—As a rule an outdoor pauper who requires active nursing should, if removable, be taken indoors. You are dealing, I suppose, with the case of a Parish Council which prefers to provide a nurse for a pauper outside rather than give him indoor relief.

3176. Just disassociate your mind from your own case. In Dundee, if you had paupers who required outdoor nursing, you would probably say, 'Here is the 'hospital,' but I am asking you to take a larger view of it, and to consider it from the point of view of the whole of Scotland. There are many parishes where there is not a poorhouse within easy reach, and there are outdoor paupers there. Where they are attended, as they must occasionally be, by nurses, would you extend the medical relief grant to such nursing, or does the answer you gave as regards the probationers again apply, that so long as the grant remains at £20,000 you don't see that there is any room for extending it further?—Yes, I stick to that. If this system was introduced, one tendency would be practically to provide a parish nurse.

3177. *By Mr Barclay.*—Do you not suggest that the grant should not be divided as between outdoor medical relief and trained sick nursing, but that the £20,000 should be divided just according to the expenditure in each parish, whether it was for medical relief or trained sick nursing, not making the trained sick nursing a first charge?—I think my former remarks make it a first charge on the grant, but I say that you should stop there and not go any further. If the proposal was to include in that the cost of probationers, I would say no, and I have given my reasons for that. The proposition now is that a proportion of the cost of a trained sick nurse for outdoor paupers shall be considered to be part of the medical relief expenditure of the parish. That is the proposition?

3178. *By the Chairman.*—Yes?—I have not fully thought out that point, and I would not like to express an opinion on it, as it is attended with difficulty.

3179. I rather gather from your *précis* that you don't want to draw a distinction between the indoor and outdoor relief at all. Is that so?—Yes.

3180. *By Dr Mackenzie.*—For outdoor medical relief you would not wish to include trained sick nursing for the grant, but you would leave it as it stands for indoor?—Yes; I have not fully considered that point, but I think matters should remain as they are.

3181. Is that because you are of opinion that the grant is insufficient to be effective in improving the nursing?—I arrive at that opinion from considering that no further inroads should be made on the sum provided by Parliament.

3182. *By the Chairman.*—The sum of £20,000 is too small to cut and carve into any more?—Yes, that is the point.

3183. What are your views as regards the definition of what is called medical relief for the purposes of the grant? Do you think there should be any revision of the definition in our rules?—That, after all, is very restricted in its operation. In the accounts which I have sent up for several years back claiming the grant, a number of things have been scratched out—such as certain chemical foods and other things supplied only by chemists. I don't wish to widen the definition as it appears in the rules, but I think that some of these chemical foods might almost be considered medicine. Generally speaking, I would not alter the exclusions that are specified.

3184. You don't think that the definition should be altered so as to include everything ordered by the medical officer?—No; I think it should be extended to include such things as chemical food, but I would keep the rest of the definition as it is at present.

3185. Do you say that because you think that the amount of the grant won't permit of your making any extensions for the purpose to which it should be applied, or do you say that because you think it is advisable that no further scope should be given for such expenditure?—No further scope should be given for expenditure under that heading.

3186. Because it would be a temptation to medical officers, and through them to Parish Councils, to claim more than really would be justified by the necessities of the case?—Yes, that is so far as the grant is concerned; and then, on the other hand, it would tend to the sick poor being treated better than the ordinary labouring classes round about. Of course I don't by any means wish it to be inferred that I don't want the sick poor properly attended to, but many things could be introduced under the heading of nutritious diet which would be an expensive matter for parishes. I am speaking from a country parish point of view. In my own experience I had to hold the hand of the medical officer often in the way of beef steaks and so on that he was ordering. I think that the rule should stand, with the exception of what is supplied from a chemist—some of these new inventions which are really medicine.

3187. The inclusion of these things might tend to a misapplication of the grant, or an application that would not be justified by the circumstances of the

individual cases?—That is so. Everything from the word 'but' in Rule 5[1] is supplied in Dundee by me on the orders of the medical officer.

3187A. Where such things are supplied by order of the medical officer, do you claim them?—No. All the things specified after the word 'but' are supplied by me on the order of the medical officer. The other things I refer to, such as Liebeg's Extract, are supplied on the prescription of the medical officer, and the pauper or his friends go to the chemist and get them themselves. All the other things go through my hands, and I would never think of including them in claiming the grant. Things supplied, however, on the prescription of the medical officer would be included.

3188. What is the distinction you draw?—These rules apply, of course, to every parish, but each parish has its own way of working them out. Medicines are supplied by chemists on the prescription of the medical officer; he orders this Liebeg's Extract, and I know nothing about it; but all nutritious diet or extra diet, and everything else of that description, pass through my hands, and I see them supplied on his written order.

3189. And you don't charge these against the grant?—No.

3190. Then the distinction is this, that in the one case there is a medical prescription, and that medical prescription is prepared by the chemist and goes straight to the pauper without going through your hands; in the other case they go through your hands, and going through your hands you don't think you are justified in claiming them against the grant?—That is so.

3191. Is that the way in which these rules are generally worked?—That is the simplest way of working the rules in a large parish.

3192. Having that distinction in view, do you suggest that these rules should be altered?—No. What I am referring to is the rule on page 249.[2] It is in the application of that rule that some of these extracts supplied on the prescription of the medical officer have been scored out, because they are looked upon as nutritious diet.

3193. It is not the rules, but the interpretation of the rules, that you take exception to?—Yes; it is a very slight affair, however.

3194. You suggest this: that the interpretation of these rules should be made more clear and distinct, as a guide to inspectors of poor, as to what they are entitled to charge, and what they are not entitled to charge, in making their claims upon the grant?—Yes.

3195. I see you state in your *précis* that where the medical officer is paid a special fee in each accouchement case for services rendered by him, such fee should form a proper charge against the grant. Do you think that the present system requires amendment?—In a parish where the medical officer performs the accouchements, and is paid for his services, is not that medical relief? It happens very frequently in Dundee, and we pay half a guinea in each case. I think we practically stand alone in that arrangement.

3196. You stand alone, you think, in this, that in all cases of accouchement you pay a special fee to your medical officer, irrespective of whether he has to call in assistance or not?—Yes.

3197. And you think that these special fees which you give for these cases ought to form a charge against the medical relief grant?—Yes, because we don't recover from the other parishes when the pauper belongs to another parish, and yet we pay the fee all the same.

3198. The contention of the other parish will be that these cases are covered by the salary of the medical officer?—Yes; and they point to that rule on page 249.[2]

3199. As regards the amount that a Parish Council may subscribe to a hospital and claim against the grant, you are of opinion that restrictions should be placed upon such subscriptions, which should have the approval of the Local Government Board before being admitted in a claim against the grant?—Yes. I think that whatever sum a parish may see fit to subscribe to a hospital, it should be clearly for the medical part or for the medical value received. In some parishes they send inmates to hospitals, and I presume that their subscriptions are meant to cover their maintenance as well as their medical treatment. I have not had much experience of subscriptions to hospitals, but I understand that there are some urban parishes which pay about £100 a year to a hospital. Now I don't think that that can all be set down as the cost of medical relief; it is in part meant, no doubt, to cover the cost of maintenance.

3200. Have you any views as to the conditions which this Board might lay down as justifying a subscription, or defining the amount to be given?—The parishes should make a return of the numbers treated in the hospital, and the period of treatment in each case.

3201. You mean a return covering say five or ten years previously, and that that should be a guide to this Board in fixing what subscription they are entitled to give?—Yes, or rather what subscription would be allowed to rank against the grant. In other words, I think that care should be taken that no part of a pauper's maintenance in a public hospital should form a charge against the medical relief grant.

3202. *By Mr Barclay.*—Why not have the returns sent in every year with the claim?—That would do.

3203. *By the Chairman.*—The subscription might be determined mainly by the amount of pauperism that has been relieved in a previous term of years?—Yes, there is not much difficulty. If you had one return made, it would be a criterion for the future.

3204. You think that the present system is somewhat arbitrary?—Yes; the system of paying £100 as a subscription every year towards a public hospital, and claiming that £100 from the medical relief grant, is hard on other parishes.

3205. Have you any special case in point?—I heard of a case in the west country.

3206. Do you mean the Kilmarnock case?—Yes.

3207. Have you any other case?—No; I could not say if it has any foundation at all.

3208. *By Dr Mackenzie.*—Would you not look upon a subscription to these hospitals rather in the nature of an insurance against sudden outbursts of illness? One year you might have very little, and another year you might have a great deal, and yet the payment would remain the same. You might have a great outburst of influenza one year?—Yes, but when you come to have an urban parish with poorhouse accommodation paying over £100 to a public hospital, it requires some looking into, because other parishes suffer. What I want is that no parish shall get a grant for what is really the maintenance of the pauper.

3209. You admit that in several cases it would be to the interest of the parish to assist in the maintenance of a hospital which would be available in cases of necessity?—Yes, but the point is that the Local Government Board should say what is really medical relief.

3210. *By the Chairman.*—You think it should not be extended to the detriment of other parishes?—That is so.

3211. The interests of other parishes should be kept in view by the Local Government Board in deciding what amount of subscription is to rank against the grant?—Yes, that is so.

3212. You are of opinion that the reciprocal obligations between participating parishes in regard to medical attendance should not be extended to medicines, but should be exclusively confined, as at present, to the medical officer's salary?—Yes, that is my opinion. Of course my personal opinion would be to have a reciprocity as regards medicines.

3213. Why?—Because of the difficulty in finding out in a chemist's account what is another parish's case.

3214. You would have that reciprocity because it would make your accounting and bookkeeping and charges against other parishes very much more simple,

[1] Medical Relief Rules, *vide* Appendix LXVI.
[2] Board's Rules, etc., to Parochial Authorities.

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and would obviate the necessity of a great deal of troublesome accounting?—Yes; but speaking as an inspector of poor, I would say that if medicines are not to be charged against the parish of settlement, then we might be landed with the pauper; in view of a decision of the Court of Session.

3215. I suppose if reciprocity were to be extended to medicines, it would be to the cost of the parish itself if it did not intimate its claim at once?—That is so.

3216. It would rest solely with the inspector. You might remove the inducement he has at present to make his claim at once, but still that would be a matter for the parish itself, and in the event of their not making a claim when they ought to make it, then it is right that they should suffer?—Yes; but that is not the point. Reciprocity between parishes could be easily worked so far as paupers on the roll are concerned, but it is not so easily worked in dealing with an application for relief which takes the shape of an application for a doctor and medicines where the settlement is not in the relieving parish. The relieving parish might give up its idea of claiming and give no notice to the parish of settlement, with the result that at the end of three years settlement would be acquired in the parish giving these medicines.

3217. Who would be to blame for that but the parish itself?—But you want reciprocity as to medicines.

3218. I see the objection to reciprocity covering medicines, because you would remove the obligation that there is at present upon the parish so giving medicines to intimate the claim against the parish of settlement as timeously as it is obliged to do now, but it is the parish so relieving which would suffer, and it would suffer quite rightly because of its laxity?—I don't think we are quite at one. If there is reciprocity between parishes as to medicine, then there is no claim. There are many applications in the bigger parishes for medicines alone, and up to a few years ago we never thought of claiming for them, but since this Court of Session decision (I think it was a Greenock case) we take good care to claim on the parish, even although it is only for threepence worth of powders, in order to prevent the pauper acquiring a settlement.

3219. I don't see that that duty would cease to exist because reciprocity was to extend to medicines?—Dundee won't charge Edinburgh for medicines supplied, and Edinburgh won't charge Dundee; but take a case where there is an application for the first time, and the party has only been two years in Edinburgh, and is applying for medicines; Edinburgh grants the medicines, and makes no claim against the parish of the party. The party applies eighteen months later for medicines, and has now been upwards of three years in Edinburgh.

3220. Why should Edinburgh not intimate the application at once?—That is so, but how can there be reciprocity and claims at the same time?

3221. The question of settlement is apart from reciprocity altogether?—If you restrict your reciprocity to admitted cases, then I see no difficulty.

3221A. *By Mr Barclay.*—You would not send a statutory notice because you had no charge to make against the parish of settlement?—That is so.

3222. *By the Chairman.*—But if you think that in the future there will be a case of settlement, why should you not send a statutory notice?—That would open up difficulties.

3223. It comes to this—you think that the advantages of extending reciprocity to cover medicines are overbalanced by the disadvantages which might ensue owing to the fact that notice would not be sent to the parish of settlement?—It is not the fact of the notice, but you have no ground to claim if you agree not to charge for medicines, and you could not send a notice.

3224. *By Dr Mackenzie.*—And that forecloses the case later on?—Yes.

3225. *By Mr Barclay.*—I don't see why you cannot send a notice?—As between admitted cases there is no difficulty at all, but so long as parishes continue to make medicines a subject of a claim, then we must charge every one.

3226. *By the Chairman.*—Then as to the remuneration of medical officers in cases where a surgical operation is necessary, or in cases requiring the administration of an anæsthetic, you are of opinion that no reasonable Parish Council would grudge remuneration?—That is so.

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3227. You think it is justified in the circumstances, and is a proper thing to be continued as the present practice?—Yes.

3228. *By Mr Barclay.*—Not only for the medical officer himself, but for anyone he may think necessary to call in; you say that no reasonable Parish Council would refuse to pay for another medical man if called in?—That is so.

3229. *By the Chairman.*—The only extra fee you give to your medical officer is for confinement cases?—Yes.

3230. You are of opinion that the rule as at present administered, by which in any case where another doctor is called in, either to assist in a surgical operation or in the administration of an anæsthetic, a fee is paid is justified?—Yes.

3231. You think that the salary of the medical officer should be fixed exclusive of medicines, and that that should be obligatory in all cases?—Yes.

3232. With regard to the necessity of advertising vacancies in the office of medical officer, I gather that you are of opinion that there should be an advertisement, but that one advertisement is sufficient, and that the rule which now requires an advertisement for three successive weeks is too costly, and is unnecessary?—Yes, that is my opinion. I arrive at that, of course, from local experience, and I can point out where it is a hardship. The rule is to advertise once in three successive weeks in a local newspaper. When we have a vacancy, as we had the other day, in the resident medical officership of the poorhouse, what use is an advertisement in the *Dundee Advertiser* or the *Dundee Courier*, and also in the *British Medical Journal*, and in other daily newspapers?—A vacancy occurs with us almost every year, and the advertisements cost £8 or £10 each time. You get a junior who will only stay for about a year, and sometimes less.

3233. Accordingly, the result of the rule, as it is at present, is that you have an expenditure of £8 to £10 every year which is unnecessary and uncalled for, in your opinion?—Yes. I think it should be advertised once, and that locally.

3234. Should there be any other advertisement than the one in the local newspapers?—I think there should be one locally, and any further advertisement which the Parish Council may deem expedient. I did not carry out the rule about advertising once each week for three weeks until I was brought to book by the Board. I pointed out that I had advertised in the *Glasgow Herald*, *Scotsman*, the *British Medical Journal*, and one advertisement locally, and they let me off, but told me not to do it again.

3235. When was that?—Some years ago. There should be one advertisement locally to prevent any local friction. It is not the number of papers but the number of weeks that I object to.

3236. *By Dr Mackenzie.*—You have already referred to the question of cases requiring active medical and surgical treatment, that these alone should be considered hospital cases, and you think that trained sick nursing might be applied in other cases, but that these would not be considered hospital cases, and would not be provided for in special wards?—I think that should be so in all the larger poorhouses where there are a number of infirm, paralysed or suffering from some slight ailments.

3237. You think that trained sick nursing might be extended to these cases, although not of the grade that would be required in a hospital?—Yes; what I mean by that is that we might have nurses who would have almost the same qualifications to look after the inmates in these infirm wards, with a trained nurse at their head. Of course I don't mean that there should be a claim on the grant for these, except for the one trained nurse at their head.

3238. Your not wishing to claim the grant is founded on this, that the grant is asked to do as much as it can reasonably be asked to do?—Yes. In Dundee we will turn the wards where the lunatics are now into wards for the infirm.

3239. That is infirm that would require medical treatment occasionally?—Yes, a man suffering from bronchitis or some such ailment, and requiring attention, but still able to go about. I am trying to reduce the expenditure in trained sick nursing.

3240. Without reducing the trained sick nursing itself?—I am trying to reduce the number in the hospital.

3241. You wish to reduce the expenditure in trained sick nursing, but you don't wish to reduce it at the expense of reducing the system?—That is so.

3242. You want a more rigid classification of inmates?—Yes.

3243. In your *précis* you say that the proportion of nurses to inmates has been found sufficient, and that there is no ground for departing from that proportion?—Yes. Some little difficulty, of course, has been experienced in getting nurses so as to keep up the proportion, and similar difficulty may in future be experienced. The parish should, however, not be mulcted in the loss of the trained sick nursing grant if, through no fault of the Parish Council or the House Committee, the proportion has not been fully maintained. I speak generally there of the proportion. As a rule we have always had an adequate supply of nurses, but during the last two or three years there has been some dearth.

3244. In view of your suggestion that the infirm should also share in some form of nursing, would it be any advantage to make a rather more elastic proportion of nurses—instead of saying one to twenty, you might say that there should be one nurse for use all over the poorhouse in proportion to the total inmates, or perhaps one to a hundred?—That would arrive at the same point as I am driving at.

3245. It would afford no temptation to limit or increase the number of patients, as the case may be, in view of the grant?—That might work quite well. A nurse may be able to look after from thirty to forty old people quite easily, while twenty sick cases would tie her hands, and she would be hard wrought indeed.

3246. That would leave you free in the question of the grant, but it would fix the grant on rather a different kind of standard—that is to say, a relation to the total inmates, and not a relation to those who from time to time are counted sick?—That is so.

3247. In regard to the treatment of tuberculosis, malignant and offensive diseases in poorhouses, you say that if the patients could be isolated or treated in separate buildings, it is considered that cases of the kind referred to should be treated in the poorhouse, except cases of infectious diseases, which come under the public health authorities. Would you consider phthisis to be an appropriate disease for treatment in a poorhouse, or would you wish the local authority for public health to take it off your hands?—My impression is that if such cases can be isolated they are quite a proper subject for treatment in a poorhouse.

3248. How do you proceed in the matter of phthisis among your outdoor poor?—We advise most of them to go into the hospital, but we don't get more than 50 per cent. to accept our advice.

3249. What do you do with the remaining 50 per cent.?—We have just to provide for them in their own homes, but as a rule they are so far gone that they are hopeless.

3250. Do you provide nursing or medicines or anything?—We provide medical attendance, medicines, nutritious diet, and usually a more liberal aliment.

3251. Supposing they decline to go into the hospital, you do not make that a reason for refusing their aliment?—No. If I fail to get them to go to the hospital, I put them on the outdoor roll.

3252. You never make their refusal a reason for stopping their aliment; you consider that you are under an obligation to treat them as far as possible, whether they go to the hospital or not?—Yes.

3253. You have never stopped the aliment of any phthisis patients simply because they refused to go to the poorhouse hospital?—No. In one or two cases where there was an ample income, and where they would not go to the poorhouse hospital, we have not felt justified in giving outdoor relief.

3254. That was because they were not destitute?—Yes. One of the cases had an income of over 30s. a week.

3255. You did not consider yourselves under any obligation to treat that case as an outdoor pauper?—No. Take the case of a breadwinner who takes consumption; we offer to aliment his wife and children if he will go to the hospital. Sometimes he will go and sometimes he won't, and if he does not go we give outdoor relief.

3256. You don't make his refusal to go to the hospital a reason for withholding the relief?—No.

3257. In regard to the classification of sick, infirm, and ordinary, you say that those requiring daily medical treatment should be in the hospital or sick wards; in all other cases the Governor and matron should have no difficulty in deciding whether they should be in the infirm or the ordinary wards?—I don't know why, in writing my *précis*, I have left out the medical officer.

3258. You would take the medical officer into that—or would you consider that the Governor and the matron should be solely responsible for reporting cases of illness, and that that would be adequate for the purpose?—I think that the medical officer should be in there. The medical officer and Governor and matron can easily arrange new admissions, but then there is the periodical revising of cases in the poorhouse.

3259. It is that point I want your opinion about?—I think the medical officer should have a voice in deciding whether a pauper should be in this, that, or the other ward.

3260. And in deciding whether he is fit to be discharged as well as whether he is ill?—You mean, taking the poorhouse altogether?

3261. Yes; you have a certain number who become able-bodied after a certain time, and it would be an advantage to have these cleared out from time to time?—Yes, but we never do that without a medical certificate.

3262. I don't think there is any rule obliging you to get a medical certificate. Would you incorporate that in the rules?—I consider that no pauper should be discharged from the poorhouse on the ground of being able-bodied unless he or she has been so certified by the medical officer.

3263. You would approve of an arrangement whereby all the inmates of a poorhouse, both infirm and ordinary, should have access to the medical officer at any time?—Yes.

3264. Would you approve of the suggestion that has been put forward, to make a periodical inspection of the inmates?—I quite approve of that, and I know that it is in practice.

3265. You would not think that to make that obligatory would involve too much labour or hardship on any of the officials?—No. I look upon that simply as a review of the indoor poor, just as we review the outdoor poor and visit them.

3266. You do scrutinise the outdoor poor systematically?—Yes, they are systemically reviewed.

3267. Would you think it practicable to classify your poorhouse; the hospital to be entirely one grade, the infirm part another grade, and the test a third grade? Do you think that rules could be devised applicable to these three different grades?—Yes.

3268. Do you think that it would be any advantage in the management of a poorhouse?—Do you propose that the Local Government Board should lay down rules for each class of inmates?

3269. Yes?—I don't see any objection to that.

3270. Do you think it is a disadvantage at present to mix up test cases with other cases of poor?—Yes; they would not be mixed up if there was no difficulty in getting buildings. Poorhouses are all being built on

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a certain plan now, but many of the country poorhouses are about forty years old.

3271. You approve of making a real house division, as it were, for test cases *versus* other cases?—Yes, with separate accommodation, dietary, and everything else.

3272. I suppose you quite allow that a system of rules applicable to a poorhouse in Glasgow, Edinburgh, or Dundee would not necessarily be very applicable to a small poorhouse in the country?—Yes, I agree with that; and to get over that difficulty I think the Local Government Board should have certain rules regarding the administration of indoor relief, and that each poorhouse authority should draw up a set of rules for their own poorhouse, which would be subject to the approval of the Local Government Board.

3273. Do you have any cases in Dundee where persons are admitted to the poorhouse hospital whose relatives are able to pay for their maintenance there, that otherwise might go to the infirmary or to a general hospital?—Do you mean to ask if we take in paying patients?

3274. It would have that effect. Do you take in paying patients?—No.

3275. Not as such?—No; we have cases, however, of an old man or an old woman applying for relief, with families in our opinion able to maintain them, but we could not say, 'Your family is able to maintain you,' and we have been forced to admit them to indoor relief, and then have recourse against the family. I have a number of these cases where they are making a partial payment. But, on the other hand, we have repeatedly refused to take in aged or bedridden parents living with a son or a daughter where there was an ample income. I do not take such cases unless by order of the Sheriff.

3276. Have you had any cases where, for example, the patient would clearly have gone to the infirmary, but in order to get the advantage of the good treatment in your poorhouse hospital they come as readily to your hospital, probably because the infirmary had not accommodation for them at the time? It must happen in a large town that the infirmary beds are much run upon. Have you had any cases which have come to you that could not be admitted at the infirmary, but have been admitted with you?—Yes, we have repeated cases of that kind, and we have cases where they have been in the infirmary for only two days. The infirmary of Dundee has the city divided up into districts, with an outdoor medical practitioner attached to each district, who attends to the indoor and outdoor patients of the infirmary, and he may put in a patient to-day and the infirmary superintendent say, 'This is not a case for 'us; it is a case for the poorhouse'; and if the patient consents we take him and deal with him. (*Statement of cases subsequently sent, vide* Appendix XXX.)

3277. Have you any knowledge of the grounds on which they say it is not a case for them but for the poorhouse?—They generally say so on account of the nature of the disease, a disease for which they can do nothing. They also take into account that it is not a surgical case, and then besides that, there is the pressure on the infirmary beds.

3278. If a case remains in the infirmary, the relatives may contribute, but they are not obliged to contribute anything, whereas if it is admitted to the poorhouse you have a legal claim on them?—Yes.

3279. So by excluding a case from the infirmary and admitting him into the poorhouse you are converting the poorhouse hospital into a paying hospital?—Yes, in part, but we are forced to that position from the fact that we are not entitled to say to an applicant for relief, 'You have friends able to support you'; we must first of all relieve applicants, and then have recourse. If it was a bedridden old father or mother we would not take that person out of the house of their son or daughter where there was an ample income, unless compelled to do so by the Sheriff.

3280. How is the removal of cases to hospital managed with you; is it under your charge or under the charge of the poorhouse hospital?—It is conducted from the office by the caretaker and the female attendant.

3281. Do you have an attendant within the van?—Yes.

3282. Do you always have one?—Yes.

3283. A nurse or a female attendant?—It is a female or a male attendant. The caretaker takes away the male patients, and his daughter and wife look after the females.

3284. So you can say that in every case requiring ambulance removal you have a male or female attendant riding inside the van with the patient?—Yes, very often the caretaker is on the front and the daughter is inside.

3285. You have not found any difficulty in doing that; it does not require such an increased service as to make it impracticable?—No.

3286. How many removals would you have in the year?—It varies very much. I can arrive at the number by going over the contractor's accounts for the year, because almost 95 out of every 100 hires are for the hospital. (*Vide* Appendix XXX.)

3287. *By Mr Barclay.*—And as regards the ambulance?—It is employed very frequently, and more frequently now that it belongs to ourselves.

3288. *By Dr Mackenzie.*—Have you an ambulance of your own?—Yes. Up to two years ago we were dependent on the police authorities for their ambulance, but now we have our own and run no risks.

3289. Have you ever had a death in the ambulance?—Just one.

3290. Was there an attendant present?—Yes.

3291. You have never had a death of a pauper in the ambulance where the pauper was alone?—No. The death I have referred to occurred inside the grounds.

3292. You say in your *précis* that it is the practice of the parish of settlement to pay for the medical attendance and medicine of its boarded-out children, and they are periodically visited by the inspector of poor or his assistant, and also by members of the Council, so that it is considered that the amount of supervision is ample. Have you anything to add to that?—No.

3293. You are satisfied with the conditions you have found in the different places visited?—Yes.

3294. You don't think there is any call for a more drastic or systematic inspection?—No. We act always on the principle that if we hear the least thing wrong we remove the children instead of investigating.

3295. You do so in order that the people may know that they will lose the boarders unless they treat them well?—Yes.

3296. *By Mr Barclay.*—What do you mean by periodically?—Each case is visited twice a year, and most of them are visited oftener.

3297. *By Dr Mackenzie.*—Your principle of withdrawing the boarders acts as a useful check?—Yes. My boarded-out children are mostly in parishes where the inspector is also the teacher, and is in close touch with them.

3298. You would not propose to put the boarded-out children on the same footing as boarded-out lunatics, where they would be visited by representatives of the central authority; your own experience does not indicate that there is any need for an alteration?—That is so.

3299. You also say in your *précis* that Parish Councils should have compulsory powers of removal to a poorhouse, or general hospital, or other lodging when a sick pauper has no relatives to look after him or her, or when the case is obviously one for poorhouse or hospital treatment. To what kind of cases would you apply that?—We have cases in Dundee, where a person is lying ill in a small attic with scarcely anything in the house, and yet that case refuses to go to the poorhouse hospital. Then we have cases suffering from bronchial troubles, who, instead of going to the poorhouse hospital, hang on outside in a state of semi-starvation, and are a continual burden. We think that if there were compulsory powers their health would be improved, but we think it is more important for the aged and infirm who have no one to attend to

them. That happens very often in a landward district also. It is sometimes more difficult there than in a city to get the people to go into the poorhouse.

3300. In regard to the sending of cases to seaside or other infirmaries or convalescent homes, you say that it might be expensive, but in many cases it would be beneficial. What kind of cases do you contemplate?—When I prepared my *précis* I had in view the sending away of children. To apply that generally would be attended with difficulties. The Poor Law provides the bare necessities of life, and to begin to send paupers from the poorhouse hospital to a seaside residence is to give them a better course of treatment than the broken-down labourer who has to go to his work.

3301. Would you not occasionally find the case of a person suffering from a real illness capable of being so far improved in the course of a few weeks at a seaside resort as to become efficient again?—Yes. I think the Parish Council has powers under the Statute.

3302. The sending of that person to a seaside home and the curing of him might be a saving to the parish in the long run?—Yes. Take cases of incipient phthisis. We have agreed with the sanatorium to pay a pretty large figure for any case sent there with a view to getting a cure and preventing the death of a breadwinner, and landing ourselves with a widow and children. It is apparently lavish expenditure, but it is economy in the end.

3303. In cases of tramps, not paupers, found lying ill at the roadside, you say it is difficult to see how any person other than the inspector of poor could be called upon to take charge of such cases. Is it not the case that if the inspector of poor does take charge of them he can relieve them only on condition that they are paupers? Does not his taking charge of them convert them into paupers?—Yes, but a tramp is usually in a state of destitution, and if he is disabled there is no dubiety.

3304. But we are thinking more of accidental cases found unconscious or the like, where you cannot know the history of the person, and may have difficulty in getting it, and yet neither the police nor the local authority nor any other person will take the responsibility of seeing that they are properly looked after. It is left entirely to the accident of private charity?—Well, that is my answer even to that.

3305. You think it should fall to the inspector of poor?—I think the inspector of poor should extend his ideas of his duties to cover even a case of that kind. In Dundee if an accident occurs, the constable will rush for the nearest medical practitioner, who sends a small bill to the Central Police Office and gets paid. If they are removable they are taken to the infirmary by the Police. What you are referring to is more wayside people in the country. I must confess I cannot say whose duty it is unless it be the duty of the inspector of poor.

3306. *By Mr Barclay.*—What is your system in Dundee with regard to the supply of medicines?—They are duly advertised, and schedules issued to all applicants, who are asked to prescribe medicines and say what rates they will do it at. They are asked to submit a wholesale price list, and to state what percentage over and above that they require. We accept the cheapest offer, except where it is a case which is at rather a great distance away for the pauper to go to for medicine. We have four medical districts, and we try to get a chemist in the central part of each district. We sometimes accept the offers of two chemists, so as to bring the chemist and the pauper as near as possible to each other.

3307. *By Dr Mackenzie.*—Do you take any expert advice on the price list, or do you simply trust to the ordinary trade? Certain drugs are very expensive, and might be put in at a very low price. What check have you on that?—They simply say that they will prescribe at the wholesale rates. Of course we have always had the benefit of a chemist on the council.

3308. *By Mr Barclay.*—What about the rule with regard to the medical officer being supplied with a list of the poor every six months?—That is honoured in the breach rather than in the observance as far as Dundee is concerned. It is a matter of impossibility where you have 5000 or 6000 rooms with weekly tenants. We rigidly adhere to the medical officer attending everyone on the presentation of a pay card, and every new pauper gets a pay card when put on the roll. The name of the medical officer is printed on the back of the card.

3309. *By Dr Mackenzie.*—In fact, by your system the pauper is put in the same position as a person who is able to pay, the only difference being that he does not pay?—Yes. If a pauper is able to go to the surgery he goes just the same as others of the poorer class.

3310. How many medical officers have you in Dundee?—We have four outside medical officers.

3311. How do you distribute their districts—roughly, how many paupers will there be to each doctor?—About 250.

Mr Miles M'Innes, called and examined.

3312. *By the Chairman.*—You are Inspector of Poor at Dumfries?—Yes.

3313. How long have you been inspector there?—For about twenty-three years.

3314. Prior to that had you experience of Poor Law administration either there or elsewhere?—No, but I had experience in police administration.

3315. What length of experience had you in that?—Eight years.

3316. In the same locality?—No, in Edinburgh.

3317. You appear here as a delegate from the Poor Law Officers' Association of Scotland?—Yes. I am the President of the Association.

3318. Have you anything to say as regards the general improvement in Scotland in sick wards and hospitals of poorhouses and the general administration of medical relief?—Yes, I consider that an observation hospital, ward or block, situated a little apart from the institution it is attached to, would be of the greatest advantage. I am of that opinion for one reason in particular—we are very often troubled with cases of delirium tremens and doubtful insanity, and we cannot take them into the poorhouse under the present rules, the result being that we must send them to the asylum or get someone to sit and watch them, which is a very difficult thing to do. I consider that there are a number of people sent to the asylum temporarily who, if they were placed in an observation ward instead, might not require to be sent to an asylum at all.

3319. You are dealing with cases of mental incapacity and possible insanity?—Yes. I have frequently had occasion to visit workhouses in England, and I have found that they invariably have an observation ward for cases of supposed insanity. I have removed lunatics from this country to England at different times, and I have invariably found that instead of being put directly into an asylum, they are put into an observation ward, and the medical officer watches the development of the case for a few days. If it is a case that requires asylum treatment, then the party is certified and sent to an asylum, but where that is unnecessary, as sometimes happens, they are simply put into the ordinary wards of the poorhouses.

3320. The result of your having such an observation ward would be, as you suggest in your *précis*, that the patient would be saved any taint that residence in an asylum leaves?—Yes.

3321. That is the taint of insanity?—Yes. It is my experience that once a person has been in an asylum, people have a strong objection to employing him or her afterwards. I have seen that occurring in the cases of females who have been out of an asylum for some time and who were quite well: they get into service, but

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the moment their employer finds out about the asylum, they are dismissed.

3322. Before they can get into the asylum the taint of pauperism must be there?—Yes, but the insanity creates the pauperism: parties may not necessarily be paupers when they become insane, but in most cases they don't have funds of their own or of their relatives sufficient to maintain them at the high expense required in an asylum, and they therefore apply to the parish.

3323. But before you can treat such a patient even in an observation ward, and decide there what course is to be taken, the case must be dealt with on the usual terms of an application to be put on the roll?—Yes.

3324. Whether you relieve the patient of the taint of lunacy or not by the process you suggest, you cannot relieve him of the taint of pauperism?—That is quite true.

3325. I understand that in order to relieve such patients of the taint of lunacy you would have this observation ward, which would enable you to see really whether the case was so acute as to justify its being sent to an asylum?—Yes; besides, there would be expense saved by this process. When you send a person to an asylum, the initial expense amounts to £2, 2s. for the medical officers, then there is 2s. 6d. for the sheriff clerk for a warrant, and then there is the expense of removal. The £2, 2s. might be saved to begin with.

3326. Have you had considerable experience of such cases in Dumfries?—Yes.

3327. Do you think that there should be an observation ward in all poorhouses?—I would have an observation ward attached either to the poorhouse or to the local infirmary, or something like that. What I maintain is that such an institution is almost necessary to prevent people going into an asylum that are only temporarily deranged, very often through drink.

3328. You suggest that in the interest of the patient himself and also in the interest of the ratepayers?—Yes.

3329. To save the cost entailed by removal to the asylum?—Yes.

3330. To what number of cases in the year would that apply, roughly?—It would be somewhat difficult to say how many might occur. I could not condescend to a definite figure.

3331. I see in the Statistical Report of the Parish of Glasgow there are a number of cases sent to the observation wards of the poorhouse—there were fifty males and thirty-six females so treated during the half year and not sent on to an asylum or certified to be insane. Your suggestion is that where there are no observation wards now, these should be established in poorhouses of a certain size?—Yes.

3332. You would not extend that to all poorhouses, I suppose?—No, it would be somewhat difficult to extend it to the very small poorhouses, but one house in a county at least might have such a ward attached to it which could be open to the other poorhouses in the county if they wished to use it. It need not be exactly a combination; they could board in it.

3333. We come now to indoor relief. Your view is that the accommodation for the sick poor is already ample?—Yes, but my answer requires some qualification. I understand that as people get further advanced in their ideas upon sanitary science they necessarily wish a greater amount of space than formerly. I had not really looked closely into the question of cubic space in our house to see whether it was ample or otherwise. In considering that question, you require to consider the floor space as well as the cubic space, and also the proportion of windows to the floor space from a health point of view. I had not gone into that so closely as to be able to advance any definite opinion on it.

3334. You are of opinion that tuberculosis, malignant and offensive diseases should be sent to a general infirmary or hospital, and not treated within the walls of the poorhouse?—That is so. In a large poorhouse, such as Glasgow, they may set aside a special block for the treatment of such cases, but we don't have sufficient accommodation in an ordinary-sized poorhouse, and I, therefore, suggest that the cases should be sent to an infirmary. I recognise that these cases require special treatment and special care.

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3335. You think that, where possible, special provision should be made for them in a building or structure apart from the poorhouse proper?—Yes.

3336. *By Dr Mackenzie.*—Would you suggest that those cases should be treated in an infirmary or hospital other than the poorhouse at the parish expense, or would you hand over tuberculous cases to the local authority to be treated at their own expense?—That is a point I have not thought about. I would question if they would take over these cases.

3337. I am only referring to the phthisis cases?—Yes, if you put them under the category of infectious diseases then that would be all right, but failing your being able to do that, the parish ought to take such cases if the local authority does not take them. I mean to say that an infirmary cannot be expected to deal with cases of that kind without some consideration for the labour and expense incurred. Dumfries infirmary refuses to take in cases that are incurable. They have often turned over to me cases of phthisis in an advanced stage, and I have had to take them into the poorhouse.

3338. *By the Chairman.*—You have no special provision for them there?—No.

3339. Has the question of the treatment of phthisis been before your committee?—Yes; it was considered in consequence of a report by Mr Barclay, but no definite resolution was come to.

3340. You say that the classification of the inmates into sick, infirm and ordinary is a matter which the medical officer and the Governor should settle on the entry of each inmate?—Yes.

3341. You think that there should be a revision of the original arrangement by a periodical examination, which would be made by the resident medical officer when there is one, and by the visiting medical officer, I suppose, when there is no resident officer?—Yes. Our medical officer visits daily.

3342. Have you a resident medical officer?—No, but our medical officer visits daily, and it would not be difficult for him and the Governor to arrange or rearrange, as the circumstances require, the position of the different inmates in the different wards. A patient on admission may be suffering in a way that requires treatment in a hospital ward, and in the course of a week he may be fit to be put into an ordinary ward. It therefore becomes a medical question very much as to when he should be removed, and really a question that should be settled by the medical officer and the Governor.

3343. You say by the medical officer and the Governor?—Yes.

3344. Is it not a matter that might best be left to the medical officer?—Probably that is so. It might save friction.

3345. Should not all questions of treatment in either the sick or infirm wards be left to be dealt with by the medical officer?—Yes, I quite believe that all questions of medical treatment are medical questions and should be dealt with by the medical officer only.

3346. Of course he would intimate his opinion to the Governor?—Yes.

3347. With regard to trained sick nursing, you are of opinion that the Local Government Board ought to draw up and issue definite rules as to the number and class of nurses to be employed in poorhouses in accordance with the number of inmates?—Yes.

3348. Do you mean the number of sick inmates or paupers in the sick wards?—It is not difficult, I think, to make a calculation from the ordinary number of inmates in a poorhouse of the number of sick in that poorhouse. You could easily fix the percentage of sick to the number of paupers in the poorhouse, and the number of nurses should be fixed by that. There should be no necessity for a House Committee to be induced to do its duty by the promise of a dole in the shape of a grant for sick nursing. I think the rule should be absolute, and house committees should not be induced to have nurses either by giving or with-

holding the grant. I don't have too high a belief in grants at the best.

3349. *By Dr Mackenzie.*—You mean the administrative effects of grants?—Well, both ways.

3350. *By the Chairman.*—Your view, I understand, is that a poorhouse committee, or those in charge of a poorhouse, are to be trusted to put into the sick wards all those inmates who ought to be treated in the sick wards, and into the infirm wards all who ought to be treated there, and that the question of the amount of the grant to be given in respect of these nurses ought really to be left on one side, and not to depend on the action of these poorhouse authorities?—Yes; I mean to say that the Local Government Board ought to issue definite instructions to house committees as to what they consider to be the real requirements of the houses, and that house committees should not be dependent on the receipt of a grant or otherwise for doing their duty. The feelings of people who administer relief now are so materially changed from what they were twenty years ago that I believe there will be little fear of the local committees neglecting people in their houses in the way of not providing nurses, but still I think it would be better for all concerned if definite rules were drawn up on the subject, and the matter not left to the different opinions that different committees might have as to the requirements.

3351. It has been suggested to us that, taking the standard of one nurse to twenty sick, in a poorhouse where there are twenty-three or twenty-five sick, there is an inducement to the House Committee to remove those three or five to the ordinary or infirm wards in order to avoid the necessity of employing a second nurse. You don't think that that suggestion is sound?—I don't think that any committee would have such a close observation over the number in the different wards that they would notice that unless it was brought to their notice by the Governor.

3352. Suppose we have a rule that there should be a trained nurse for every twenty sick inmates, or any fraction of twenty, you don't think it is the fact that poorhouse committees, or those in charge, are now led to remove four or five over the twenty into other wards so as to escape the obligation to have another nurse?—I don't think so.

3353. You think that we ought to disregard that as a factor in the situation?—Yes.

3354. *By Dr Mackenzie.*—But, apart from that, you would set aside the standard of fixing the proportion of nurses to the number of sick; you would rather have the proportion of nurses fixed to the total number of inmates?—What I mean is this, that with very little trouble you could ascertain how many sick there were in different poorhouses—by taking twelve poorhouses, find how many inmates there were in them at the time, calculate the percentage of sick inmates, and you would arrive at a pretty fair standard of the requirements of the different poorhouses.

3355. *By the Chairman.*—Of course it might be the case that the conditions in different localities or different poorhouses might be different?—Yes.

3356. You think, however, taking the average all over, it is very much the same?—Yes. In our case it runs about sixteen out of eighty, which is about one-fifth.

3357. That is sick, excluding infirm?—Yes.

3358. If we made the standard one nurse for a certain number of inmates, then we would get over any suggestion that there might be that the poorhouse committees limited the number of sick as far as they could?—Yes.

3359. We come now to outdoor relief. You are of opinion that the medical relief arrangements for outdoor relief at present in force are adequate?—Yes, but I am only able to speak from my own experience in my parish.

3360. You have nothing further to remark on that?—No.

3361. You think that the duties of the medical officer and the inspector of poor in regard to the outdoor sick are already well defined in our rules?—Yes.

3362. I suppose you have found these rules in some respects to be defective, in some instances they are out-of-date and in desuetude?—They are a little out-of-date, but they are really very good rules, and there is not much to be said against them. They might be extended or improved. Like everything else, they have probably outlived their day, but all the same they are very good rules.

3363. Look at the rules on page 102[1] as to the medical relief of the poor, and, in particular, Rule 4: 'A medical practitioner appointed by the Parochial 'Board to attend any poor person shall intimate in 'writing to the Inspector the description and extent 'of the relief, under Rule 3, which he may consider 'necessary for the proper treatment of such poor 'person; and on receipt of such intimation, the 'Inspector, on his own responsibility, shall forthwith 'furnish *or refuse* the relief so intimated to be neces-'sary, until he shall have brought the case before the 'Parochial Board, and received their instructions 'regarding it. But if the Inspector refuses or fails to 'furnish that relief, or any part of it, he will be held 'accountable for such refusal or failure.' Have you ever had occasion to refuse or failed to furnish any relief ordered by the medical officer?—No; I have never had any difficulty with my medical officer. If a man has ordinary discretion and sufficient common sense to guide him in his duties, there should be no friction. I can conceive people that would refuse, but I would not take the responsibility of refusing what a medical officer prescribed, because the last clause of that rule shows that if I refuse I will be held accountable, and that is sufficient for me.

3364. You never have *de facto* refused, nor do you know of any instance in which medical relief ordered by the doctor has been refused?—No. I have had a good deal of experience with the ordering of beef tea, but we have had no difficulty, because I have held that if the doctor ordered beef tea, then we should give it, but if it goes on for month after month, it should be stopped. If the aliment is not sufficient, it is for the Parish Council to increase it. We have never had any disagreeableness about it.

3365. You don't think that there is any call for the establishment of dispensary districts in Scotland?—That would apply to large parishes more than to us.

3366. You think that there may be such a call in large parishes, but not in parishes of the size of Dumfries?—That is my view. We have the infirmary, to which those not on the roll of paupers can go and get treatment and medicine free, so that there is no necessity for it in our case. No doubt it is different in larger centres of population. I believe it would be a great advantage to have something of the kind in the like of Glasgow or Edinburgh.

3367. How about country districts?—They are a somewhat difficult subject to deal with, and I don't know what you could do with them. There is another point as to medicines being included in the salaries of medical officers, under which that question will come.

3368. Do you know what views your association takes as regards dispensary districts?—I have never heard that question discussed at any of our meetings. We have had brought before us by the medical officers in the Highlands especially the hardships that they have to encounter, but the question of dispensaries has never been mentioned.

3369. Will you tell us your views in regard to subscriptions to nursing associations and the appointment of nurses for the outdoor sick poor?—The people in the poorhouses are better nursed than the poor people on the outdoor roll, unless nurses from some nursing association give their assistance. In towns the sick paupers and their relatives generally have not the faintest ideas of the rudimental principles of nursing the sick. They cannot even make beef tea properly, with the result that the medical officer feels compelled to order some extract of meat when he would have preferred giving beef tea. Some

[1] Board's Rules, etc., to Parochial Authorities.

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regular system of nursing for the outdoor poor would certainly be an advantage. There is no doubt that a proper method of nursing is a felt want in all populous districts. The working classes have a very defective idea as to the principles that should be attended to in nursing a sick relative. The first thing they generally do is to put on a big fire, then close the windows and the door, and then bring in as many neighbours as they can to exhaust any pure air there may be in the place and almost stifle the patient. That generally is the method of sick nursing that poor people resort to. If you ask them to make beef tea, you will probably find that they give the patient the meat that the tea should have come from, and that in a very bad state, after having been on the fire for an hour or so, with the result that the medical officer very often gives Liebig and other extracts of meat, knowing that the people cannot prepare beef tea properly.

3370. How do you propose to remedy that?—It is somewhat difficult to say how that should be done. We certainly require some proper method of nursing for the outdoor poor. We should have someone that we can call upon to nurse these people when necessary. If we employ anyone (and we often have to employ some person to nurse a patient who has no relatives able to do it), it is only some charwoman, and she has no knowledge of nursing. Were it not that we cannot leave the patients alone they would probably be better without such attendance.

3371. *By Mr Barclay.*—Have you a district nursing association in Dumfries?—Yes, but we have never contributed to it.

3372. *By the Chairman.*—Have you not considered that?—I have spoken to our members about it, but we have come to nothing definite. There is no doubt that the district nursing association nurses are very good in this respect that they visit people who are on or off the roll, they dress cases that require dressing and attend to them in many ways. They are very good, and we are not badly off at all in that respect. What I am speaking of is the getting of a nurse to come and stay with the patient, perhaps during the night, when you don't care to leave them alone.

3373. *By Mr Barclay.*—Why not remove them to the poorhouse?—If you give us power to send them to the poorhouse, if we think it necessary, then we could do that.

3374. *By the Chairman.*—If you had these nursing associations giving you a nurse, would that not meet the difficulty and lead to a considerable improvement in the state of your outdoor poor?—Yes. The Local Government Board would require to issue instructions to the Parish Councils to do that.

3375. Assuming that the Board take that step, would you also advise that the cost of such nursing should form a claim against the medical relief grant?—Yes, but that again depends on how you are to distribute the medical relief grant.

3376. You would be of opinion that the nursing of the outdoor poor ought to form a good charge against the medical relief grant, just as the indoor trained nursing does at present?—Yes.

3377. *By Dr Mackenzie.*—You quite agree that the nursing association would be a proper body to receive a contribution?—Yes, it is helping us considerably, and I think it would be a wise thing to contribute towards its maintenance.

3378. *By the Chairman.*—As I understand you, there is a good deal of nursing done in your locality by these nursing associations, both among those who are chargeable as paupers and those who are not chargeable?—That is so.

3379. Are they not, to a large extent, doing the work of the Parish Council?—Yes.

3380. And work which should be paid for out of the poor rate?—Yes. Our doctor sometimes tells me about these nurses doing a good many things for his patients that he himself has not time to attend to.

3381. He gets assistance in his work from these associations?—Yes.

3382. And that is voluntary assistance for which no remuneration of any sort is given either to the association or to the nurses?—That is so.

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3383. *By Dr Mackenzie.*—In fact the Association is contributing to the Parish Council?—Yes.

3384. *By the Chairman.*—If you did not receive this assistance from these associations, you would have to remove the cases to the poorhouse?—Yes, otherwise they would not be so well attended to.

3385. With regard to the supervision of boarded-out children, you are of opinion that the four visits usually paid to the boarded out children in the year are amply sufficient, provided that they are not paid regularly, and you add that they should be paid at unexpected times?—Yes.

3386. It comes to this, that in Dumfries you are in the habit of making four visits in the year?—Yes, but I don't make these visits regularly. That is to say, I don't visit the children every three months; one of my visits may succeed another in a month.

3387. Do any of the poorhouse committee accompany you?—No. We have a children's committee who go once or twice a year with me, but I pay most of the visits myself.

3388. Have you ever found anything unsatisfactory?—I have sometimes found cases.

3389. Have you had to remove in consequence?—Yes.

3390. Is there much of that?—No. It is chiefly in cases where the children are boarded-out in villages and towns owing to the necessity of their being near a school and church of their own denomination.

3391. *By Mr Barclay.*—You say that you pay four visits every year. Do you know whether it is the custom in all the large parishes to visit four times a year?—I believe it is the custom generally. I have always understood that the children were visited four times a year.

3392. *By the Chairman.*—Do you think that there is any necessity for extending the supervision of boarded-out children, or for having a local committee, as has been suggested?—No. I am aware that some people think that ladies should do this visiting. Probably a lady would be able to see something that a man might overlook, but I have never found any difficulty in the bringing up of the children, and we have never had a lady on the committee or on the Parish Council.

3393. Have you in Dumfries a record of the after-careers of your boarded-out children?—No, I don't have any definite record. I have a record of some, but it is not consecutive or reliable, because I have only taken some particular cases. I lose sight of a good many of the children.

3394. Do you find that they do well as a rule?—I find that most of the children who have been boarded out do well. My experience of children brought up in institutions is very much the reverse. I have had a good few cases of children brought up in Industrial Schools, in the first instance, who have become paupers afterwards, wandering about the country and leading unsettled lives. The boarded-out children, on the other hand, generally get merged into the family, and the head of the house often takes such an interest in the children that when they come to an age that they can work for themselves they are put into a place, and they go back and forward as if their foster parents' homes were their own homes.

3395. I suppose they are frequently boarded out with small farmers and people of that class, and they take to agricultural pursuits?—Yes, most of them take to that with us.

3396. So far as your experience goes, you find no necessity for the establishment of a central inspection of boarded-out children, such as they have in England?—No. I think our present system has worked very well indeed up to now.

3397. You see no reason for any alteration or extension of the present system of supervision?—No.

3398. We come now to the accommodation for casual sick poor. Do you think that in every parish in which there is no poorhouse there should be some

provision for the casual sick, those who are suddenly taken ill?—Yes, they should have a hospital or sick house into which a person taken suddenly ill could be taken in the first instance, but such persons should not be kept there long before being removed to a proper poorhouse or hospital.

3399. Do you find many parishes in which there is no such provision?—Yes, there are a number of parishes in which there is no sick house.

3400. And where the want of such a sick house has been experienced?—Yes.

3401. You think that this Board should insist upon there being a casual sick house in every parish where there is no poorhouse, either in the parish or in the immediate locality?—Yes. Anything may happen to the patients before they are removed to a proper place.

3402. You would distinguish between a casual sick house such as this and a lodging-house?—Yes.

3403. A casual sick house would be a place in which the inmates would only remain for the night, or such short time as was necessary, and if their illness continued they would be removed to the poorhouse?—Yes, or to the hospital.

3404. And if not, they would be discharged?—Yes.

3405. You don't believe in lodging-houses?—No, except for a broken-down tramp. I sometimes require to have recourse to them in this way: I have an agreement with the police that if they get in such cases during the night they are to take them to the lodging-house; I pay the lodging for the night, and then I remove the cases in the morning to the poorhouse if they require it.

3406. You think that that is a better arrangement than taking them to the poorhouse at once, because if you do that you could not have the inspection by the medical officer?—That is so. It is merely a temporary expedient to prevent the possibility of anything happening to a man or woman, especially a woman with children. Tramps come about and appeal to the police, and they take them to the lodging-houses, where they remain to the next morning, when I see them.

3407. As you have no resident medical officer in your poorhouse, that is the only expedient that you can follow?—Yes.

3408. If you had a resident, it might be different?—It would be different.

3409. *By Mr Barclay.*—In an ordinary parish the casual sick house would form the lodging-house also?—Yes.

3410. *By the Chairman.*—Have you any experience of parochial lodging-houses, such as we know them in the east and south-east of Scotland?—No, I have only heard of them.

3411. I understand that, as regards parochial lodging-houses, your experience is that twenty years ago you had from ten to twenty tramps every day, but when they found that you had no parochial lodging-house in Dumfries, and that the only accommodation you were entitled to give them was in the poorhouse, where they would have to remain over night and be washed and cleaned, they gave up coming to Dumfries rather than undergo that?—Yes, they got fewer in number. They never come and seek outdoor relief, but we always have a number coming to the poorhouse. There is no doubt there is an understanding between people who tramp about the country as to the places where they can get easy treatment and the places where they will be more hardly dealt with. In England a tramp, of course, can command relief when he is destitute. The moment he comes over the border, because he has no place to sleep in, he demands lodgings in the poorhouse. He only wants one night's lodging, because he is on the road. Now we insist on him staying twenty-four hours when he comes in, because he has to give notice before he goes away, and we exact as much as we can out of him. Sometimes, when any of these tramps have the appearance of being perfectly able-bodied, he complains of a sore back, which even a medical man can scarcely say to be real or not. I cause the clerks to put on the notice that this case is to be thoroughly tested, and I also say to the applicant that I will be glad to see him at a piece of work that has to be done, and probably in four cases out of five he won't reach the poorhouse; he finds it more convenient to go somewhere else. It would be a great advantage to us if we had compulsory powers.

3412. You are of opinion that the Bill for obtaining compulsory powers of removal to a poorhouse or its sick or infirm wards, when a sick pauper has no relatives to look after him or her, is very expedient?—Yes.

3413. Have you found the necessity for it?—Yes. I have one case where a man applies every Saturday for admission to the poorhouse and leaves every Monday; he actually spends the week-end with us as he would in a hydropathic.

3414. Does he go and work outside?—He sharpens saws, and drinks, and he really is so far gone by the end of the week that he is no doubt done and ready for a rest, which he gets over the Sunday. When he is with us he has regular food and is cleaned, and then on the Monday morning he is asked to do a little wood-cutting, but he finds that he has some ailment in the way of a sore back, and appeals to the doctor. The doctor says that he is able to work, and then he replies that he will take his clothes, and he leaves. This has gone on now for several weeks.

3415. We have had before us the fact that in some parishes and poorhouses they are in the habit of sending cases in a state of convalescence to seaside or other infirmaries or homes, and that that has been of very considerable benefit to the patients. Do you approve of that, or do you think that it can be carried too far?—I think there is a danger. In my opinion you are, in many cases, placing the pauper in a better position than the man who pays for him.

3416. We are dealing only with sick cases in a state of convalescence, who will benefit by being sent to these homes?—All I have done in that direction has been to send two or three to such a home, but they were all on the outdoor roll. I have never sent one out of the poorhouse.

3417. Nor out of the hospital?—No. I have done this on the recommendation of the medical officer.

3418. *By Dr Mackenzie.*—In fact you have used the institution as an outdoor poor hospital?—Yes.

3419. You quite contemplate that where you have a special case of phthisis sent to such a place, with a reasonable prospect of cure, it might be a saving to the parish ultimately?—Yes. I contend that everything should be done to put the patients into a position to be able to maintain themselves, because it is better not only for them but for the ratepayers as well.

3420. *By the Chairman.*—You think, however, that this extension of relief to cover such places as convalescent homes, and such like, is probably to put the pauper on a far better footing than the ratepayer immediately above him who is not a pauper?—Yes.

3421. You are of opinion that there is a danger that the whole thing may be carried too far?—Yes. There is no doubt that there is an enormous change in the sentiments of the public with reference to the treatment of poor people, it is like the pendulum of a clock, it first swings one way, and then it goes as far the other way. I have a feeling that we are on the verge of extending our generosity to an extent that might be very much against the working class who have to pay the rates, and might induce them to cease making efforts to keep themselves from becoming paupers. If paupers are to be so well treated, then many of the working class may consider that it is not worth while to struggle to keep themselves above pauperism.

3422. Are you led to form that opinion by a comparison of the different condition of things in England and Scotland?—Yes. I have seen cases where people were content to live upon a very small aliment from the parish rather than work for themselves, even when I knew that they were able to work.

3423. Is that in Scotland?—Yes. I had the case of a man within the last three weeks who seemed to impose upon the doctor to some extent about his illness, and he was put on and off the roll two or three times,

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and I did not know what to make of him. Afterwards I asked the doctor to thoroughly examine him, and he said he had some ailment in the way of rheumatics. I asked if he would take him into the infirmary and cure him, and that we would aliment his wife. He was put into the infirmary, and one day he refused his food as he thought it was not good enough. I stopped his relief, and I afterwards found him working on the roadside. He has been working ever since, when he found that this method of his would not work any longer. This was a case of an old soldier. I find that old soldiers are the best schemers.

3424. With regard to the tenure of office of medical officers, you think that they should only be dismissed with the consent of the Local Government Board?—Yes. That is a point upon which medical officers in Highland parishes have made repeated complaints in recent years.

3425. With regard to cases of tramps, not paupers, found lying at the roadside, I suppose you are of opinion that, if there were no police available, and if the inspector of poor was called to look after the case of a tramp so found, it would be his duty to do so?—Yes; but what I had present in my mind was the case of a tramp found probably at night lying at the side of the road, and I contend that they always waste too much time in discussing who is to provide for him. I think the police should in the first instance take him to some place where he can be properly cared for, instead of sending four or five miles for the inspector of poor.

3426. You mean that if the police are there first they ought to look after the case, and if the inspector is there first he ought to look after it?—Yes. Of course it will ultimately become the duty of the inspector to look after it.

3427. As regards the footing upon which the medical relief grant is distributed now, you are of opinion that the present stereotyped minimum should be abolished?—Yes.

3428. What leads you to that view? Do you think that the need for it is gone?—That, no doubt, is one of the reasons.

3429. You think that the time has gone when there is any need for having a minimum, and that all parishes recognise it to be their duty to spend so much, at any rate, upon medical relief?—Yes.

3430. You are also of opinion that there should be no maximum either?—When the present scheme for the distribution of the medical relief grant was resolved upon by the Board in 1882, I have no doubt but that the object they had in view was to encourage Parochial Boards to treat the poor as kindly as possible. With that object in view the Board fixed the division of the grant upon a minimum expenditure. In the past twenty years, however, a great change has come over the administration of poor relief, for now they not only supply medical attendance and medicine freely, but they sometimes give large sums to infirmaries so as to get a large share of the grant. Parishes are not allowed to charge the fees for lunacy certificates in their claim for the grant, yet a number of parishes only pay their medical officers for the lunacy certificates of paupers belonging to other parishes, but nothing for their own, as their salaries cover it. Now as there is a fixed sum to be distributed, it is obvious that some parishes do not get their proper share under the present system. The usual cost of a lunacy certificate is £1, 1s., and I would respectfully suggest that the Board should make a rule that all parishes pay the doctor their guinea, whether the pauper belongs to that parish or not. I consider it a miserable method to only pay the medical officer for his certificate if it is found that the pauper belongs to another parish. It might be put in another way—that a salary be fixed instead of a guinea.

3431. That a salary be fixed in all parishes?—Yes.

3432. At present I understand that the system varies. In some parishes the salary of the medical officer covers the lunacy certificate, and in some it does not cover it. You are of opinion that the system should be uniform—either that the salary should cover the lunacy certificate in all cases or it should not?—Yes.

3433. You say that large sums are sometimes given to infirmaries so as to get a larger share of the grant. Can you give any instance of that?—Yes, there is Kilmarnock.

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3434. You in Dumfries have specially suffered from Kilmarnock?—Yes.

3435. Do you know of any other case?—That really is the only one I have particularly looked at, because it seems to me so much out of the way for Kilmarnock to pay £130 a year to an infirmary while we only pay £30. It means that either we pay too little or they pay too much.

3436. It is your opinion that subscriptions given to infirmaries ought to be subject to the approval of the Local Government Board, and that no larger subscriptions should be given than are commensurate with the benefit received either for the individual year or for a term of years?—Yes.

3437. We shall be pleased to have your views as to the basis of distribution?—The basis of distribution should be as follows:—(*a*) The vouched expenditure system has doubtless served the purpose it was invented for, but it is not now required. The views of the administrators of poor relief are now so extremely liberal that they may be depended upon to supply medical relief, under well-defined rules, without the incentive of a grant upon vouched expenditure. (*b*) As a means of distribution, I favour the theory expounded by Lord Balfour of Burleigh and Lord Blair Balfour in their separate report upon local taxation. It appears to me to aim at efficiency and economy. Indeed, I would rather go back to the original method of distribution adopted in 1848 than continue the present.

3438. Then what are we to give our grant upon? What is to be the basis of distribution?—I favour the theory put forward by Lord Balfour. As I say, I would rather go back on the original system of distribution than continue the present one.

3439. You approve of the distribution as put forward by Lord Balfour and Lord Blair Balfour in their separate report upon local taxation?—Yes, in accordance with the scale on page 34 of that report.

3440. That is the scale which is to be applied to the distribution of all these grants between the different parishes throughout Scotland?—Yes.

3441. You would therefore abolish all the present rules, the minimum and vouched expenditure and the other considerations which now apply in the distribution of the grant, and adopt the suggestions made by Lord Balfour and Lord Blair Balfour?—Yes, I think it is fairer to all the parishes concerned.

3442. Of course that would require legislation?—Yes; but, as I understand, you require legislation in any case before you can change the present method of distribution.

3443. Keeping out of view at present the large questions which are raised upon the report of the Royal Commissioners, have you any suggestions to make as to alterations in the details of our existing rules for the distribution of the grant?—I really have not gone into that.[1] What I thought was this, that you

[1] Mr M'Innes having been asked to suggest a scheme for distributing the grant upon a maximum or a minimum expenditure, has submitted the following:—

'If it is determined that the basis of the distribution of the 'grant in aid of medical relief must be either upon a "minimum" or "maximum" expenditure, then I would prefer the 'latter to the former, because with a "maximum" a scheme 'could be devised that would ensure economy as well as liberal 'treatment in the administration of medical relief. In the 'distribution of the £115,500 for the maintenance of pauper 'lunatics, for instance, the maximum expenditure is fixed at '8s. per week, although we know that in some parishes it costs 'nearly double that amount; yet all expenditure above 8s. per 'week has to be borne by the parish, hence there is a check 'upon extravagance. Under the present system of distributing 'the Medical Relief Grant, an opposite inducement prevails. I 'would therefore venture to suggest that 4½ per cent. of the 'cost of maintenance of the poor in each parish should be the '"maximum" expenditure for medical relief, and that the 'grant in aid should be divided upon that basis. All expenditure for medical relief above 4½ per cent. of the total cost of 'maintenance to fall entirely upon the parish. Of course a 'division would require to be made between the outside and 'inside medical relief.'

would require to draw up definite rules as to the sum that each parish would be allowed to give to an infirmary and as to the class of medical relief or attendance that you would give the grant for.

3444. Do you think that it should be confined to indoor poor or should it be extended to outdoor poor?—If you are not going to make the radical change that I first anticipated, I think you would be as well to give it to the outdoor poor as well as to indoor poor.

3445. You would extend it to nursing for outdoor paupers?—I think that that would be a great advantage, but there would require to be a good many rules drawn up as to how the medical relief was to be administered and paid for.

3446. Do you think the present system under which we ear-mark the amount to be given for certain things to be a bad system? Would you give a lump sum to be distributed just as the Parish Councils thought fit?—No, I don't know that that would be wise.

3447. You would not divide it between indoor and outdoor relief?—I think you must do so because of the combination poorhouses. It would be right enough for any parish situated as our parish is, with a poorhouse of our own, but many parishes are only in a combination with a poorhouse divided among them, so you must divide it if you are to do fairly between the inside and the outside, just as you do at present to some extent.

3448. Let me draw your attention to page 249[1] of our rules, where you will find the instructions to be observed in the distribution of the grant. You are of opinion that no advantage would be derived from widening or narrowing the definition of medical relief?—That is so.

3449. What distinction do you draw in practice now? Is everything recommended by the doctor considered as medical relief proper?—Those in the rule might with advantage be admitted, but the rule in the meantime says they are not to be admitted.

3450. Do you mean that all nutritious diet, clothing, lodging and sick-bed attendance should be admitted?—Yes, whatever the medical officer prescribes. It is somewhat difficult to draw the line between what is admissible and what is not admissible.

3451. Just look at page 102[1] in connection with that. You see what rule 5 states, that 'nutritious diet, 'cordials, clothing, suitable lodging, sick-bed attendance (other than the cost of trained nursing in 'poorhouses), and such appliances and means as are not 'furnished by the medical attendant nor procured from 'a laboratory on his prescription are not chargeable 'under the head of medical relief.' Taking these two rules together, your opinion is that anything ordered by the doctor should be included?—I would not take clothing, but I would admit everything else ordered by the doctor.

3452. How are you to define it? That is how you get into the difficulty?—Yes, but your rule might be that everything ordered by the doctor except clothing and lodging should be included.

3453. The clothing may be absolutely essential?—Yes, of course it is for the comfort of the patient.

3454. But it may be curative. You have told us already to-day that many of the poor people cannot make beef tea, and you have to give them Liebig. Is Liebig to be medical relief?—Yes, I think it should be considered medical relief—that is, where it is ordered by the doctor. I have always felt it a hardship that Liebig and other extracts should not be allowed, although they are given on the orders of the doctor, just because the people cannot make beef tea themselves.

3455. *By Mr Barclay.*—Where have you got your Liebig from?—The chemist.

3456. *By the Chairman.*—The rules at present are that you may charge beef tea?—No.

3457. I thought your suggestion was that beef tea was chargeable, but Liebig was not?—No.

3458. *By Dr Mackenzie.*—The rule might run thus: instead of 'but nutritious diet,' etc., 'and such nutritious diets, cordials,' etc.?—Yes, that would do.

[1] Board's Rules, etc., to Parochial Authorities.

3459. This would be safeguarded by the definite prescription in each case by the medical man?—Yes.

3460. The principle is that anything prescribed by the doctor should be recognised as medical relief?—Yes.

3461. And that whatever the nature of the prescription may be?—Yes.

3462. In one case it may consist of food, and in another case it may consist of clothing as an adjunct. Everything that the doctor prescribes for the treatment of a case, whether food or clothing or warmth, ought to rank against the grant for medical relief?—Yes. Certain things are ordered by the medical officer, and are not included in the meantime.

3463. *By the Chairman.*—As regards the rule respecting reciprocal obligations, you are of opinion that it should be continued, and it should be extended to medicines?—Yes.

3464. I see from your *précis* that you have not charged medicine against any other parish?—That is so.

3465. When you give medical relief in the shape of medicines, and there is a possibility of there being a charge for relief against the parish of settlement, do you give notice at once to the parish of settlement?—Yes. But I don't lay much stress upon that theory, which I know is one that prevails among a good many. It is as broad as it is long; if it applies to one parish it will apply to another. If medicines don't form a charge at all, and if a person through that not being a charge acquired a settlement in the parish, then it would be the same all over. There are many of these things so narrow that they are not worth serious consideration. I discussed that question yesterday with an inspector, but it is really not worth talking about.

3466. You have never suffered from it in Dumfries?—I have no doubt that we suffer, but we would suffer less if it was the prevailing system over the country. We get our medicine by contract, and it makes no difference to us. I make the contract sufficiently broad to cover not only the poor of the parish but the poor in the parish, whether belonging to our parish or to another parish, and we pay a slump sum. The medical officer is the judge as to the medicine being of good or bad quality. We had on one occasion cause of complaint against one man, but that is all we have ever had any difficulty with.

3467. And you think that if reciprocal obligation covered medicine, as well as medical attendance, the result would be a very considerable saving of labour and trouble in the matter of your accounts and otherwise?—Yes.

3468. Accordingly you recommend that as a matter which we should take into consideration in revising our rules for the grant?—Yes.

3469. Do you know of any other parish which includes medicines in the reciprocal obligation in that way besides your own?—No.

3470. *By Mr Barclay.*—With regard to the settlement, there is no reason why you should not send a statutory notice, even although you are not to charge the parish with medicine?—I had a case in Court where I supplied the medicine and sent a statutory notice. I did not send an account for the medicine, because I could not pick it out very well. Ultimately the case came to Court upon another point, and that one came up as to whether this party had acquired a settlement in the parish. I contended that the giving of the medical relief in accordance with the decision of the Court already precluded the possibility of that woman having a settlement in the parish, and the Court gave effect to my contention. Even if it had not done so, it is as broad as it is long, and it is not a great matter.

3471. What case was that?—It was a sheriff court case in connection with Lochmaben parish, the name of the party was Burns. I shall give a reference to the case afterwards.[2]

3472. *By the Chairman.*—You are of opinion that the medical officer's salary should be exclusive of

[2] Dumfries v. Lochmaben, 19th June 1900, p. 549, *Poor Law Magazine*, 1900.

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medicines?—Yes. I think it is a very bad system to have medicines included in the medical officer's salary.

3473. As regards the advertisement of vacancies of the medical officership, do you think that the present rule, which requires an advertisement for three successive weeks in a paper circulating in the district, should stand?—I should say that an advertisement appearing once is sufficient for the purpose.

3474. *By Dr Mackenzie.*—How do you remove cases of illness to your poorhouse?—Usually in a cab, but if the party is very bad, and the medical officer thinks it necessary to have an ambulance, then we send one.

3475. You rely on the request of the medical officer as to whether you should send an attendant or not?—Yes. I am always guided by the medical officer.

3476. You have never had any accidents, such as a death in a cab?—No.

3477. Do you have an attendant with every case?—No, not always.

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The Committee adjourned.

NINTH DAY.

FRIDAY, 19TH DECEMBER 1902.

At the Local Government Board Offices, Edinburgh.

Present:

Mr. J. Patten MacDougall, *Chairman.*
Dr W. Leslie Mackenzie.
Mr R. B. Barclay.

Mr Archibald Henderson Crichton, called and examined.

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3478. *By the Chairman.*—You have been interested in Poor Law administration for a number of years?—Yes.

3479. You have been a member of the Linlithgow Parochial Board, and afterwards of the Parish Council, for the last seventeen years?—Yes.

3480. You have been chairman of the Parish Council for the last six years?—I acted as chairman for the first five-and-a-half years after the new Act came into operation.

3481. You have also been a member of the House Committee of the Linlithgow Combination Poorhouse for over fifteen years, you were vice-chairman for some time, and you have been chairman for the last few years?—Yes, between five and six years.

3482. You have accordingly had very lengthened experience in Poor Law administration in your own district?—Yes, I think so.

3483. What improvements do you think may be effected in hospitals and sick wards of poorhouses and the general administration of medical relief?—In poorhouses like Linlithgow, where you have not a sufficient number of sick to put under a trained lady superintendent, I think that the thing can be managed pretty well in the way it is done there; only I feel that, notwithstanding the great improvement that has been made in our sanitary arrangements in recent years, where you have sick wards attached to the house, there is a want of separation in the lavatories, baths and closets of the sick and the ordinary inmates.

3484. You think that where it can be effected, the sick and infirm should be housed separately from the ordinary inmates?—Yes.

3485. How many inmates are there in Linlithgow Poorhouse?—There are between thirty and forty sick inmates, for whom we have two trained nurses, and the average number of ordinary inmates is 150, running up to nearly 200 in winter time. The last two days I was in the house we had 173 and 175, and I understand that on another day that I was not there, there were fifteen more, so that the number is nearly 200 in the winter time over and above lunatics.

3486. So far as regards houses of the size of Linlithgow poorhouse, I suppose your opinion is that provision must be made underneath the one roof for the treatment of all?—Yes, otherwise the expense of administration and the capital outlay would be too great for the number.

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3487. But upon that footing you are of opinion that the treatment of the sick and the infirm and the accommodation for them should be, as far as possible, separate from that of the ordinary inmates?—Yes.

3488. You are also of opinion that there should be separate isolation wards for tubercular cases, and also for the treatment of any malignant or offensive disease?—Yes.

3489. You don't think that they should be treated along with the other inmates of the poorhouse?—No.

3490. Of course, that is where possible?—Yes. I think that the tubercular cases in particular should have lavatory and water-closet accommodation separate from the others.

3491. You think they should be treated separately, even in a house the size of Linlithgow?—Yes.

3492. And I suppose, as far as possible, in all poorhouses?—Yes. With regard to offensive diseases, I have myself intervened privately with members of a Parish Council and pleaded with them to get a poor creature removed to a home for incurables, because, although she was a happy little soul, it was impossible for anyone to live in the same room, as her face was most offensive to look at, and the smell was often bad. I think the poor girl felt it herself, and the others in the ward felt it very much, and also the visitors. In that case the Parish Council responsible for the patient removed her voluntarily and placed her in the Longmore Hospital at their own expense. In such cases, I think the House Committee should have power to call upon parishes to remove them.

3493. That is where you have got a hospital or other place available?—Yes.

3494. Of course the accommodation is limited?—Yes.

3495. Was that case sent to the Longmore Hospital?

—Yes. Then there are other cases (we have one just now in Linlithgow) which are very offensive to everybody unless they are screened off, and that is just like committing the poor inmate to a very dull monotonous life; the screen to them is almost a signal of death, and I don't think it is very kindly treatment, but it is the best we can do. The cases that we have to take such drastic measures with are not so very numerous. These hospitals won't take a pauper without being paid for the patient, and if they were paid for there would be some inducement to find accommodation for them. Just think of a ward with five or six beds and five or six decent old women in it, and just because they are decent old women — kindly and considerate — they will get this kind of patient beside them. What a life it must be for them with the atmosphere and the surroundings.

3496. With regard to indoor relief, you are of opinion, as far as your present experience permits you to say, that the sick poor are at present well accommodated and provided for?—Yes, especially of late years.

3497. You think that the accommodation and treatment in poorhouses are superior to what the average working-class home can provide?—Yes, I have often advised working people to ask admission to the poorhouse hospital when they were ill, because there they can get so much better attention than they would get even in a good home. The majority of our Scottish working people are housed in houses of a room and kitchen, with five or six people in each house. What can be done in such houses as compared with what can be done in a hospital?

3498. Do they take advantage of the poorhouse hospital?—No, there is still a prejudice against the poorhouse.

3499. But that prejudice is being removed?—The prejudice of the professional pauper is getting less, and he is getting to know the good houses better than he did before, but among the ordinary folks I don't think the prejudice is very much removed, unless among people who have really experienced poorhouses.

3500. We are led to understand that in the large poorhouses, such as Glasgow, Edinburgh, and Dundee, where the appliances in the hospital are really almost as good as in the infirmary, people now are sometimes as ready to go into the poorhouse hospital to be treated, either medically or surgically, as they would be to go into the infirmary, and the prejudice is rapidly decreasing. That, however, is not your experience?—Not to any great extent. The rural population is somewhat different from the town population, and I don't think that the prejudice is removed to the same extent. I do find that our working people are fonder than ever of running to the infirmaries; they will go there when they think that their doctor is not bringing them through any illness as quickly as they would like.

3501. That is to say, they go from Linlithgow to the infirmary in Edinburgh?—Yes; sometimes on their own initiative they will apply for admission to the infirmary. When we come across cases of sickness we still find considerable resistance to the idea of going to the poorhouse, but the prejudice in every case I have known intimately has disappeared after experience. In the minds of the inexperienced I don't think there is any more favour for the poorhouse than before, but everyone who has been in the poorhouse will tell you that they have been well done for. But then you have such a queer lot of people to deal with. We got a poor Irish woman lately, and I took an interest in her case to see her and her children through their time of trouble. I tried very hard when she was *enceinte* and in great straits and her last husband away in Ireland unwell to get her to go to the poorhouse; the priest was at the door with a cab to take her there, but she would not go. At that time her husband was ill, and he died some time after. I took up the same position with her a second time when she was a widow and on the poor roll, and about to be confined, and got her persuaded to go to the poorhouse. I did not ask her what her opinion and experience were, because when she was in the house she used all kinds of language because they would not give her solid food when she was not in a condition to take it.

3502. The prejudice does not arise from an aversion to the taint of pauperism and to being put on the roll of paupers?—Not always. I think the greatest source of the prejudice is the idea of discipline and restraint. That is the chief objection.

3503. *By Mr Barclay.*—They would not have the same objection to receiving outdoor relief?—No. I think that many of them would go to the poorhouse willingly if you allowed them to go into the town on Saturday nights as they pleased, and did not submit them to so many baths. They know that they are under rule, and I think that that is their chief objection to the poorhouse—they object to the discipline and the restraint.

3504. But you don't mean to suggest that that should be removed?—Not at all; I don't think we have a bit too much.

3505. *By Dr Mackenzie.*—Have you any experience of cases of deserving poor receiving outdoor relief where you would consider that to them outdoor relief is better than the poorhouse?—Yes, often; the decent old Scotch bodies with the love of home rooted deep in their hearts. You would never think of forcing them into the poorhouse.

3506. You don't mean that the poorhouse is to be looked upon as the ideal, and outdoor relief anything but the ideal?—The poorhouse is, I think, most suitable for people who cannot work for themselves, who cannot attend to themselves, or who have no one to attend to them at home. I think the ideal administration outside is to help decent bodies to get along on respectable lines that you can trust them to follow.

3507. You don't take the view that it is good policy to obliterate outdoor relief?—No. Many a poor body gets a pittance from the Parish Council, which is a Godsend to them, and yet if denied it they would not go to the poorhouse.

3508. A statement has been made to this Committee that the ideal should be the absolute obliteration of outdoor relief. That is not your opinion?—No; I think that the two kinds of relief in the hands of sensible men can be most advantageously blended.

3509. *By the Chairman.*—I show you the circular which the Board issued in 1895 about the relief of the poor, where a distinction is drawn between indoor and outdoor relief. Do you in general concur with the views expressed in that circular?—I think this is more a question of how to separate the different classes in the house. I took Dr Mackenzie's question to refer more to whether you should continue to have the two systems of relief, indoor and outdoor. I had it in my mind that there was something in the rules for the guidance of the administrators that seemed to harmonise with my own view, that the poorhouse was for a certain class, and outdoor relief for others. I would say that the reprobate poor should go to the poorhouse, and also the infirm who are not able to look after themselves and have no one to look after them, and those who are sick who would be better attended in the poorhouse than in their own homes. All the others should get outdoor relief. What is printed on page 44 of the rules issued by the Local Government Board is pretty much like the sentiment I have been expressing.

3510. You are of opinion that the classification of inmates of poorhouses into sick, infirm, and ordinary is sufficient as it exists at present?—It is pretty good just now.

3511. You say that sick inmates are those who receive medicine and regular medical attendance, and whose names are entered by the medical officer in the sick-roll, while infirm are such as are selected by the Governor as fit subjects for infirm diet and consideration otherwise, and whose names are entered by him in his classification book as infirm?—Yes.

3512. I suppose that in your poorhouse the system prevails of having a classification by the doctor when the paupers originally apply for relief?—Yes, when they enter the house.

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3513. The doctor sees each pauper, and he expresses his opinion as to whether that pauper is to be treated as infirm or as ordinary?—Yes, and after they are in he puts them off or on the sick-list, as he thinks fit. He is the sole judge of that.

3514. Does he see the sick inmates himself every day?—Yes, he is there daily.

3515. Does he see the infirm inmates from time to time?—Just as his attention may be drawn to them, if their names are not on the sick list. If they want to see the doctor, or if the nurse or Governor thinks that they require to see him, then his attention is drawn to them. The nurses in our poorhouse have charge of the infirm as well as of the sick.

3516. You say that the infirm are such as are selected by the Governor as fit subjects for infirm diet?—Yes, that is after they are in the house, and if they are not classed by the doctor as sick. The doctor puts on the register those who are to be treated as sick, and beyond that stage the Governor separates them into infirm and ordinary as he finds best.

3517. Do you not think that that would be a duty which would be better performed by the doctor than by the Governor?—That is one of those things requiring to be administered by the discretion perhaps of both, but I prefer to leave the responsibility on the shoulders of the Governor, because he is in constant daily touch with the people. Then the infirm are such a varied class; you may have an infirm person who can do nothing, and yet who is well enough and not requiring medicine or the doctor. There may be very old or very young infirm under that category. You may have other infirm persons who are able to toddle about and go to the stick house for half-an-hour, and they require more personal consideration and attention than a doctor could possibly give them, because he is not always there. It is a kind of medicine to some of these old bodies, just to be allowed to toddle about and do, with the Governor's consent, any little thing they are fit for, or not to do it.

3518. In your poorhouse, after the original classification is made by the doctor, the infirm fall under the supervision and control of the Governor alone?—Yes, I think so.

3519. The doctor has nothing further to do with them, unless his attention is called to them by the Governor?—I think that is the practice just now, and I don't think it is a bad practice. The doctor asks every day when he comes in and has seen his patients if there are any others to see, or he is told if there are any others, so that there is very little risk of the doctor not being advised of anyone needing his attention. I have known nothing objectionable result from the practice.

3520. I think you have told us that there is this additional safeguard with you, that the trained nurses have charge of the infirm as well as of the sick?—Yes.

3521. I suppose that if an infirm person were to get worse, or to require treatment, it would be the duty of the nurse to report the case to the medical officer, or at anyrate to report it to the Governor in order that he might inform the medical officer of it?—That is so.

3522. Is that the recognised duty of the nurse?—Yes, it is one of the rules: 'To attend to the feeding of 'the sick and infirm.' I have already sent in a copy of our rules. (*Vide* Appendix XXXI.)

3523. *By Dr Mackenzie.*—Is there any control of the diet of the infirm under this arrangement?—The infirm get the recognised diet for the infirm.

3524. Is any systematic test applied as to whether the diet is sufficient? Is the doctor in a position to test it directly for himself?—If he wishes, he has power under the rules to look into the diet of every inmate of the house, and we presume, so long as there is no complaint, that he is doing that duty.

3525. There is no periodic examination of the infirm to weed out any of them?—Yes. They are looked to regularly by the Governor and matron, and the doctor is called into requisition whenever there is the least necessity.

3526. The calling, of course, is done through the Governor and the matron. Have the paupers in the house direct access to the doctor?—Yes. They can have the doctor if they want him. Many a time I have known of these poor old bodies waiting about and asking for the doctor. They are all treated in a mild way; there are rules, but they are not administered with cast-iron rigidity.

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3527. That would work perfectly well where you have a Governor of a humane type, as you seem to have, but how would it work if you did not have such a Governor?—I deal with that later on. I want a system which shall make it impossible for a mere lapse of memory on the part of the Governor or matron to injure any of the inmates. I want to hold them responsible, not only for what they have just now, but for a little more, and that is to have a parade before the doctor every week.

3528. To bring the inmates before the doctor?—Yes. I want him to see every ordinary inmate at stated times.

3529. *By the Chairman.*—We shall be pleased to hear your views as to the powers and duties of the medical officer with respect to the different points laid down in our memorandum?—I think that the ideal poorhouse is a house not too large. I don't like big poorhouses—I have a strong prejudice against them. The house should be managed as nearly as possible after the style of a large household, and with as much as possible of the spirit of home life infused into the management of it. The control should be in the hands of a carefully-selected Governor and matron, properly assisted by subordinate officials, and the medical officer should come in very much as he comes into a well-regulated household. He does not interfere with the management of your household, and yet his views and authority in reference to matters of life and health are supreme, and always respected. I think we can get the same idea carried out in poorhouses with success.

3530. You would have a parade of all the inmates before the doctor from time to time?—Yes. Beyond the control and treatment of the sick, the Governor and matron should be responsible for all else, and, among other things, for bringing daily under the notice of the medical officer any cases among the children, the infirm, or the ordinary inmates who seem to them to require (or who may be asking for) his assistance or advice. In order that there might be no misunderstanding, notices should be posted throughout the house, informing the inmates not on the sick roll to whom they should apply when they desire to see the doctor. Also, there might be a rule whereby the inmates not on the sick list would be brought periodically before the medical officer for examination as to their health. Then I think that the medical officer should have, very much as he has under the old rules, the rights and privileges granted to a visiting member, entitling him to report in writing upon any matter affecting the food, clothing, cleanliness or general comfort of the inmates in any class, or as to the cleanliness of the house, or as to sanitation, and to suggest any alteration or improvement which may appear to him desirable, but so as not to interfere in any way directly with the management of the house. When you begin to say that the Governor is not responsible, or that the matron is not responsible, then you give them a loophole to get out by if anything is wrong, and yet you cannot bring a visiting doctor into absolute control.

3531. *By Dr Mackenzie.*—The same would not apply where you have a resident medical superintendent?—I would not have a resident medical superintendent. I might have a resident doctor, but not a medical superintendent. I object to a man trained as a doctor being put in charge of bricks and lime, and all these things, that come up in a house like this.

3532. I am thinking of the hospital in a poorhouse?—In a separate hospital of a large poorhouse the doctor would be supreme, just as in your house or mine. As you know, in every well-regulated household the voice of the doctor is supreme over everybody, and yet he does not interfere with the ordinary affairs of the house

3533. I don't think the cases are quite parallel?—No, but there is a strong similarity between the two.

3534. *By the Chairman.*—I suppose you would say that if our rules do not provide for this supervision on the part of the medical officer, you think they ought to be made to provide for it?—Yes. I think they pretty well provide for it just now if they are read in an intelligent way by the people who have to come into contact with each other. The doctor and the Governor must 'dovetail' into each other a great deal, and we must get quit of professional side and lay jealousy.

3535. You think that the functions of the Governor and of the medical officer should be absolutely distinct?—Yes. There is no difficulty about making the medical officer supreme where he requires to be supreme.

3536. I suppose you are of opinion that the treatment of infectious diseases is for the Public Health Authorities?—Yes.

3537. Have you in your experience had any trouble or difficulty with regard to these?—Yes. We had a case of smallpox some years ago in the house. The sanitary inspector came up when called upon by the Governor, and he said that they had nothing to do with it. I have only verbal information on that matter.

3538. Did the case continue to be treated in the poorhouse?—Yes, it was cured in the poorhouse and discharged without any other case occurring.

3539. *By Dr Mackenzie.*—How long ago was that?—It was some years ago.

3540. Was it since the last Act came into operation?—It would be as long ago as that. We have lately treated enteric fever. I think that the Local Authority require to be taught their business in this matter. I may say that I am one of the Local Authority.

3541. Would you contemplate including cases of phthisis among infectious cases?—It would be better if phthisis became a notifiable disease.

3542. And dealt with by the Local Authority?—Yes.

3543. Pending arrangements for that, you are prepared to treat the cases in the poorhouse?—Yes.

3544. Your opinion would be that the Local Authorities should really deal with phthisis in so far as it is an infectious disease?—Guided by the medical faculty, I have come to the conclusion that it ought to be treated like other infectious diseases, and probably—considering the nature of the disease, its long duration, the hopeful spirit of the patient, and all that sort of thing, and the fact that some of those afflicted can get about like other people—it is better they should not be sent to an infectious diseases hospital; we might have sanatoria for them.

3545. You are not thinking of phthisis in this particular connection?—I am thinking of cases that are now infectious diseases under the Public Health Act, and for which the Local Authority would be responsible if occurring in an ordinary house. I want them to have the same responsibility in cases occurring in poorhouses as they would have if they occurred in their own homes.

3546. *By the Chairman.*—As regards the calling in of extra nurses where they are required, you are of opinion that if the medical officer thinks such extra nursing to be essential, he should be empowered to ask for it after application in writing to the House Committee or chairman?—Yes.

3547. Would you give the medical officer complete power in an emergency case?—No. It is quite easy to get at the chairman. You begin there to touch on the 'dovetail,' and friction would be sure to ensue if the Governor found the doctor ordering extra nurses in. He might say, 'I have no bed for that woman; 'how can I cook for another nurse,' and there would be danger of friction and opposition. A letter or telegram to the chairman would settle the thing at once in a way that the Governor could not question, because while the chairman does not personally interfere with the management of the house, he would in such an instance be acting on the authority reposed in him under the Rules. You bring in a third party to settle the thing. It is not that I don't think the doctor is competent, but he might find himself crippled in carrying out what he thought necessary, and I get over that difficulty by remitting the matter to the nominally higher authority.

3548. *By Dr Mackenzie.*—You don't think that there would be any difficulty in carrying that out, that there would not be any unreasonable delay?—No.

3549. *By the Chairman.*—You are of opinion that the rules as regards sudden deaths in poorhouses might be improved?—Yes; I think there is too long time given. In a small poorhouse like ours, with not too much mortuary accommodation (I have known of six deaths occurring in one week, and we have only accommodation for keeping two or three bodies in a decent way), if eight or nine days elapse in cases of sudden death, then it is rather inconvenient. I think a little more expedition might be provided for in the rules.

3550. *By Dr Mackenzie.*—Where does the delay come in?—You have to wait certain periods for certain eventualities.

3551. *By the Chairman.*—You give the Procurator-Fiscal four days to make up his mind as to whether there is to be a post-mortem or not?—Yes, and then if he decides to have one it may be a day or two before it can take place. I believe we have had an interment eight or ten days after the death.

3552. You think that unless in very exceptional circumstances too long time is given for the Fiscal to make up his mind as to whether there should be a post-mortem examination or not?—Yes; in other words, the possible delay is too long.

3553. Do you think that representation should be made to the proper quarters in order to have that time curtailed?—Yes.

3554. *By Dr Mackenzie.*—Would you propose to alter the system whereby the Fiscal is informed?—No. I was thinking that the system was bound to be right, because it was associated with legal procedure, but that less time might be allowed sometimes. You have cases of people dying of heart disease; these have to be reported to the Fiscal, and it may be seven or eight days before the interment takes place, and during that time you may have several deaths occurring.

3555. It is just a matter of carrying out the principle—you don't suggest any alteration in the principle?—No.

3556. *By the Chairman.*—Have you any knowledge as to what cases are considered in your poorhouse to be sudden deaths?—If there is a death suddenly among the infirm inmates who are not in the doctor's hands, and there is no thought of their dying suddenly, then that would be called a sudden death. If a person dies unexpectedly, it is reported to the doctor and called a sudden death.

3557. You are of opinion that the rules as to the punishment of inmates should be reconsidered, and that responsibility should be put more directly upon the Governor?—Yes. I don't think it is at all helpful to put the Governor in the position of having to refer to his House Committee for the administration of ordinary discipline.

3558. You think, however, that the reference to the doctor is right?—Yes, but the reference to the House Committee is inoperative, because either the Governor won't take the trouble or it would take too long, and he therefore does not refer to them. Even if convenient to refer to the committee, they would probably follow his opinion; they are not sufficiently in touch with the circumstances to be able to give an opinion with absolute safety, and with the certainty of being right. I would put it on the Governor, and if he makes a mistake then he knows who is to blame for it.

3559. You think that the doctor should be consulted in all cases?—Yes, in the cases specified in the rules.

3560. Is there much punishment in Linlithgow?—No; there is very little, and it is of a trifling nature, but we do meet occasionally with an obstreperous character, a 'professional' tramp or 'professional' pauper.

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3561. Is there any corporal punishment of children?—There is sometimes a little administration of the taws across the hand, but it is very slight. I look at the punishment book regularly myself, so that I speak with full knowledge of what is going on, so far as recorded.

3562. I suppose that operations in a poorhouse of the size of Linlithgow are always sent to the infirmary?—Sometimes they are, and sometimes they are not; it depends on the case. Where the doctor thinks he can safely send them to the infirmary he does so, more, I believe, in consideration of the house and the loading of the nurses and others with work, but we have had some very successful operations performed in the poorhouse.

3563. What is your opinion as to medical officers making annual reports to the Local Government Board?—That seems to me to be more a question for the Local Government Board themselves. At the same time, I don't think that medical officers should be burdened with clerical work. I think they have quite enough already—in fact, more than a doctor can always manage to do.

3564. You are of opinion that a doctor should always be obliged to name a substitute to act in his absence?—Yes.

3565. The rule says that that is to be done 'if 'possible'?—Yes, but I should think that it is possible in every case unless in the very remote Highlands. My object in making it imperative is to obviate possible friction. Suppose a Doctor and Governor are not getting on well with each other, and there is no substitute named. The doctor might be absent on an important case, and suddenly a case of illness springs up in the poorhouse. How easy it would be for a Governor to say, 'I could not get a substitute, and 'the man had just to die.'

3566. You think that in the doctor's own interests he ought to be obliged to name a substitute?—Yes, and to obviate friction.

3567. We shall be glad to have your views as to the duties of the Governor, matron, and subordinate officials in regard to the health, cleanliness, clothing, etc., of the inmates.—I would hold the Governor and matron entirely responsible, making all subordinate officials subject to their control. The Governor should prescribe all punishments, or approve beforehand if the matron prescribes them. The Governor should administer all corporal punishment upon boys, and the matron upon girls, in the presence in each case of a male or female official respectively. I would discourage corporal punishment without forbidding it. All punishments should be recorded as at present.

3568. *By Dr Mackenzie.*—Are you aware that in the Irish workhouse rules the corporal punishment of girls is absolutely forbidden?—I am not aware of that, and I do not agree with it. I say that the punishment upon girls should be given by the matron.

3569. In the presence of another female official?—Yes.

3570. You are quite satisfied with that?—Yes. As I say, I would discourage corporal punishment without forbidding it. I think that the absolute forbidding of corporal punishment in schools, poorhouses, and places like these, is just giving a little too much knowledge to the bad boy or bad girl; they know that they won't be punished.

3571. But is not corporal punishment apt, in institutions, to become rather a short cut to the result aimed at instead of using discipline?—No. I would have it that corporal punishment should only be administered deliberately—if you like to put it so many hours after the offence, I would be quite pleased. I don't think that any matron or governor should be allowed to give a box on the ear on the spur of the moment. I don't believe in it, because I don't think it is a good thing. It is bad for the child morally and physically, but I think that deliberate punishment for a serious offence is very desirable. It is an old institution, and the authority for it is pretty high.

3572. *By the Chairman.*—Do you approve of trained sick nursing?—Yes, I assisted in getting it introduced into Linlithgow.

3573. Have you any pauper nursing in Linlithgow?—We have one pauper attendant in each sick ward working along with a nurse, and helping to do odd jobs and dirty work.

3574. To that extent you don't think it objectionable?—No, so long as the trained nurse is in attendance.

3575. In fact, I suppose you would almost think it advisable?—I think it is imperative to have assistance of some kind. There is a good deal of work that no woman can do single-handed, and there is a good deal of offensive work to be done. Besides that, there is a lot of trifling work which anyone can do as well as a nurse—handing drinks and so on—and where the house is cut up into several wards, as they sometimes are, the nurse has more freedom to go from one to the other. In Linlithgow the house is divided into two sides; on the one side we have the males, and on the other side we have the females. Hitherto we have had the sick on each side in three separate wards off the same corridor, and having pauper attendants that gave the nurse a good bit of freedom. Then these attendants are there at night when wanted. In Linlithgow it is usually a pauper attendant who sits up at night when such attention is required. In the days when the matron was the head nurse, I have known her or the untrained nurse often sit up all night; but I have not known of any of our trained nurses doing that; I am sure they don't care for it.

3576. *By Dr Mackenzie.*—You would not expect a woman to work through the twenty-four hours?—No, we don't expect that. The rule we have is to the effect that nurses will chiefly be on day duty, but will hold themselves in readiness for night duty each alternate week. The rule further states that night duty will consist in all night attendance until relieved upon special occasions, etc. (*Reads Rule.*) If a nurse is on all night then she will be off all day, and in the case of partial night duty she will be relieved as the Governor directs.

3577. *By the Chairman.*—You may take it from us that the present rules, both in England and Ireland, have abolished pauper nursing, but that, so far as we are aware, it has been found impossible to put these rules into practice everywhere. In your opinion no such rule is called for in Scotland?—No.

3578. *By Dr Mackenzie.*—Have you considered the cases where there are no trained nurses at all?—I should certainly object to have the poor people attended by no other than pauper nurses. I don't think we have yet come to the stage when we can say that we must absolutely have none but a trained nurse, nor do I think it would be wise to say so for a good long time to come, because we have many handy women who, for that class of work, are far superior to the trained nurse. There ought to be paid attendance for the sick, and we recognised that in Linlithgow a good long time ago. First we had a very good matron, a woman who many a time sat up all night and worked all day. Then we took a step further and had a non-trained nurse to assist the matron in the sick wards and do nothing else. She was a most capable woman, and I would not have given her for my choice of any ten trained nurses, just because she was that handy all round kind of woman, with no squeamishness about her in lifting a patient in bed, or in cleaning a dirty patient. So long as such women are available, and until there is a better supply of the right material in trained nurses, then I say we should not absolutely forbid untrained nurses, but we should have someone capable of attending the sick.

3579. *By the Chairman.*—Suppose you had a poorhouse very much smaller in size than Linlithgow, a poorhouse with only eight or ten sick inmates, would you suggest that there should be a trained nurse there?—I would in the first instance suggest that there should be a matron of experience capable of nursing the sick, and that by and bye that should be changed into having a trained nurse for matron, as is anticipated by the revised edition of these old rules, because the

matron is there advised to go into training. I quite approve of the time coming when all matrons shall have training in sick nursing. I would suggest that for cases such as you have mentioned, a nominal qualification should be given to all women occupying the position of matron who are capable of attending to the sick. The natural corollary of that is that if they are not capable they should not be where they are.

3580. *By the Chairman.*—We shall be obliged by your reading from your *précis* your views as to trained sick nursing?—I approve of trained sick nursing, but consider it should be grafted into the system of poorhouse management already indicated, and not 'superimposed' upon it, as I fear has sometimes been considered by some people it should be. This I submit—with all deference to opinions to the contrary which I have heard expressed—may best be attained by placing the nurses directly under the governor and matron; such an arrangement with worthy officials (including worthy nurses) is in no sense incompatible with maintaining the authority of the medical officer, whose authority in respect to the sick is, and remains, supreme; and the nurses, governor, and matron, while co-operating to sustain the authority of the doctor in his special province, could otherwise be under no mistake as to their relative positions and responsibilities. The time may come when all matrons of poorhouses will be certified trained nurses, but meantime I would help to bridge over the period between now and then, and at the same time help to meet the demand for trained nurses, by placing upon the Board's register of trained nurses the name of every capable matron, not over fifty years of age, who has had not less than ten years' practical experience of nursing in poorhouses, and who can produce a medical certificate of her fitness for the work. Such 'Service' certification of matrons would only be fit recognition of those who have faithfully done their part in the past (many of them enduring such burden of labour in nursing and tending the sick as is not required of trained nurses); it would sustain their *status* in houses where trained nurses have been introduced, and perhaps serve to mollify the susceptibilities of a certain type of trained nurses when asked to serve under a matron. Matrons so qualified might reckon for ten sick where not less than one other trained nurse is employed, but not to reckon for grant in aid of sick nursing. I would not lower the standard of training, but I would widen it. To begin with, I would insist upon a given standard of education—say, that probationers ought to possess three Leaving Certificates of the higher grade (old style), one of which should be English, including History and Geography, and one Arithmetic, or be able to pass an examination equivalent to such Leaving Certificate examination. I make that suggestion from the experience of very badly-written letters I have seen from applicants. Trained nurses, before having their names placed upon the Board's register of trained nurses, I would suggest, should not be under twenty-two years of age, or over forty-five years, and besides giving evidence of an education such as is indicated above, should have not less than *two years'* training in a public hospital where there is a resident physician or house surgeon (that is as at present); or not less than eighteen years of age with *four years'* training in the hospital or sick wards of a poorhouse where there is not less than one trained nurse, and where the medical officer who is daily in attendance shall be engaged by the House Committee to give such probationer, or probationers, all necessary instruction.

3581. You don't think that twenty-two is too young?—No, nor eighteen too young to begin to train, because if you wait too long they are already established in other business, more especially in these days when there are a good many openings for girls in business. If you don't take them while young, you won't get them at all. Such probationer nurses in poorhouses might count for ten on the sick roll during the first two years and for twenty during the last two years of their probation, but not to reckon for grant in aid of trained sick nursing until registered. Special fees paid to medical officers for instruction of probationer nurses might be allowed to be included in claim for medical relief. A special register of such probationer nurses might be desirable and useful. Rules for nurses are very desirable. I attach copy of printed rules, and memoranda for guidance of applicants for post of trained nurses in use at Linlithgow Combination Poorhouse. (*Hands in copy of Rules, etc., vide* Appendix XXXI.)

3582. Have you had any difficulty in getting trained nurses?—Yes.

3583. Have you directed your attention at all to the question of how the supply might be increased by way of having an establishment for the training of probationers?—No. I think the suggestion I make gives probably the best arrangement.

3584. That is that each individual poorhouse shall do what it can?—Yes. In Linlithgow our matron is as good as any trained nurse. If she was allowed to reckon in point of numbers, we could do our work in Linlithgow quite as well with one trained nurse and one probationer. The two sides in our house are very unequal nowadays, the male side being heavy and the female side being very light, and yet we have to give one nurse to the male side and one to the female side.

3585. You would be training only one probationer at a time?—Yes.

3586. That would not assist the supply of nurses very much?—It would mean that in four years we would have a woman of our own training. It will take time, but we have been a long time subject to the proposal for trained nursing, and have not made much progress, that probably being due to the fact that the demand for nurses is not only increasing, but there is a strong prejudice in the minds of good nurses against poorhouses.

3587. Then you propose to train more than one?—We would train as many as we were allowed to train, but I would say that we should not train more than one for each trained nurse; we do not want to deprive the institutions of their present trained nurses, but to supplement the supply by having the probationers suggested, each of whom would reckon for ten on the staff.

3588. We have been considering whether it is possible to have some better organised system by which nurses could be provided, and probationers educated and trained for the work. Of course with the larger poorhouses it might be possible to do that on a much larger scale than in Linlithgow?—Yes; they are doing it on a big scale in Govan, and there they will ultimately work out their own salvation, because they will have sufficient of their own training who cannot get into hospitals as qualified nurses. We are in competition with hospitals just now, because they must be trained nurses of a certain kind, but when the time comes that there is a distinct class of poorhouse nurses, we won't be in competition with the hospitals, because they would not have nurses of our training.

3589. *By Mr Barclay.*—You have two grades of nurses in this proposal?—Yes; I have the present qualified nurse, and then a class of probationer nurses who may be allowed to be trained in a poorhouse even where the doctor only visits, on the undertaking that the doctor instructs them as they would be instructed by a resident doctor in a bigger poorhouse.

3590. After such a nurse had completed her four years' training in the poorhouse, she would not be on the same footing as a nurse who had got two years' training in an infirmary. Would it not raise friction between the two?—I don't think it would raise friction any more than in the teaching profession. We have teachers of various grades of certificate, but we find that it does not militate against them working together successfully.

3591. *By the Chairman.*—You are of opinion that so far as possible the trained nurse should be trained to poorhouse work from the first?—Yes.

3592. You think that provision should be made, so far as expedient, in all poorhouses in Scotland where trained nurses are employed, for the training of probationers?—Yes.

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3593. You would have one probationer to each trained nurse?—Yes; not more.

3594. You think that this training which you suggest of four years in the hospital or sick wards of a poorhouse is amply sufficient for such work as the nurse will be expected to do in the poorhouse afterwards?—Yes, coupled with tuition by the doctor, for which I expect him to be paid.

3595. *By Dr Mackenzie.*—Do you think that the material present in poorhouses of the size of Linlithgow and less would be sufficient to enable the nurse or the doctor to train a probationer?—In Linlithgow it is ample.

3596. Take smaller poorhouses where you have trained nursing, and where there are perhaps twenty or twenty-three sick?—The Board would have to discriminate. I am speaking more from the standpoint of houses like Linlithgow, that have no opportunity of training probationers just now.

3597. Have you ever considered the possibility of a scheme whereby the larger poorhouses like Glasgow, Edinburgh, and Dundee should train probationers that could be made available for other poorhouses?—They are doing it just now.

3598. For themselves?—Yes, and for anybody who may employ any of the nurses they turn out.

3599. But of course you say that the supply is so limited that you must have development over and above that?—Yes. The question as I take it is whether the standard of training should be lowered, raised, or allowed to remain as at present. Well, my idea is that it should not be lowered, but that it should be widened, and you widen it by beginning to train them at a younger age than is permitted by the rules at present, and thus getting them before they enter other employments. If girls knew that they could get in at eighteen, then they would prepare and keep themselves open for it. Even in fever hospitals they are taking them in younger than is allowed by these rules.

3600. Yes, they take them in at twenty?—I think they take them in long before they are twenty. I cannot tell the age, but I know a girl who has been a probationer nurse for two years, and she is only twenty years old just now.

3601. *By the Chairman.*—Do you think that the rules regarding the visitation of poorhouses sufficiently provide for that at present?—Yes.

3602. Is there anything that you can suggest?—I don't think so.

3603. You think that the present system is satisfactory?—Yes.

3604. Is it regularly carried out in Linlithgow?—Yes, it is very well attended to in our district. The men rather look upon it as a kind of holiday, to go and see the poorhouse. They take pleasure in it, and that is always a healthy element.

3605. You are of opinion that the fixing of the salaries of medical officers of poorhouses should remain in the hands of the House Committees, and should be regulated by supply and demand?—Yes, that is a very safe line to go upon. Of course my instincts are commercial in that way.

3606. As regards the dispensing and supplying of medicines to the sick poor in poorhouses, your experience is that all medicines and medical appliances are bought wholesale to the order of the medical officer and dispensed by him?—Yes, that has been in use at Linlithgow for nearly twenty years, and it seems to have worked very well. I have not asked the doctor specially his opinion about it, but I have never heard of any complaint, and the governor thinks it is an improvement on anything he has experienced before.

3607. You would not propose to establish dispensaries?—That might do in cities, but it would be of no use in rural parts of Scotland at all. In the like of Linlithgow you would be astonished at the prices you have to pay; they charge tremendous prices for everything, and don't give anything in a bottle under fourteenpence. In the poorhouse we get the medicines first hand. We may not get such good terms as a retail chemist, but we get good terms, and there is never an ounce ordered but what the doctor requisitions.

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3608. It has been suggested that by having dispensaries one would get drugs very much better and cheaper than at present?—I think that if they do not buy too much at a time, and get the stock renewed with reasonable regularity, there is no fear of getting a good supply at reasonable rates, and having the stuff fresh, in a house like ours. I think it is more under the control of the doctor than it could be if buying in an outside shop. Everything we buy just now is under the direct control of the doctor, whereas if it was bought from an outside dispensary I don't know that he could have such absolute control as he has now.

3609. *By Dr Mackenzie.*—You say that all medicines are bought wholesale to the order of the medical officer. Does that mean that you deal with a shop in Linlithgow?—No, we buy from the wholesale chemists in Edinburgh and Glasgow.

3610. *By the Chairman.*—As regards outdoor relief, the only point upon which you wish to speak is the point of cases of tramps, not paupers, found lying ill at the roadside?—Yes. I think there is room for some special direction by the Board regarding such tramps and other poor waifs who are floating about. I would suggest that if they are found helpless they should be admitted into the poorhouse on the application of anyone presenting them.

3611. Do you mean without a medical certificate?—Without anything. If a poor man is lying helpless on the roadside, there is no time to talk about medical certificates; he must at once be taken to some place of protection. If he is taken to the poorhouse he will then be dealt with, and the doctor will be sent for to see to him and to fill up the form.

3612. Do you think that there should be a casual sick house in every parish?—What better would we be? It would be remote from somewhere.

3613. You think that the strictness of the rules should be relaxed, and that a tramp found lying ill on the roadside should be taken to the poorhouse and admitted without any certificate?—Yes.

3614. You would make that applicable to all poorhouses in which there is no resident medical officer?—Yes. They would send for the doctor and let the doctor take the responsibility of retaining him or dismissing him.

3615. You think that anyone finding a tramp requiring assistance should be entitled to take him to the poorhouse?—Yes. I would go further, and would say that if he requires help where he is found, then anyone undertaking the Samaritan's duty to him should, if requiring it, be recouped by the inspector of poor for attending to that man on giving a properly vouched account. We might be able to get people to take a poor man in and help him, if they were told that they would be paid for it, while they would not do so if they knew that they would not be paid. It might be more merciful to treat him on the spot than to haul him away to a poorhouse. Such cases are not very common, but they should be dealt with graciously when we get them.

3616. In the event of a tramp being found on the roadside, it is your view that it is the duty of the inspector of poor or of the police, or whoever comes across him first, to take him in hand?—Yes.

3617. Leaving the question of liability for after determination?—Yes. I would be inclined, if it is admissible in law just now, to saddle the parish in which the man is found with the liability.

3618. The only other thing we have to ask you about is your views as regards the grant in aid of medical relief and the distribution of the grant?—I do not feel very expert on that question, and it is with diffidence that I say anything about it. I think, however, the grant in aid of medical relief paid on expenditure in combination poorhouses might with advantage be paid direct to the poorhouse, and credited to the combining parishes—(1) as to medical officers' salary in proportion to their share, and (2) as to medicines and medical appliances in proportion to 'the days in house.'

Just now, if I understand it correctly, the grant in aid of medical relief accruing in poorhouses is paid to the parishes direct upon the vouched expenditure by the governor. I think that is a roundabout way of accounting, and that the thing would be got at much more practically if you paid the grant direct to the poorhouse, and let them reap the result to the combining parishes in the reduced rate of cost per inmate. Then you might say, 'What about people who are 'boarding there?' Well, the people who are boarding there are boarding at such a cheap rate, that it may be reckoned that they have the grant in sick cases discounted in the rate. For sick cases they only pay 1s. 2d. a day, and sometimes it will take as much as £1 a week to keep such cases. I have known a man go through £1 worth of dressings, and we only got 8s. 4d. for his keep.

3619. *By Mr Barclay.*—You would pay the medical relief grant the same as the trained nursing grant?—Yes, direct to the poorhouses.

3620. *By the Chairman.*—Would you extend the medical relief grant, which I daresay you know is a fixed sum of £20,000 per annum, to outdoor nursing?—No, and I say that because of the limited sum, and in view of the extension of trained nursing in poorhouses, and also the extension of trained nursing outside poorhouses; if you have enough to do with the money inside there is no use going outside with it.

3621. I suppose for the same reason, probably, you would not think it expedient to apply the grant for the training of probationers?—No. I say that for the same reason, and also to encourage Poorhouse Committees to contribute in this way to the supply of needful labour. I think it is the duty of the people requiring the labour to help to train it. I don't believe too much in grants in aid; they are like crutches, that people are too apt to lean on. In extending the grant to outdoor nursing, you would be coming in contact with public philanthropy and tend to put a stop to it. It should be left as it is, and Parish Councils should contribute to the nursing of the outdoor poor. Linlithgow Parish Council give £10 just now, and the rest of the money is raised by public subscription. The District Nursing Association is working successfully.

3622. Suppose, in a parish in the Highlands, there is a nurse of the kind you describe, or a jubilee nurse, do you think it would be possible that that nurse's duties should be extended to visits in the poorhouse where possibly there is no trained nurse?—I happened to be in the poorhouse at Portree lately, and I should say that the district nurse would be able to overtake the nursing in a house like it, along with the nursing of the outdoor poor. In such cases they might have a district nurse, supported by public subscription, supplemented by a good subscription from the Parish Council.

3623. Do you see any objection to such a proposal?—No, not if you retain the superior position of the matron in the poorhouse, because she is the one remaining to do the work during the 23½ hours or thereby that the trained nurse is not there. The trained nurse could go in as trained assistant to the matron.

3624. If it were possible to carry out a scheme of that kind, whereby a parish nurse was to be able to extend her duties to poorhouse work, that would meet the difficulty which you have been speaking about, of pauper nursing inside some of these houses where there are very few sick inmates?—It would improve matters in these places, but it would not do away with the pauper nursing. The pauper attendant would require to remain to hand drinks and so on when the nurse was not there, and when the matron was at her other duties.

3625. We have been asking with regard to the remuneration of medical officers in cases where a surgical operation is necessary, or in cases requiring the administration of an anæsthetic. That point has arisen from this, that our rule now is that where the medical officer of a parish or of a poorhouse is obliged to call in assistance in the case of an important surgical operation, or the administration of an anæsthetic, the parish of residence of the pauper whom he is attending is called upon to pay the extra cost of that. What have you to say to that?—I think that is very proper, and even when the doctor has to do it himself, I would be disposed to allow him a fee, because these cases take up a great deal more time, and cause more anxiety than the ordinary visitation of the house.

3626. You don't think that these ought to be considered as being covered by the salary paid?—Just now such cases are covered by the salary, but I would be in sympathy with excluding them from the salary and paying a special fee for them. They happen very seldom, and I think that the doctor is entitled to be paid for them.

3627. Would you leave it to the discretion of the House Committee or the Parish Council to say whether a case was so serious as to require an operation?—No, I think the doctor must be trusted in that matter. He must be the judge as to whether he shall operate or send the case away.

3628. I am talking of cases in which you propose to give a special fee to the doctor?—If the doctor considers that an operation is necessary, and that that operation ought to be performed by him on the spot, then I would leave him, as he is left just now, to be the judge, and I would pay him a fee for it. You must leave something to the man's honesty and integrity. Of course that must be taken along with what I have said already, that where possible I would have patients sent to the infirmary, and the doctor would know that if he had to keep a case and get a fee for it, he was on his honour.

3629. *By Dr Mackenzie.*—Of course the risk of failure or miscarriage is always a deterrent?—Yes.

3630. *By the Chairman.*—You are of opinion that the medical officer's salary in all cases should be exclusive of medicines?—Yes; in Linlithgow the parish doctor has his dispensary, but he does not dispense the medicines to the poor.

3631. *By Dr Mackenzie.*—There would be no difficulty in carrying out the same arrangements as you have in country districts?—I don't think so. In small towns like Linlithgow we have always one or two chemists.

3632. *By the Chairman.*—Is there anything else you wish to say?—There are just one or two little things in connection with the rules which I would like to mention. I think it might be made somewhat more clear that House Committees have power to remit to sub-committees the execution of any work they may resolve upon. That would apply to Rule 7.[1] Then, in connection with Rule 11,[1] as to the boarding out, we have had a difficulty recently. My opinion is that it should state that in combination poorhouses the Parish Councils, when called upon by the House Committee, should board out children. I would like that to be made perfectly clear. The position just now is this, that the House Committee may call upon them to do it, and, if they do not do it, then the House Committee may do it themselves. We had a case recently where a Parish Council refused to board out when asked to do so, and it was only after a good deal of correspondence and talk with the representatives that we got them to comply. Their objection to boarding out was that the children were far better in the poorhouse, and they did not seem to think that we had the power to force them to board them out. At length, however, we managed to persuade them that we could board them out ourselves. Our difficulty was this, that if we began to board out children, we had to look after them. The rule puts upon us when we board out children all the duties of the inspector of poor and the Parish Council, and that has made it quite prohibitory for us. We cannot have the governor going all over the district attending to boarded-out children, and we cannot look after them as the Parish Council, and therefore we must have them boarded out by the parish, or this rule is a dead letter.

3633. That is the way it works out at present?—That is the way it ought to work, but in the recent case it only worked out after great difficulty and great

[1] Poorhouse Rules and Regulations.

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pressure. Then, with regard to Rule 14[1]; I am a little diffident about touching any stereotyped form, but I don't know whether I should sign this book or not. I think that these questions are too much of the cast-iron variety, and there should be more latitude. We don't want to make work for aspiring literary geniuses to write pages in the book about poorhouses, but I think there should be more latitude than there is in the rule, and that the things which appear here, and about which it is not possible for any visiting member to know, should be expunged. Then I come to Rule 17,[1] which says that in the poorhouse there shall be a House Governor, a matron, and a porter. It is implied elsewhere that the House Committee may employ other officials, but it is not mentioned. I think this rule should state explicitly that in the poorhouse the committee have power to employ not only the Governor, matron, and porter, but also nurses, and all other necessary paid servants.

3634. What is your view as to the appointment of the porter?—He should be subordinate to the Governor. I think that while Governors may require by the Rules to be induced to pay a little more respect to their chairman and House Committee, the porter and all other paid servants should be subordinate to the Governor and matron. Then there is Rule 18 (14),[1] which states that it is the duty of the House Governor 'To appoint, 'subject to the approval of the House Committee, all 'the hired servants employed in the poorhouse, and to 'select from amongst the inmates all the nurses and 'helpers, and to suspend or dismiss any or all of such 'hired servants, and to remove any or all of such 'nurses or helpers from these employments whenever 'it is just and proper so to do, entering every such 'suspension, dismission, or removal, with the reasons 'for the same, in the House Governor's journal, and 'reporting forthwith the fact of such suspension or 'dismission of a hired servant to the chairman or 'acting chairman of the House Committee.' I would have it that the Governor ought to do that immediate reporting in writing. Then with regard to Rule 18 (15),[1] I would take out 'The visiting committee.' I think that instead of 'visiting committee' it should be the duty of the Governor to enter in his journal and report in writing to the Chairman. I don't think it is necessary to bring in the visiting committee, because they could do nothing beyond putting it in their book and so report it. In Rule 18 (16)[1] I think that the report to the chairman should be in writing. Rule 18 (17)[1] should, in my opinion, be entirely altered. My reason for asking this is, first, the bulk of things in poorhouses are contracted for, and I think that the Governor should be empowered to sign orders for all goods contracted for by the House Committee and minuted by them, and that anything purchased outside the contract goods not minuted by the committee should only be upon a written order signed by the chairman. I think there should be some indication in the rules about leave of absence, something more explicit, and reaching further than what is already in the rule. Then the rules state that the nurses are to be appointed by the Governor. I don't object to that if it is properly put, but it should read, with 'the consent and the cognisance 'of the House Committee.' In Linlithgow the House Committee appoint a sub-committee on nurses, with powers to make appointments in cases of vacancy. That sub-committee meantime consists of the Chairman and Vice-Chairman, who act in consultation with and through the Governor, and the arrangement is working well.

3635. *By Mr Barclay.*—What rule are you referring to with regard to the Governor appointing the nurse?—Rule 18 (14).[1]

3636. That refers to inmate nurses?—It may be read into any new rule as meaning the present system of nursing, and that should be guarded against. I think it right enough that the nurses may have their appointment through the Governor, but it would not be wise to leave it absolutely to him.

3637. *By Dr Mackenzie.*—Would you not be prepared to associate your medical officer in the choice of nurses?—No, for fear of that same friction that we constantly fear.

3638. But he is ultimately responsible for the manner in which the nurses treat the patients?—Yes; but what we give him are people with a certain 'hall-'mark.' Everything after that is just a question of experience and personal character in selecting nurses.

3639. *By the Chairman.*—You mean that you have the qualification to begin with, and all you have to judge of afterwards is the character?—Yes; it is just like appointing a teacher; you never question the schoolmaster whether his education is up to the standard required for that particular school, because there is his Government certificate.

3640. There may be a distinction between the larger and smaller poorhouses?—Yes; in the larger poorhouses you can do a lot of things that you cannot do in smaller poorhouses.

3641. May we put it this way—you are not quite sure whether the view you have now given expression to would hold in the larger poorhouses where the hospital is separate, and where there is also a resident medical officer?—That is so. If there was a resident medical officer, I would probably take a different view.

Mr James Henderson, called and examined.

Mr J. Henderson.

3642. *By the Chairman.*—You are Governor of Kyle Combination Poorhouse?—Yes.

3643. How long have you held that position?—For twelve months.

3644. Had you any experience of Poor Law administration prior to that?—Yes. I was convener of the House Committee of the Kyle Combination for about twelve years before my appointment.

3645. And a member of the Parish Council?—Yes; I was a member of the Parish Council of Ayr.

3646. *By Mr Barclay.*—You said you were convener of the House Committee. Did you not mean to say that you were Chairman of the Works Committee?—Yes.

3647. *By the Chairman.*—For how long were you a member of the Parish Council?—I was a member of the Parish Council from 1894, and I was on the old Parochial Board for five years.

3648. You propose to give evidence upon indoor relief?—Yes.

3649. What is your view as to the sufficiency of accommodation provided for the sick poor?—So far as our combination is concerned, it is quite insufficient.

3650. Do you have your inmates divided according to our rules into sick, infirm, and ordinary?—No, the sick, infirm, and aged are all together.

3651. What number of inmates do you have in Kyle Combination Poorhouse?—We are sanctioned for 201.

3652. As a matter of fact, how many do you have just now?—This morning we had 167 inmates.

3653. They are not classified into sick, infirm, and ordinary?—No.

3654. Do you think that a classification is essential?—Yes.

3655. Why do you not carry it out?—We have no sick ward, properly speaking—it is only an infirm or mixed ward, and then it is too small. We require to have them all over the house in the ordinary wards. We have phthisis cases in the ordinary wards.

3656. When an application is made for indoor relief, are the applicants seen and looked after by the doctor, and does the doctor decide what part of the poorhouse they are to go into—or what is it that happens?—If there is room at all, he sends them to the sick or infirm ward.

3657. You do have a sick ward?—Yes; I would say that we must call it a sick ward, because it is the only thing that we have got.

[1] Poorhouse Rules and Regulations.

3658. How many does it accommodate?—Nineteen males and nineteen females.

3659. You have only the two wards?—Yes.

3660. Accordingly one ward is for the sick and infirm, and the other is for the ordinary inmates?—Yes.

3661. Are the males and females mixed?—No.

3662. Have you a resident medical officer?—No.

3663. Does your medical officer come every day?—Yes, and sometimes oftener.

3663A. Is it his duty to supervise all the sick-cases?—Yes.

3664. Are the sick cases put upon a special list?—Yes.

3665. Does the medical officer see the infirm cases as well as the sick cases when he comes to the house?—Not every day. A stranger coming in would not know which were the infirm and which were the sick.

3666. You think that that system is a bad one, and that it ought not to exist in any well-regulated poorhouse?—That is so.

3667. Accordingly would you approve of this Board making such rules as would oblige the House Committee or the Parish Councils of a combination to have a system of classification in their poorhouse?—Yes. I show photographs of our ward. (*The witness exhibited photographs.*)

3668. You are also of opinion that all cases of phthisis and malignant and offensive diseases should be isolated, and not treated in the ordinary poorhouse wards along with the other sick or infirm cases?—Yes, I am strongly of that opinion.

3669. Have your House Committee had before them these questions of providing not only for tuberculosis and malignant and offensive diseases, but also providing better accommodation all round?—Once, so far as I remember. We got a note from the Local Government Board about phthisis cases, and I remember their saying some little thing about it, but they did not consider it seriously.

3670. May I take it that the question of providing further accommodation in your poorhouse has not come before your House Committee in any formal shape?—That is so.

3671. *By Dr Mackenzie.*—You say in your *précis* that tuberculosis should be a scheduled disease. What do you mean by that?—It should be notified. My idea is that we ought to have a hospital for hopeless cases—not a sanatorium, but a house for old phthisis cases. I believe if the Parish Council were to get a grant, they would take on to that idea. It would do a great deal of good to the community.

3672. Yes; but do you propose, when you say it should be notified, that it should be notified to the Local Authority for Public Health, and dealt with by that authority?—Yes.

3673. *By the Chairman.*—In addition to that, you think that provision ought to be made in a separate hospital or house for the treatment of malignant diseases?—Yes.

3674. Would you suggest that that should be a hospital open not only to the parishes which form your combination, but to other combination poorhouses, or other poorhouses in the county, because it is quite possible to conceive that a building of that kind might be built sufficient to accommodate not only your malignant cases, but also those from other districts, and it might be a considerable burden to have an isolation hospital of that kind attached to each poorhouse? Have you considered whether a single building might be made to serve two or three poorhouses?—Yes; I think it would be better to have it as a centre for the parishes round about.

3675. I suppose that one building for the whole of Ayrshire might be sufficient?—Yes.

3676. Do you think that that would be a workable scheme?—Yes, I think so. It would do a great deal of good among these mining cases.

3677. And it would relieve your poorhouse of cases which you think are unfit to be treated along with the ordinary cases?—Yes; we get a number of cases of miners' phthisis.

3678. I am not talking so much about phthisis, because your view is that it ought to be notified and dealt with by the public health authorities. Leaving it out of view, and taking other diseases which you think are unfit for the ordinary poorhouse building, do you think that there would be a sufficient number of them to justify a single building being erected somewhere within the county of Ayr, which would accommodate all cases coming from that area?—Yes.

3679. You find considerable difficulty in defining sick and infirm cases?—Yes. I should like, however, to deal with the ordinary cases first. I would not suggest any change in the ordinary inmates; I think they are very well dealt with at present, in fact, too well dealt with. They are mostly single men that we are getting who have never contributed one penny to the rates in their lives. That class is growing with us.

3680. How do you account for that?—One of the reasons, I think, is that when they are employed they get their wages two and three times a day, they get paid at breakfast time, at dinner time, and when they are knocking off. The consequence is that they are losing the Scotch thrift altogether; they no sooner get their wages than they spend them. I am speaking of the navvy and the quay lot. I think that if employers of labour knew the harm that they are doing to the community, they might consider it.

3681. *By Dr Mackenzie.*—In what way does the paying them three times a day do harm?—They no sooner get their pay than they go to the public-house.

3682. If they have not enough to eat, and have to be paid before they get either food or drink, must they not get some food, otherwise they will go to you?—Yes, but a man with 4½d. or 6d. an hour ought to have something left over. They are either staying in common lodging-houses or in the poorhouse, and they are all young and single men. It is very rarely that we get a young man into the house who is married; we find that they are nearly all single.

3683. Do you think that the altering of the system of paying wages would make a difference in their coming to you?—Yes; I think it would make them more thrifty.

3684. *By the Chairman.*—Their coming to you is the result of drink; they go into the house for a day or two?—Yes. Of course they come in with a complaint, perhaps a cold due to an overdose of drink, and are a bit shaky; they get lying for a couple of days, and then they want away.

3685. I suppose they are apt to come back again after a similar experience?—Yes. My idea is that a young man should find a great difficulty in getting admission into a poorhouse for the first time, because I find that when he has once come into the poorhouse he will be back again in a very short time. I think that the outside test is far too simple; in fact, I might say that I think they are very often taken at their word; if they say they have got rheumatism or some simple disease, it is all right.

3686. Do you mean that the examination by the doctor is not sufficiently searching?—I mean to say that in my opinion the doctor often takes them just at their word.

3687. What would you suggest as an improvement on the present system?—If he is a strong labouring man, I don't see why he should get any relief at all.

3688. *By Dr Mackenzie.*—Suppose a man is starving and is not working?—They don't look like starving at all.

3689. *By the Chairman.*—Does your whole point rest on the ground that they are not medically unfit, as they are certified to be?—Yes.

3690. You think there is not a sufficient test in the poorhouse?—I would not just say that, but I think that if any good is to be done, some of it must be done outside, before they come in.

3691. You think that there must be a more searching medical examination before the certificate is granted?—Yes. For example, I have a man with his wife and son just now. The father and mother have lived the most of their days in either the poorhouse or the

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prison, the wife having been in prison over 200 times. The son is now a young man of sixteen years of age, and the last time he came in, he had an admission form of his own. He is quite big about it, that he can come and demand an admittance into the poorhouse on his own account now. Well, that young man is just going to follow the footsteps of his father and mother. What he was certified for was bleeding at the nose; he has not had any bleeding since he came in.

3692. Has he been certified now as able-bodied?—By the house doctor?

3693. Yes. I suppose if you get a certificate to the effect that he is able-bodied, and he is in the poorhouse, you don't continue the relief any longer?—It has never been the custom in our poorhouse for the medical officer to put them out.

3694. *By Dr Mackenzie.*—Are you understood to keep them in the poorhouse if they are known to be able-bodied, and able to go out again?—I don't think they have power to put them out. It would do a great deal of good if the Governor and the doctor could put a man out when he is fit to go. I don't think you would require to do it very often, once they knew that you had this power, but at present they turn round and say, 'You cannot put me out.'

3695. *By the Chairman.*—But if they are certified as able-bodied, they have to go out?—It has never been the custom in our poorhouse. There is no rule about it. Then with regard to the children: I would not have children in a poorhouse the way we have them. We have no separate place for the children since the new addition was put to the house, and, of course, they are running about the house with the old people. It is very annoying to these old persons, and it is very annoying to me. For instance, a boy will lift a small stone and will throw it at an old man, and the old man turns round and resents it, and they are both in danger of being hurt.

3696. Don't you board out the children from your poorhouse?—The Parish Council does that.

3697. But are the children boarded out from your poorhouse or do they remain there?—They mostly remain when they come in.

3698. How many children have you got?—We have fifteen just now.

3700. *By Mr Barclay.*—A number of these are in temporarily, their parents being in prison?—We have one family of six, the mother being in for three months' imprisonment. I think that that is too long to have them. The father is out in Malta, and I believe he is paying for the children.

3701. *By the Chairman.*—He is paying towards their support?—Yes.

3702. Is he a soldier?—Yes.

3703. You think that further provision should be made for the boarding out of children?—Yes.

3704. Are you of opinion that where a House Committee think that children should be boarded out, in the interests not only of the children themselves but of the other inmates of the poorhouse, the Parish Council ought to be obliged to board them out?—Yes.

3705. Do you think that there ought to be a rule to that effect?—Yes.

3706. *By Mr Barclay.*—It is not the practice of the parishes in the combination to send children into poorhouses permanently, as you might call it?—There was a boy of some thirteen or fourteen in the poorhouse for two years. I wrote the inspector saying that the boy was being spoiled, and we got him put away.

3707. The parish of Ayr does not send children to be kept in the poorhouse for any time?—No, it is more the outside parishes.

3708. It is accidentally that you have them?—Yes.

3709. *By the Chairman.*—We come now to the sick?—Yes; there is a difficulty about what the word sick covers. I think that we should have an infirm ward in our house, and, in my opinion, the present hospital ward would make an excellent infirm ward, giving just ample accommodation for our infirm people. Of course that would necessitate the building of a hospital; I don't think we can get on without a hospital. I would classify the inmates as infirm, acutely ill, and chronically ill, and I think that these should be separately accommodated.

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3710. Those are cases which you would class generically under infirm?—Yes.

3711. They are cases that do not require constant medical attendance, but which ought to be supervised by a trained nurse?—I would put the infirm into the ordinary house, and have them under the care of the matron.

3712. Do you have trained nursing in your poorhouse?—Yes.

3713. Do the duties of the trained nurse extend to the infirm?—I think not.

3714. Do you think that they ought to extend to the infirm?—In that case you would require two or three nurses. I really think that the infirm ought to come under the matron, but I should say that you should have a well-trained nurse for the acutely ill, and then the helpless and wetbed cases would come under the nurse.

3715. You class those as sick, I suppose?—Yes.

3716. The sick inmates would be those who required the attention of a trained nurse as well as constant medical care?—Yes. Chronically ill would be heart cases; and then you have dressing cases, which are under the trained nurse. I think the infirm people could be well looked after by the matron. They are in and out of bed so often, and they do not require very much nursing.

3717. *By Dr Mackenzie.*—Is not this classification that you put forward in your *précis*, infirm, bed-ridden, acutely ill, chronically ill, dressing cases, sprains, etc., a classification for purposes of medical treatment rather than administration? There is really no difference between chronic heart cases and infirm. Probably the majority of your infirm will have a chronic trouble with their heart, and yet they may be properly classed as infirm. On the other hand, your bed-ridden cases may have very little organic disease, and yet require a great deal of nursing. It seems to me that your classification is not a clearly-defined classification for administrative purposes. It is right enough from the medical point of view, but what advantage would it be to have separate accommodation for the chronically ill and the infirm, when, as a matter of fact, the two classes would be almost coincident?—With the chronically ill cases there might be some very bad heart cases, and they might require to go to the hospital. That would be a matter for the doctor.

3718. In that case they would still be patients for your nurse, although they are nominally infirm?—Yes.

3719. I don't see how you make out your case to exclude the infirm entirely from the nurse's control, when, as a matter of fact, the majority of your sick cases will certainly come from the infirm. Are your sick cases not largely recruited from the infirm?—Yes.

3720. Why should you be so positive as to putting the infirm under the control of the matron, and excluding the nurse from them? Would it not be an advantage to have the nurse having a certain control of the infirm?—It might be.

3721. Would it not help you to weed out worse cases and get them more properly dealt with as sick?—I would not mind. I was thinking mostly of our own poorhouse when I thought on this point; certainly we would require a larger staff of nurses if the infirm were to be looked after by nurses.

3721A. How many sick have you at present?—We have about twenty sick cases just now.

3722. How many nurses do you have?—One.

3723. *By the Chairman.*—Do you have any pauper nursing?—No.

3724. Do you have any pauper assistance?—We have a pauper warder.

3725. *By Dr Mackenzie.*—Have you any chronically ill among that number of sick, or are you only calling sick those who are acutely ill?—Yes.

3726. The chronically ill are not reported as requiring nursing?—No.

3727. Are dressing cases counted among the infirm or acutely ill?—They are counted among the infirm.

3728. Are the bedridden and helpless also counted among the infirm?—Yes.

3729. What sort of cases have you?—Paralysis.

3730. Who looks after them?—The nurse looks after them.

3731. So she is looking after sick and infirm in differently at present?—Yes.

3732. You are reckoned officially, however, as having only twenty sick and only one nurse?—Yes.

3733. *By Mr Barclay.*—How many will be in the sick wards at present?—They are full just now.

3734. How many do they hold?—Thirty-eight.

3735. And of these only twenty are classified as sick?—Yes. The nurse has far too much to do. The dressing cases alone that we have would take up the whole time of a nurse.

3736. *By Dr Mackenzie.*—What happens with you at present is that you have one nurse, which is equivalent to twenty sick, although the number of cases requiring attention is much greater than twenty?—Yes, upwards of sixty or seventy.

3737. Why don't you return these as sick?—I at first returned them as sick, and then I found that that had not been the custom. It was only those who were under the doctor's care that were returned.

3738. Are not those paralytic cases under the nurse under the doctor's supervision, just as if they were acutely sick?—He certainly sees them; they are under his care.

3739. So, strictly speaking, even as defined by the cases requiring medical attention, you have a considerable number of sick that are not returned as sick?—Yes. If I was to return them all, I would say that we have at least fifty on the sick list.

3740. So, according to the Board's standard, you ought to have at least three nurses?—Yes.

3741. And you have only one?—Yes.

3742. One for day and night duty?—She has both day and night duty, and she has to attend to maternity cases, of which we have four coming on just now. In March we had about a dozen pneumonia cases, requiring all the attention of the nurse, night and day, and we did not know what to do. I had to employ a nurse to do the night work.

3743. Have you accommodation for more than one nurse in your house?—Yes, we could put up another nurse now.

3744. *By the Chairman.*—As regards trained sick nursing, you are of opinion, I suppose, that trained sick nursing is a thing which is indispensable to the proper working of a poorhouse?—Yes. I think the nursing of a poorhouse is the most useful thing in the whole house. I think that the nurse cannot be good enough—she cannot have too much training.

3745. You have no probationers in Kyle?—No.

3746. Have you ever considered whether it would be advisable to have any there?—No. I think that we might be able to train probationers for looking after the infirm cases and such like, but I don't think we could train a nurse to look after acute cases.

3747. You don't think that training in a poorhouse of the size of Kyle would be sufficient?—That is so.

3748. In the larger poorhouses, of course, there is training of probationers on a considerable scale?—Yes, I believe so.

3749. You are of opinion that you could not give sufficient training in a poorhouse of the size of Kyle to entitle the nurse to be a certificated trained nurse?—That is so.

3750. You don't have appliances for the treatment of either acute medical or surgical cases in your poorhouse?—No.

3751. When you have a surgical case requiring an operation, is the case sent to the infirmary?—Yes, it is sent to the county hospital.

3752. Where is the hospital?—It is just the next building to us. We send a good few cases to the hospital.

3753. Do you pay for them when they are there?—I think they get a subscription from the Parish Council Of course our doctor is one of the staff, and that is the reason why, I think, we get them in so easily. I think that but for that we would have a difficulty.

3754. Is there anything else you desire to speak on?—When we have bad cases I think it is absolutely necessary to call in a nurse. I think that that power should be in the hands of the doctor and the Governor, so that when occasion arises they should have power to call in a nurse.

3755. You think that the doctor should have that power?—Yes.

3756. You think that he should not have uncontrolled power, but should intimate to the Governor and to the House Committee that he has seen it essential to call in a nurse, or that he proposes to do so?—He should intimate it to the Governor in the first instance, and to the House Committee as soon as possible.

3757. The Governor's duty being to provide accommodation for this extra nurse?—Yes.

3758. And also to see that her food is provided?—Yes.

3759. Have you anything further you desire to speak on?—Yes, punishment. I don't believe in the confinement punishment at all; I think it is really a bad thing. In my opinion, an inmate that requires such drastic punishment as to be confined for a period of hours ought to be turned out as not a fit subject for remaining in the house or getting relief.

3760. You think that he ought to be turned out?—Yes; he ought to be brought in front of the doctor, and if there is nothing to endanger his life he ought to be put out.

3761. Where would you put him if he was a pauper who was entitled to relief?—If a man is able to be put into a dark cell, I think he is able to work for himself.

3762. You think it ought to be made a police offence?—Yes.

3763. You are of opinion that the case is one which ought not to be treated by discipline inside the poorhouse, but, if of a sufficiently aggravated nature, it is a case that ought to be handed over to the police to be dealt with by them?—Yes. If an inmate was dying in a poorhouse cell nowadays, what a noise there would be.

3764. Have you known of confinement in dark cells in your experience?—I have never had any cases, but it has been the custom. We had a worse cell in our poorhouse than they had in the prison. There was not even a seat in it, and very little light got in.

3765. You think that all confinement should be abolished as a punishment?—Yes, I strongly feel that. I may say that I have sent for the police, and they have always come and taken the offenders.

3766. You have had cases tried?—Yes, I had a man sent to prison for twenty days the other day for going away with our clothing. There is a woman who comes very often the worse of drink and creates a disturbance. I said that I could not stand it any longer, and I sent for the policeman. He came up, and then I went to the police office and gave evidence against her, with the result that she got forty days.

3767. *By Dr Mackenzie.*—Your point is that if an offence is serious enough to merit prolonged confinement within a cell, it should be punishable by confinement under police regulations?—Yes; I think that punishment by confinement in cells has done a great deal to terrorise old people who should go to the poorhouse. It has frightened them, and has given a bad name to the poorhouse. Then I think that, if it was possible at all, the doctor and the Governor should be permanent officials, and dismissed by the Local Government Board, not by the House Committee. My reasons for saying so are these, that at present we have the triennial elections, when the parish councillors all retire, and it might happen that an entirely new Board came in, and they might be over-zealous and do some-

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thing which was rather harsh. I remember a motion being made that the doctor should only be appointed for three months, and that the appointment should go round the different doctors. That would have had a very bad effect on the poorhouse in my opinion, that so many doctors should be going about in the year. Then again, another member proposed that it should be compulsory for the Governor to give every inmate tobacco. The house became a perfect pandemonium, and they had to appeal to the Local Government Board and get the thing stopped. Then another member wanted the inmates to have a glass of whisky at night before going to bed.

3768. You would not suggest that the mere fact of giving security of tenure to the Governor or doctor would mean that they would refuse to carry out the instructions of the Parish Council?—No.

3769. *By the Chairman.*—You are of opinion that there ought to be a power of appeal to the Local Government Board against dismissals, both of the Governor and of the medical officer?—Yes.

3770. Just as in the case of the Public Health medical officer?—Yes. With regard to the tobacco, I believe strongly in the tobacco cure for inmates—in small offences there is nothing so good as keeping the tobacco off them, that being, in my opinion, the best punishment of all, and, of course, when you punish them in that way you are not endangering their lives at all. With regard to the general accommodation of our house, we can only seat 120 in our dining-room, and 19 on each side of the sick, while we are sanctioned for 201.

3771. Is there anything else you wish to refer to?—I would ask you to refer to page 10 of the rules,[1]—Rule 14. The tenth query runs as follows:—'Is the 'separation of the sexes and various classes of inmates 'strictly enforced; in particular, are children absolutely 'separated from adults, and married women from 'mothers of illegitimate children'?—There is none of our Board that takes any notice of the queries there at all.

3772. So far as your Board is concerned, this is a dead letter?—Yes.

3773. Of course I am not quite sure whether we should hold now that the children should be absolutely isolated from adults, as that conflicts with a subsequent rule, but this will all be taken into account?—Then I would refer to page 31,[1] Rule 22, which states: 'No 'poor person shall be admitted on any written or 'printed order bearing date more than three days 'before the day on which such order is presented at 'the poorhouse, unless such poor person, at the time 'of receiving the order, was residing at a distance of 'more than five miles from the poorhouse; and no 'poor person shall be admitted on any such order if it 'bears date more than six days before the day on 'which it is presented at the poorhouse.' I think that time is far too long nowadays, and I should say that a day would be sufficient in the like of Ayr, and two days in the widest part of the country. As it stands just now, a man or woman might be certified by the doctor as free of infectious disease, but he or she may have been in all the dirty dens of the town during the five or six days that elapse, and then come to the poorhouse with infection. With regard to the time, they make a habit of getting a line in the forenoon, and they stay out and try all they can to get as much drink as possible, and they come to us at ten or eleven o'clock much the worse of drink. I think the hours should be limited from eight to eight.

3774. You mean that no one should get into your poorhouse after eight o'clock at night?—Not unless it was a very serious case.

3775. *By Dr Mackenzie.*—How would you suggest that they should be accommodated? Would you send them to the police office?—They would be picked up as being the worse of drink, and would get the police office.

3776. Supposing that they are not picked up, and that they die of exposure, who is responsible?—If we had power to say, 'You cannot get in after eight o'clock,' that would take the responsibility off us.

3777. In the large poorhouses we find that they admit applicants day and night during the twenty-four hours, and that is found to be absolutely necessary?—Yes, but in a house like ours, where there is nobody but the Governor and the porter, it is different. We ought to have a male paid warder where there are 100 or 110 men, if you are to have any test whatever. There should be a labour master, although some people do not like that name.

3778. *By the Chairman.*—Have you brought that up before your committee?—No.

3779. Have you brought up any of these things before your committee, such as the want of accommodation?—Yes, repeatedly.

3780. And the trained nursing?—Yes. The accommodation was discussed for about four years before it was given effect to. Now we just want to begin and increase again, because the house is full. The Local Boards, however, are afraid to spend money.

Miss Margaret Walker, called and examined.

Miss M. Walker.

3781. *By Dr Mackenzie.*—You are Lady Superintendent of nurses in Dundee East Poorhouse Hospital?—Yes.

3782. How long have you held that position?—For three years in March.

3783. What experience of poorhouse nursing did you have before that?—I have just had experience in Dundee poorhouse, never having done Poor Law work till I came to Dundee. I have been nine years in the Dundee poorhouse, having been there since the hospital was opened.

3784. What training had you before?—I was four years in the Glasgow Royal Infirmary.

3785. You are familiar with every variety of trained sick nursing?—Yes.

3786. What staff nurses do you have?—At present we have twenty.

3787. Does that include probationers?—That is the whole staff of probationers and nurses, there being 13 charge nurses and 7 probationers.

3788. How many patients do these nurses attend to?—We have 320 in the hospital.

3789. That is 20 nurses, including 7 probationers, to 320 patients?—Yes.

3790. You state in your *précis*, regarding the possible improvements in hospitals and sick wards of poorhouses, as to the ways and means by which these can be accomplished, that the main requirement is to have a sufficient number of nurses to do the work satisfactorily. Do you find the number that you have sufficient for your work?—It is certainly improved to what we were, but it is not just what it should be.

3791. That means that you are worked very hard?—Yes, the work is hard.

3792. We got at Dundee a copy of the rules for the nurses showing the time of duty and so on. Do you find that the present rules give you sufficient relaxation?—Yes, I think the recreation is fairly good.

3793. Have you much breaking down among your nurses?—At times we have.

3794. Comparing your experience in the poorhouse with your experience in Glasgow Royal Infirmary, would it be more or less?—I did not know very much about the nurses who were laid up in the Royal. I was never laid up myself, and I don't think there were many who were laid up.

3795. Is the work in the Dundee poorhouse harder than in the Royal?—It is of a different kind; we have far more menial work, so to speak, to do than we had in the Royal.

3796. You mean work which is not strictly nursing work?—Yes; we don't have so much nursing work.

[1] Poorhouse Rules and Regulations.

3797. Do you get assistance for that kind of work?—We have a pauper assistant in each ward, and one in the kitchen, and then one on night duty. In the male infirm ward we have two men on duty, and a woman for the kitchen, and a man at night.

3798. So your wards are never unguarded. There is always someone on duty?—Yes. We have two trained nurses on night duty, and we are going to put on a third.

3799. You have a regular service of trained nurses at night?—Yes.

3800. You are of opinion that the standard of nursing should be raised, and first, as to age, you say that it should be from twenty-four or twenty-five. Do you think that more suitable than twenty-two?—Yes, I think that twenty-two is rather young.

3801. What leads you to say that?—I think the girls are very apt to break down, because the work is really very trying to a young girl.

3802. It has been suggested that probationers might begin to be trained at the age of eighteen within poorhouses for poorhouse work. Would you approve of that?—No. I would not take them on at twenty-two if I could get them older.

3803. You think that twenty-four or twenty-five, or even twenty-six, is young enough?—Yes. I think they make better nurses, and they are better fitted for their work.

3804. They are fully grown when they begin?—Yes. What I think is that when girls start so young their outside associations are of far more interest to them than their work.

3805. They don't take seriously to their work?—No, and it is work that you must set your mind on.

3806. *By Mr Barclay.*—What you mean is that they should begin nursing at twenty-four or twenty-five?—Yes.

3807. Our present age is twenty-two for finishing the probation. According to your suggestion now, the probation is to begin at twenty-four?—Yes, or twenty-five.

3808. *By Dr Mackenzie.*—The point in the rule is the age at which a nurse is registered as qualified?—Yes, that is twenty-two years.

3809. You would not approve of nurses beginning at twenty?—No, not in any infirmary.

3810. You are talking generally?—Yes. I think that twenty-two is rather young for any girl to start.

3811. Even in a general hospital?—Yes.

3812. What is the age in the Royal Infirmary?—It was twenty-five, but I believe they are taking them in younger now. When I was there the age was from twenty-three to twenty-five.

3813. *By the Chairman.*—You don't think that taking them on so late as that is at all apt to militate against your getting a supply of good young women who will take to nursing. We are led to understand that they might choose their line in life earlier than twenty-two, and if you do not provide for their training, say, when they are eighteen or nineteen or twenty, they may adopt other employments and not take to nursing at all, and accordingly the supply will be more limited. You don't think that that is sound?—You mean they take to other employments?

3814. Yes, if nursing is not open to them at that age?—They might be learning something else and then start nursing.

3815. But they might learn the something else and never take to the nursing?—That is so.

3816. *By Dr Mackenzie*—The point is, there is a better market to be got in nurses if you take them earlier than twenty than if you take them after that age?—I have had no difficulty in my experience in getting probationers.

3817. Do you know anything about other poorhouse hospitals?—I have never been in any.

3818. In your own experience you have more applications than you can take?—Yes. They come now and again at twenty or twenty-one, and ask if there are vacancies for probationers, and I always tell them that they are far too young.

3819. You would make it an absolute rule?—Yes. I don't think it would be right to take them in so young. I think they make better nurses when they are a little older.

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3820. You are of opinion that the two years' training which is recognised by the Local Government Board for a charge nurse is not sufficient? On what grounds do you say that?—I think that two years' training is not really sufficient for a certificated nurse, because in the third year they ought to have charge duty in a hospital, and get into the regular routine of the work so as to gain more experience.

3821. They cannot be put in really responsible positions until at least after two years' training?—That is so.

3822. You make an exception; you say, 'Except in 'an institution such as this, where the nurse may be 'expected to take charge duty, and where she would be 'under the supervision of a charge nurse'?—Yes.

3823. You would approve of training your own probationers and using them, but you would not count a person with two years' training as one fit to go to another hospital and take charge duty?—That is so.

3824. Have any of your assistants gone elsewhere at the end of two years?—No, our training is three years.

3825. So you never give them a certificate to entitle them to go?—No. They are registered at the end of two years, but the training is three years.

3826. You find even that is barely sufficient, and you would prefer to see it longer if you could get it?—I think they are well trained at the end of three years. We have had splendid probationers, and we have retained one as it is as a charge nurse.

3827. Her training has been entirely with you?—Yes.

3828. *By the Chairman.*—You think that pauper assistance should be dispensed with so far as possible?—Not dispensed with; but I would like to reduce the amount of assistance.

3829. You think that even with the highest standard which is possible you still require, or would be the better of having, pauper assistance, paupers to do some of the more ordinary work which is connected with nursing?—Yes. We would require to have someone to do that work, and paupers are quite able for it. If you are to reduce the help, then of course there must be more nurses.

3830. You think that the present system might be improved, because there are many duties that pauper nurses are called on to perform now which it is beyond their power to do properly?—Yes, and if we had the staff, they would not be asked to do it, although their help is valuable in many ways, and they do the work well when they are under supervision.

3831. I suppose you find that they don't stick to it?—That is the worst thing; they are so unsettled. It is just a constant coming and going with them, and you cannot depend on having them for any length of time.

3832. They leave the poorhouse?—Yes; they go out and in, and then sometimes you don't get very suitable women to do the work; you have just to take what there is.

3833. *By Mr Barclay.*—Would an increase in the number of trained nurses fill up the gap which would be made by the removal of pauper assistance?—There would be an increased number of probationers.

3834. But these pauper assistants do a lot of dirty work?—Yes, they do the work.

3835. Would you get probationers to do that?—We would need to have a certain amount of assistance. I don't mean to dispense with it entirely, but there are certain duties which I would much rather have done by a nurse than by a pauper assistant.

3836. You would not go the length of filling the place of the pauper helpers by paid scrubbers?—If you are to adopt paid scrubbers, that is all right.

3837. But you don't think that that is necessary?—No. The inmates are quite able to do the work expected of them, provided we have the nurses to do the regular nursing duties.

3838. *By the Chairman.*—Have you anything to suggest upon the present system of training proba-

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tioners? You find you can get lots of probationers?—Yes; at least I have always got plenty.

3839. You are able to give them, and have given them, employment in your poorhouse, and I suppose they have also got appointments in other poorhouses?—Yes; when they have left the poorhouse, they have got on very well.

3840. Do you find that they continue to do poorhouse work?—Some of them have gone to private work, and several of them have joined the Army Nursing Reserve.

3841. Do you find that there is any objection or prejudice against poorhouse work? When they have been trained in a poorhouse, are they inclined to take other work rather than poorhouse work?—I could not say as to there being a preference, but they have not gone to other poorhouses. Some have gone to private work, some have joined the Army Nursing Reserve, and others have married.

3842. With regard to the proportion of nurses to inmates in a poorhouse, you think that one charge nurse to twenty-five patients is preferable to the present system, which is one to twenty, until you get to sixty, and then one to thirty. You don't think that that is sufficient?—No, one to thirty is rather low.

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3843. You would prefer one to twenty-five in all cases where there are more than sixty patients?—Yes.

3844. Of course that is if there is a sufficient supply of probationers available?—Yes, there being a probationer with each charge nurse.

3845. You think that that would be essential in every poorhouse?—Yes.

3846. *By Mr Barclay.*—Have you any difficulty in getting nurses?—We have no difficulty now.

3847. Have you had any difficulty?—Yes, but I cannot say that we have any difficulty now. We always seem to have plenty of applicants when we advertise, including some who are not nurses that would pass the Local Government Board.

3848. *By the Chairman.*—There are plenty of nurses of a kind, although they may not be up to the qualifications required by this Board?—That is so. Of course I think it is essential that they should be properly trained before they are registered.

The Committee adjourned.

TENTH DAY.

THURSDAY, 15TH JANUARY 1903.

At the Local Government Board Offices, Edinburgh.

Present:

Mr J. Patten MacDougall, *Chairman.*
Dr W. Leslie Mackenzie.
Mr R. B. Barclay.

Mr J. Jeffrey, *Secretary.*

Dr R. S. Aitchison, called and examined.

Dr R. S. Aitchison.
15 Jan. 1903.

3849. *By the Chairman.*—You are Consulting and Visiting Medical Officer at Craigleith Poorhouse?—Yes.

3850. I understand there is also a resident medical officer in that poorhouse?—Yes.

3851. For how long have you been visiting medical officer?—I was for seven years medical officer alone, without a resident, visiting daily, and then for another seven years I have been consulting and visiting officer with a resident, making fourteen years altogether.

3852. Are there any special rules in Craigleith hospital for the medical officers or the medical treatment of the paupers there?—No. There are no special rules, except the Government rules which you have issued.

3853. You have no rules in Craigleith which have been issued by the Parish Council?—No.

3854. You have no rules beyond what are to be found in our general rules and regulations?—That is so, and what we have found to be necessary for ourselves.

3855. Then you have rules?—We have no printed rules, but we have certain rules as regards hours and so forth that are not concerned here. (Copy of Rules subsequently sent, *vide* Appendix XXXII.)

3856. Have you anything to say on the first head of our memorandum, regarding general improvements in hospitals and sick wards?—I have no experience of other hospitals in Scotland; I can only speak in regard to Craigleith. What has struck me there is the necessity for smaller wards for better distribution of the patients. In Craigleith we have only three large wards for males and three for females. We have an odd ward or two besides, but, generally speaking, it is just these large wards that we have. Now we cannot isolate our cases very well with only these three wards. There are often noisy cases, and then there are dying cases that disturb the other patients, and there should be rooms into which you can put such cases. Speaking generally, smaller wards is about the only thing I have to mention. Craigleith is far too full; there is not sufficient accommodation there.

Dr R. S. Aitchison.
15 Jan. 1903.

3857. How many sick are there in Craigleith, and for how many sick is there accommodation?—There are about 170 beds in Craigleith Hospital, and there are about 160 patients.

3858. Taking the return for the week ending 6th December, I see that there were in the hospital on the Saturday morning of the previous week 166 ordinary, of whom eighteen were phthisis patients, and during the week there were admitted fourteen more. But I see there were discharged during that week un recovered, to the outside, one, and recovered, to the poorhouse, nine. That leads to this, that the accom-

modation for the sick in Craigleith is defective?—Yes. I was trying to keep the general question separate from the next question. With regard to the general question, all I have to say is that, as a general rule, there should be smaller wards for better distribution in poorhouse hospitals.

3859. You mean better distribution of the diseases and of patients in it, as much as of diseases?—Yes. Another fault in the hospital construction is that apparently, as far as Craigleith is concerned, there is no thought of the workers, there is no accommodation for the workers. The hospital requires a certain number of workers. When I ask a nurse why these workers cannot sleep in the poorhouse, and come to the hospital in the morning, she says that that is inconvenient, that they have to start at five o'clock, whereas the poorhouse does not begin till later, and so they sleep in the sick wards, which is a very bad thing. We will have eight, ten, or so, warders or workers sleeping among the patients. These workers are just the scrubbers and cleaners.

3860. They are paupers who work in the sick wards?—Yes, and it is convenient to have them sleeping in the hospital because they start at five o'clock in the morning. Now that is one point that should be kept in mind in hospital construction. I don't think that these workers ought to sleep in the sick wards. If they are doing a fair amount of work they ought to get their rest; these wards are not suitable for them.

3861. Can you tell us whether this is wholly exceptional, that these workers in the sick wards of a poorhouse, who are paupers themselves, sleep in these sick wards?—I can say nothing as regards other poorhouses, but I fancy that it does exist elsewhere. There may be in the West some very good up-to-date hospitals, about which I know nothing, that have accommodation for these workers, but I should say that there are many hospitals where the same thing goes on as exists with us.

3862. How many of these pauper workers are there in Craigleith?—I think there were eight of them sleeping in the ward the last time I inquired. There will be from eight to ten.

3863. *By Dr Mackenzie.*—You would suggest that there should be permanent sleeping accommodation for more than that?—No. That seems to be the right number for our hospital, but in hospital construction accommodation for such workers should be kept in mind. The next point is with reference to infectious diseases, scabies, syphilis, etc. We have all these placed down at the gate, in order to isolate them from the poorhouse hospital; but you know it is very often the case that a person comes in with one of these diseases in a very feeble condition, and I think it should be kept in mind that these wards ought to be in and round the hospital, certainly isolated, but within a convenient distance for visiting them. If you have a case, say, of an old man or woman down at the gate, 150 yards from the hospital, it is too much to expect a nurse to go down in the middle of the night, and in very bad weather, to see how he or she is getting on.

3864. *By the Chairman.*—You are referring to cases of scabies and syphilis?—Yes. We have a ward for scabies cases. Cases of syphilis, acute syphilis and venereal disease, are at the gate. On the women's side we have nothing of that kind, but one ward for what I have been obliged to call the ward for personal cleanliness, for ordinary vermin cases, and we put everything of that sort into that ward. These wards are too far away from the hospital. In hospital construction it should be noted that although there should be complete isolation, the cases should not be so far away from the hospital, because many of these cases are very feeble, and ought to be in a ward in charge of a nurse. Then by the rules it is made compulsory on us that no pauper shall sleep alone. Now, how can you put a warder into an itch ward? He would object. Indeed, there is a case which I have read of in the *British Medical Journal* where there was an action raised against a doctor for putting a man into an itch ward, simply as warder, to look after an itch case.

3865. In compliance with the rules and regulations of the Local Government Board?—Yes. Your rules say that no pauper shall sleep alone in a ward; there is always another one to sleep in that ward.

3866. I gathered from you that there was a similar rule in existence in England, which, being carried into operation, led to an action?—I don't know that it was in England, but there was an action of which I once read, where a pauper raised the question of his having been put into an itch ward, although he had not itch. Another point which, in my opinion, is of great importance, and which seems to be entirely lost sight of in Craigleith, is that in our hospitals there is no provision for the emptying of a ward for cleaning purposes, and the congestion becomes exceedingly great. There should always be an empty ward in an hospital.

3867. *By Dr Mackenzie.*—You mean that your wards are practically full all the year round?—Yes; and it is the same at Craiglockhart. I have nothing to do with Craiglockhart Poorhouse, but in my capacity as certifying officer at the office, they have to put before me the condition of Craiglockhart as well as of Craigleith. I find that it also is always full, and you don't know where to put them.

3868. *By the Chairman.*—You think that in all poorhouses of the size of Craigleith and Craiglockhart there ought to be an empty ward?—Yes, there must be. It takes about two months to get a ward cleaned and painted. The thing is constantly present with us when the periods for cleaning and painting come round. In estimating accommodation you must allow for a ward into which you can put the patients while another ward is being cleaned: that is to say, there must be a ward of about twenty beds in excess of the requirements in relation to numbers. We cut the thing so very fine that there is no room for anything of the kind, and it is disgraceful when we come to the cleaning. Fancy twenty beds just touching one another! Of course we try to do that cleaning work in the summer, when there is less congestion, and it is sometimes not very bad, but I have seen it pretty bad at other times. An extra ward should be allowed. Then there is no operating room. When I have an operation I have to put the beds close together, and put up a screen.

3869. Do you have appliances for operations?—There are surgical appliances—that is right enough—but there is no operating room, and then there is no recovery room. I cannot put among ulcerous cases a man whose leg has been amputated; but I have had to do so. We want a recovery room, and these little rooms for the isolation of cases; and then there are whooping-cough and measles cases, which must be treated in the poorhouse now, because Sir Henry Littlejohn won't take them.

3870. *By Dr Mackenzie.*—You say that you have to provide for measles and whooping-cough because the Local Authority won't take them off your hands?—Yes, that is actually the fact now. It is also the case with chicken-pox. I am often in this position, that a woman applies with a child suffering from whooping-cough, and I ask the Council if they cannot manage to keep that child out, so as to keep the other children free from the whooping-cough. If you send a case of whooping-cough in among these children at the poorhouse, and you have no special accommodation for it, then you give the whooping-cough to the other children, and many of the weakly ones will die.

3871. Is it contemplated to provide for whooping-cough and measles on a sufficient scale in the Local Authority's new hospital at Colinton?—I am just speaking of the position I am in just now.

3872. You say that in actual fact the Local Authority won't take measles or whooping-cough cases off your hands?—They need not take them, and they have refused them, but perhaps that was on account of their lack of accommodation. They won't take chicken-pox either.

3873. For whatever reason it is, you have come to the conclusion that it is absolutely essential in a hospital of the size of yours to have an isolation pavilion for

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infectious cases, apart from itch and syphilis?—Yes, unless this new hospital at Colinton is to be so immense that we are to get rid of these cases. When I went to Craigleith, a long time ago, there was a ward in one of the wings with thirty cases of measles that could not be relieved by the Local Authority. Unless that is got over by the Colinton Hospital, I would say that we must provide for such cases.

3874. *By the Chairman.*—To clear up the point about the scabies cases. I see there is a rule here. Are these wards you speak of at the gates? The rule here is in regard to the probationary wards (page 31)[1]: 'In every case where neither the porter nor any other 'official sleeps in the probationary buildings, if a ward 'is to be occupied at night by only one inmate (with 'or without children), the Governor shall cause some 'person of the same sex as the inmate to sleep there.' Is that the rule to which you refer?—Yes.

3875. May we take it that these scabies and syphilis cases are treated in the probationary wards?—Not in the probationary wards, but down at the probationary. They are distinctly isolated from the probationary wards.

3876. This is a rule which applies to probationary wards only?—Well, are our syphilitic wards to be considered probationary? They are under the charge of the porter. I want it to be understood that they are not mixed with the ordinary cases, but they are under the charge of the porter.

3877. This rule applies, in your opinion, to these wards in which these scabies cases are treated?—Yes.

3878. You think that that is a rule which requires reconsideration?—Yes. The rule just read to me appears to apply only to the probationary or 'gate.' These wards at Craigleith consist of a *group* of buildings—the scabies and venereal wards being completely isolated from the ordinary wards. The porter is not in touch with the cases, and hence the need for the rule of not allowing a case to sleep alone in such wards. It would be a good rule to make for *all* wards (as we do in Craigleith); and there is no difficulty, of course, in *non-infective* cases.

3879. We come now to the sufficiency of the accommodation provided for the sick poor?—I have only to say that Craigleith is always full, and even with temporary wards to the extent of thirty beds, which make it worse than ever. We have had for the last three years a covered way between the hospital and the poorhouse, and we have taken in three little wards from the ordinary poorhouse, gaining thirty beds for the hospital, but these thirty temporary beds are still full. The objection is that whereas we have 900 to 1000 cubic feet to the hospital, we don't have that in these temporary wards, which may be called permanent wards now that we have had them so long. There we have only 700 cubic feet.

3880. Does that complete what you have to say on the general question?—Yes, and on the question of the sufficiency of the accommodation provided for the sick poor. I think that the cubic space is very fair. We usually allow a little more in a new hospital.

3881. *By Dr Mackenzie.*—With this overcrowding, as it practically is, of your sick, does it, as a matter of fact, curtail the number of sick that you return as sick for the purposes of the nursing?—No, these figures stand.

3882. You have got all the sick in the poorhouse returned as sick?—Yes.

3883. *By the Chairman.*—Even although these sick may be removed to the ordinary wards, or rather to the infirm wards, as they sometimes are? I find in one of your returns, 'Unrecovered, removed to the 'poorhouse, nine cases of sick.' Would these be returned among your sick?—No, these would be out. You are taking my monthly reports for that return?

3884. Yes?—The figures are constantly fluctuating, and you have only got the figures for the one day on which that report is completed.

3885. This is a special return got in every week. If there was room, these nine cases to which I have referred would still be in the sick wards?—It would depend on whether they had recovered or not.

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3886. *By Mr Barclay.*—But they are unrecovered. They are put out to make room?—I know nothing about how this has been arranged. It means not completely cured.

3887. Yes?—We dismiss our cases either as cured or relieved. These are special cases that have been dismissed to make room; they would come under relieved. In your return you ask for 'unrecovered' cases dismissed from hospital. It may be that the clerk has returned as 'unrecovered' the figures of those 'relieved,' which is the term always in use at Craigleith.

3888. *By Dr Mackenzie.*—Would they remain still under medical treatment?—They would not get the same supervision, but they really are watched. In relation to this, it may be thought that the hospital is not quite full, if you compare the number of patients with the number of beds, but it must be remembered that the rest of the hospital is filled with these workers, and that is what presses us often. With reference to your previous questions (3881-2), it is obvious, of course, that our 'sick' would be curtailed in numbers if we require to put out as 'relieved' (unrecovered) a few cases in order to get room for more pressing cases. Had we the room, it is probable that some of these 'relieved' would have been kept in the hospital, as being more suitable for them.

3889. *By the Chairman.*—We come now to the next heading, whether it is expedient to treat tuberculous, malignant and offensive diseases in poorhouses, and, if so, what arrangements should be made therefor?—I say that you must treat such cases in poorhouses and you ought to have smaller wards for better distribution. I don't mean little wards, but wards smaller than they are at present. I don't want more wards with twenty-four beds in them; I want wards with eight or ten beds. I think, with so large a proportion of the diseases in poorhouses consisting of these tuberculous and malignant and offensive diseases, they must always be treated in the poorhouse. Is it simply the question of sanatoria that you are thinking of?

3889A. Whether they should not be isolated and have special accommodation for themselves; that is what we mean?—In the poorhouse, and not in the hospital?

3890. We are talking of poorhouses as a whole. In Dundee we found special isolation wards for cancerous cases, and, what you have been telling us, skin diseases?—When I read this question it occurred to me that you meant that you were to have nothing more to do with paupers suffering from tuberculosis.

3891. No, that is not what we mean?—Then they must be treated in the poorhouse, because these are just the cases that we have. I quite approve that cancerous cases ought to be kept away from other cases if they are offensive. Now we cannot do that, as we have no smaller wards. Tuberculous cases must be separated too. All I have to say with regard to that is included in what I have said on the general question as to the management of hospital accommodation, except that I would suggest that the warders sleeping in phthisical wards should themselves be phthisical. I think that is worthy of note. If you are to isolate these phthisical patients, then it is not right that other than phthisical warders should be there.

3892. *By Dr Mackenzie.*—Have you any strong opinions on the subject of sanatorium treatment within the poorhouse?—I think that the Parish Council should limit themselves to taking in those advanced cases which have perhaps filtered through the charitable institutions, and for which nothing more can be done—they come practically to die. Our phthisis ward is well ventilated, and we carry out the open-air treatment as far as we can, making them go out, and feeding them very much better than the others. I think that that is all that we can do; but they might start a small sanatorium.

3893. On the chance of getting cases that you might make something of?—Yes; but the thing is bristling with difficulty. We shall have those paupers coming

[1] Poorhouse Rules and Regulations.

and enjoying the treatment, and then going out and getting drunk, then coming back again and enjoying the sanatorium treatment once more. I think it is a matter for private charity at present.

3894. Suppose you were able to keep them until you were satisfied that as much had been done for them as could be done?—That would assist. The proper treatment for phthisis requires downright pluck, and you don't get that in paupers except in a few cases. You must make them go out, and so on.

3895. You could not hope to do anything successfully with sanatorium treatment unless you had compulsory powers to do with the pauper as you thought fit?—That is so.

3896. There are occasionally cases that you can do something with by persuasion?—Yes, where the man is desirous of going through the treatment. Paupers, however, have no backbone. When they come suffering from phthisis, in addition to other conditions associated with destitution, they don't seem to have any pluck to go through the treatment, and they don't stay. At Craigleith they get eggs and milk, and good feeding, and they stay rather longer; but the craving to go out comes on them, and they go, and then they come back again in a week or two. I have no hope of sanatorium treatment of paupers being of any good, except in exceptional cases, unless there is power to compel them to stay.

3897. Do you think it probable or possible that if you had detention powers you could restore a fair number of such cases to efficiency, and make it possible for them to leave the poorhouse, and provide for themselves?—It would put them in very good circumstances for another start, but then all the influences at work before would come in again, and if the man has the regular constitutional indolence of the pauper, I think he would come back again.

3898. There is not much prospect of economy out of it?—No. I don't think a sanatorium for paupers would do much good.

3899. That is sanatorium treatment within the poorhouse, or within the limits of poorhouse administration?—Yes.

3900. Do you think that apart from treatment within the poorhouse, and within the poorhouse rules, it might occasionally be to the interest of a Parish Council to send cases to a proper, regular sanatorium, in the hope of so improving them that they might become efficient again?—Yes. How could you make any rules for cases such as I have instanced?

3901. It would not be within the ordinary poorhouse rules?—No. Here is a poor fellow that looks as if you could do something for him, and he has a more respectable history than the others. Perhaps we might send that case to a sanatorium, and some good might be done. It would just be individual cases like that. I think that that is the position that the matter should be left in at present, rather than suggest building sanatoria.

3902. It would be better to arrange with a sanatorium outside than to make a sanatorium within conditions of poorhouse administration?—Yes; just as before we sent to the infirmary anything we liked. We have never sent any cases to the infirmary in my day, but it is still printed in the Register how many cases are sent to the infirmary in the month.

3903. *By the Chairman.*—You say that you have never sent any cases to the infirmary. Does that mean this—that where you have a case requiring a major surgical operation, that case would be attended to in Craigleith?—Yes. The hospitals were built when pauper nurses were used, and there is no accommodation for the nurses we have, and so forth. Surgical operations were never intended to be performed in the hospital, where there is no accommodation for recovery, and so they were sent to the infirmary.

3904. But that is not the case now?—We may do so if it is something very big, but it has never happened in my experience. I think I remember a case of a man, a long time ago, who arrived at the gate with some obstruction, which I could not manage myself, and I sent him up to the infirmary.

3905. We have had it from Mr Ferrier that where there are cases requiring major operations they would probably be sent to the infirmary, as there is no accommodation for them in your hospital?—They are not sent. I have amputated a leg above the knee; I have done a Syme and a Mackenzie, and a hernia (which cannot be sent to the infirmary). We have the privilege of sending a case to the infirmary if we think it is too much for one pair of hands. As a matter of fact we like to get these cases, and to do everything ourselves. I have no difficulty in getting a colleague, or even two, to come; in fact, they are anxious to come and assist, and we do all the operations that have ever transpired at Craigleith. We have sent nothing to the infirmary. Perhaps if I had a case of a man developing cancer of the tongue, I would not like to take that myself, because I have never removed a tongue; but if we got an operating room and a recovery room, so that we could do the best possible for that man, then we would not send him to the infirmary.

3906. *By Dr Mackenzie.*—But under present conditions you would not do it?—No, except in an emergency, when I must do it.

3907. *By the Chairman.*—Do you think that in all poorhouses like Craigleith and Craiglockhart it is right that there should be an operating room?—Yes. There is nothing commoner among old people than gangrene in the leg or toe or foot.

3908. Keep this in view, that we are here considering the question of all poorhouses in Scotland. Can you suggest any distinctive line? I don't suppose you would propose that we should have an operating chamber in every poorhouse in Scotland?—No.

3909. Can you suggest to us any dividing line as to the class of poorhouses in which we should have an operating chamber, as distinct from those where such a chamber would not be requisite? Would you define it by the number of sick patients?—Yes. Hospitals of a certain size ought to have an operating room, but I would not like to fix the exact numbers. Take our numbers; there is no doubt that something like 90 per cent. of our cases are ordinary physician's cases and the other 10 per cent. are minor surgical cases, such as an ordinary practitioner tackles. The last amputation I had was about two and a half years ago. Such cases, however, seem to come in little bursts; there will be nothing for a year or two, and then there will be two or three rather large operations. There is none of these but I could have disposed of to the infirmary, and not operated, if you are to make it a poorhouse without an operating theatre; but I think that every poorhouse as large as ours ought to have a room for these emergency cases into which they could be removed. It is not a pleasant thing to give chloroform in an ordinary ward, nor is it pleasant for the other patients to hear the noise and disturbance. There should be a separate room attached to all hospitals the size of Craigleith. A small room is all that we want.

3910. *By Dr Mackenzie.*—There are other things besides operations for which a theatre would be an advantage?—Yes. It is not an expensive item; it is simply a room. One room might be set apart and called the operating theatre; it might seldom be used, but kept for something else. There is another point in connection with the hospital, and that is as to whether one of these steam disinfectors ought not to be attached to every hospital. They are rather expensive; the one I suggest is an Equifex, and it cost about £200 or £300. I think that it should be considered in the larger hospitals for the disinfecting of bedding and so on.

3911. *By the Chairman.*—Do you think that when an operation is required the patient would rather go to the infirmary than remain with you?—A man may say, 'I want a Professor to take my leg off, and not 'you'; and we say, 'You can do what you please, but 'we will attend to you if you like.'

3912. *By Dr Mackenzie.*—Have you had any case that you thought ought to be sent to the infirmary, and have you any arrangements whereby you can demand admission?—As I understand, I can send a case to the infirmary if I wish, but I don't do so. In

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the case of a major operation I ask a friendly surgeon to come with me, and we arrange between us as to the work. He comes and brings all his instruments and everything complete. In the hernia case the surgeon was an old fellow-student of my own, and I asked him to come and assist me. The resident medical officer gave the chloroform. I did the hernia, and the surgeon assisted me in the tying of the vessels and the doing up, and the man did very well. In the case of the amputation I did the same. I think it ought to be the privilege of the medical officer to call in assistance, and that the surgeon should get a fee. I have never found any surgeon, however, desirous of taking a fee for operating on a pauper. Of course I approve that they should get a fee, and I would suggest that there should be a scale of fees arranged such as they have in London.

3913. *By the Chairman.*—Have you in your experience ever had cases where you have said, 'We can do no 'more for you here,' and the man has dismissed himself and has been free to go to the infirmary if he wished?—I never knew of such a case. We may have said, 'There is nothing more can be done for you,' and the man may have left and gone to the infirmary, but I don't know of any such case.

3914. Suppose there is a case where there is an operation which you might not be able to overtake owing to the want of a room, or to some other reason, the course you would take would be to say, 'This is a 'case which I think should be treated in the infirmary,' and you would make arrangements that the man should go to the infirmary?—No, this is what I should do; in the case of a very large operation I would say, 'Now we 'can do this here, although we are not placed in such 'good circumstances, perhaps, for the after treatment; 'if you will remain I will do it, and we will have 'proper assistance just the same as the infirmary.' We generally coax them to remain, and we do the operation.

3915. But I am referring to a case where, for some reason or other, you would not be able to perform the operation, and where you are of opinion that the case is one which should be treated in the infirmary. Would you say to that man, 'We cannot deal with 'you here'?—No, I would not say that.

3916. What would you say?—'We will do it here; 'we won't send it to the infirmary.'

3917. *By Dr Mackenzie.*—Unless you considered that the conditions of your hospital were such as to make it dangerous?—Yes.

3918. *By the Chairman.*—That is the case I want to figure?—The cases have done very well with us. It is not right and proper to put an operative case in an ordinary ward, and therefore on these grounds you might find fault with me if anything went wrong; but, given a proper operating room and recovery room, we would send nothing to the infirmary, we would do the whole business ourselves. If you agree to that, then you must arrange that proper fees be given.

3919. But I am trying to picture a case under present conditions where you would be of opinion that you are not able to deal with it. Would you say to a man in such conditions, 'We cannot perform this 'operation here; this case is one that ought to go to 'the infirmary, and we will arrange accordingly,' or would you simply say, 'We can do nothing more for 'you; you must leave the poorhouse'?—No, I would never say that. In the event of such a rare case of such gravity as to require a large operation, I would say that in Craigleith we should not do it under existing circumstances; but we are ready to do it whenever the circumstances are put right.[1]

3920. You think that Craigleith and Craiglockhart are hospitals of a size which would warrant the provision of an operating room for all operations?—Yes, and for other things besides operations. We want a room for examinations and operations; but we want other rooms besides an operating room.

3921. We come now to the classification of inmates. I think we may say generally that you have replied by letter, dated 15th September 1902, to the circular from this Board of July 1902 relating to the medical classification of poorhouse inmates, and you now put in that letter?—Yes. (*Hands in letter, vide* App. XXXIV.)

3922. Do you desire to supplement what you say there?—I arranged with Mr M'Neill ten years ago to have the cards instead of the ledgers. The ledger is very inconvenient, while the cards at the head of the beds contain all the information, and they let the inspector, or the Parish Council, or any one else, see what is being done. These cards are all preserved.

3923. How long are they preserved?—They are preserved for two years. Mr M'Neill said that we could destroy them then; that if no complaint was made in two years, no complaint would be entertained. Then here is a point to which I think it is well to direct your attention. I don't know whether it is in your rules or not (I could not find it), but it is a rule that obtains in Craigleith,—'in the case of a pauper turning ill in the poorhouse, he may, at the discretion 'of the medical officer, remain two days in his bed in 'the ordinary ward before removal to the hospital.' I think that that rule obtains in more poorhouses than Craigleith, and I object to it. A man should not be allowed to lie there for a single day. Although it may be a trivial disease, I think it is better to remove him at once to the hospital, even if you have to turn him out next day. A man lying in the ordinary room all day pollutes the room.

3924. Have you remonstrated about that to the Parish Council?—No, I understood it was a fixed rule. Perhaps it is a rule made by the Governor.

3925. *By Mr Barclay.*—The rule is the other way; it is that a person is not allowed to remain more than two days in bed in the ordinary wards?—That is so, he cannot remain more than two days, whatever the illness. Of course that is a useful rule just now, but I hope you will insist upon our Parish Council giving sufficient accommodation, and then that rule should not be allowed.

3926. *By Dr Mackenzie.*—Your point is that whenever a man becomes ill he ought to be put, as soon as practicable, into the department of the poorhouse where the medical man is in absolute charge?—Yes.

3927. *By the Chairman.*—In his own interest as well as in the interests of the other inmates?—Yes, it is much safer.

3928. *By Dr Mackenzie.*—You find that that rule has been interpreted to mean that a man may be kept in bed in the ordinary ward for two days?—Yes. I don't see any difference between what Mr Barclay has put and the use of the rule. It just means this, that a pauper lies down in bed, the resident comes and sees him, it only seems to be a cold, and as we are crowded in the hospital we allow him to lie for a day or two, and see how he gets on. If he is not better in two days then he is bound to be taken to the hospital; if he is better then he is not taken to the hospital. I am strongly of opinion, however, that he should not be allowed to lie there.

3929. *By the Chairman.*—You would consider him, when removed, as a sick inmate?—Yes.

3930. He would not be a sick inmate before removal?—No. He would be a sick man in the ordinary sick book in the poorhouse, the entry showing what he has got, and the treatment.

3931. *By Dr Mackenzie.*—Would he be returned as sick?—No, he would not be in that return of sick.

3932. Would there be many such cases in a year?—I would say that there are a great many. There is never a week passes but there are one or two such cases for the doctor to see in the morning. During the seven years that I had the whole of the medical work in my own hands and paid daily visits there were always two or three such cases in the poorhouse.

3933. It would amount, roughly, to between 600 and 1000 cases in the year?—Yes, cases just lying for a day.

3934. *By the Chairman.*—These cases will be seen by the resident medical officer, and not by you, unless

[1] See explanatory letter, Appendix XXXIII.

your attention is called to them?—That is so. Of course if it is a serious ailment the man is removed across to the hospital, even in the middle of the night.

3935. *By Mr Barclay.*—You wish it to be an absolute rule that no sick person should be allowed to lie in the ordinary wards at all?—That is so. I think it is better for the man, and better and safer for all parties that he should be in the sick ward.

3936. *By Dr Mackenzie.*—Have you ever had any case of that sort that was not removed, and that died?—No, but there have been cases where they have died shortly after being removed from the poorhouse. If they die in the hospital we do not require to report their deaths to the Procurator-Fiscal, so long as they are not unexpected.

3937. *By the Chairman.*—I refer you to Rule 48 (8) on page 44.[1] Would these cases that you have referred to be included in the weekly or monthly return of sick?—No.

3938. Those cases are never on the register of patients under the medical officer's care in the poorhouse?—No. The only return is a return of our sick. They are rather considered to be trifling cases, and they are not counted among the sick.

3939. The sick are exclusively those in the sick wards?—Yes. My next remark is in relation to Clause 3 of my letter. You ask if there is anything I can say as to a better classification, and I only remark that on a whole the classification might be left to the governors and matrons after the patients have filtered through the doctors' hands. The medical officer might suggest a change in the infirm or ordinary wards in making his usual rounds. Then I would refer to the rule on page 33[1]: 'Medical Officer not entitled to interfere with 'classification of inmates.'

3940. We may assume that you will see no more of that rule?—Then even supposing that to be remedied, the classification may be left to the governors, because all that is left are the ordinary and infirm that he can have anything to do with. The resident medical officer or the admitting officer certifies a case, and it will be taken from the probationary ward to the sick ward, so that the governor is relieved of all the sick, and he exercises no administration on any inmates except the ordinary and infirm. My resident medical officer goes into the infirm wards every second day, sometimes he may go oftener. He has a constant supervision of the poorhouse and understands that; he may suggest that a certain ordinary case should go into the infirm ward, but I think that the classification should be left in the Governor's hands.

3941. His supervision extends over the whole house?—Yes.

3942. Is that a supervision which is exercised constantly?—Yes, practically constantly.

3943. And you think rightly so?—Yes. I don't think that the thing can be done by just 'spasmodic' inspections, because there is a constant change, and it requires a constant supervision.

3944. *By Dr Mackenzie.*—Would you be satisfied with merely suggesting to the Governor? Would you not give the medical man more authority, that he should have absolute, undisputed access to every part of the poorhouse; and if in that scrutiny he finds a case he thinks ought to be removed, he should be in a position to say that it must be removed?—Yes. I can hardly imagine a Governor, however, taking such responsibility on himself as to decline.

3945. *By the Chairman.*—We have here to consider the case of all the poorhouses in Scotland. Would you say that that supervision of the resident medical officer over all the inmates should extend to all poorhouses, coming to this—that the visiting medical officer should have supervision over all the inmates of the poorhouse of which he is medical officer, and that that supervision should be exercised, not spasmodically, as you put it, but constantly? Is that your view?—Yes. The medical officer ought to have the supervision of the poorhouse to that extent. I have had experience for seven years, where I had this large hospital very much in the same way as you put it. Of course the Governor and the medical officer may work very well together, and the one may help the other. My Governor used to suggest that I should take a run round, and I would go round and try and discover any one too infirm or too weak to be in the ordinary or infirm wards, and so forth. I think that when a medical officer says, 'This ordinary case must go to the sick 'ward,' that should be absolute, as it is his business. I hold, however, that the Governor and matron are quite capable of classifying the ordinary cases, and even the infirm cases. They see the cases, and they are quite experienced. They do not require to know the nature of the disease; they only require to know the physical condition.

3946. Your experience would lead you to this conclusion, that there are frequently cases which become sick, but are originally treated as ordinary cases?—And forgotten.

3947. Yes; or there may be some latent disease which you do not diagnose when the inmate goes through your hands into the ordinary wards, and of course the Governor may not discover anything wrong, which the practitioner might?—That is so. You mean a case has remained several months, and should have been removed. That is where the Governor or matron should have noticed that the person was looking seedy or ill, and called in the doctor. But I think that the doctor, in addition to that, should occasionally go round the whole house. Of course, periodic inspection in a large house comes to be constant supervision; but in a country poorhouse, where the doctor has to go a mile or two, there should be a periodic inspection.

3948. Do you think that we should make a regulation to that effect?—Yes. It is a work of supererogation for the visiting medical officer and even the resident medical officer in our larger poorhouses. In the smaller poorhouses the periodic inspection would do good.

3949. *By Dr Mackenzie.*—That would imply this—that the medical officer should not be put in the position of absolutely relying on the report of the Governor as to whether a case is ill or not. You would set that aside to this extent—that you would give the medical officer full power to make a direct scrutiny for himself, irrespective of any other official?—Yes; and in the smaller poorhouses there should be a periodic inspection by the visiting medical officer where there is no resident. I would decidedly recommend that.

3950. Have you ever found in actual experience any case overlooked on account of the fact that the report had to come through the Governor?—Yes. I have gone round the workshops and said, 'This man had 'better go to the sick ward.'

3951. That is a case that would not be reported by the Governor?—That is so.

3952. You discovered it yourself when going round?—Yes. I have discovered such things several times—nothing that you can blame any of the officials for at all.

3953. *By the Chairman.*—Has that happened in your first seven years?—Yes. I cannot speak to the second seven years, because the resident does that. In my first seven years I have assuredly detected cases of illness, and remedied them. Sometimes an inmate would say that he would not go to the hospital.

3954. Then with regard to remedies for detecting the able-bodied?—I know of no remedies for able-bodied except that the relieving committee should shorten their periods. They might put a man in for a month instead of six months, and at the end of the month he should be brought up by the inspector for another medical examination. That is the way it should be done; it should not be the business of the medical officer. It is no interest to him to go hunting the poorhouse for able-bodied men. That should be the Governor's work. We are only in the position of referees, to give a certificate when asked for one, which they can use as they wish. I think it is a strong point, because sometimes when there have been able-bodied men in our poorhouses, and the Parish Council have come across them, then the Governor has said, 'There

[1] Poorhouse Rules and Regulations.

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'are no able-bodied here: how can I tell?' I don't think it is the duty of the medical officer at all; it is the Governor's duty. Sometimes a Councillor thinks that a man is able-bodied, but there is no one to blame except the relieving committee themselves, who, when they have the certificate, say, 'Give that man two 'months, give him three months, or give him six 'months.' If they think that there are able-bodied men in the house, let them give the certificate for three weeks, and, when the certificate falls due, a blank certificate is put before the medical officer again, and this man is brought before you, and if found able-bodied he is turned out. Then I would recommend that we report all these deaths 'shortly after removal' from the poorhouse to the hospital. Mr M'Neill and I arranged about that when, I believe, you were getting a lot of moribund cases sent into a poorhouse. A circular was issued stating that all cases dying shortly after admission to the poorhouse were to be reported to this Board. I had to find out what 'shortly after admission' meant, and between Mr M'Neill and myself we fixed the time as two hours, although that is not in the regulations. In our poorhouse, therefore, a man dying two hours and one minute after admission is not reported to you, but if he dies one minute before the two hours, then the case would be reported. There have been no such cases, however, in my experience. We must make a rule of some sort.

3955. That is the way you interpret the rule?—That is the way I arranged with Mr M'Neill. It would not matter whether you made it two, four or six hours, but we must have a rule. I think that that would be a very good rule to apply to these cases taken from the poorhouse into the poorhouse hospital.

3956. I don't see the words 'Shortly after ad-'mission'?—It is in a special circular issued in March 1892.

3957. I notice in the returns to this Board of the number of inmates, in the column dealing with deaths, that all the deaths are returned to us as having occurred amongst the sick inmates. May we accordingly take it that there are no deaths either among the ordinary or the infirm?—There are no deaths except sudden or unexpected deaths, which occur perhaps once in two years, because we remove all who are sick to the sick wards, and they die there.

3958. Then do you return, as being in the sick wards, any deaths that have occurred in either the ordinary or infirm wards?—There are no deaths occurring in the ordinary or infirm wards, because as soon as anyone turns sick in these wards he is removed in the basket to the hospital, and is attended to there. Such cases may die that day or the next day, or on some following day. There are no deaths in the ordinary wards. Perhaps your definition of infirm is not the same as mine. During my first seven years there was very little difference between some of the infirm cases and sick cases, and when the hospital was crowded I used to attend these cases in the infirm wards, and treat them exactly as if they were in the hospital. These would be included in the return of sick then as dying in the infirm wards, but that is not done now. I do not approve of anyone dying anywhere except in the sick wards.

3959. And *de facto* they never die except in the sick wards?—They do not; but, if they do, they are returned as a sudden and unexpected death.

3960. No case of a sudden and unexpected death can occur in the sick wards?—Not unless it has happened shortly after arrival.

3961. That is, within two hours?—Yes, Mr M'Neill and I having fixed between ourselves on two hours as the proper time. You cannot have a 'sudden' death in the hospital, but we might have a totally unexpected death there, and we would return it then.

3962. What would you call a totally unexpected death?—A death from some cause which has nothing to do with the disease for which the person was sent to the sick ward. It is very difficult to define a sudden and unexpected death. There is nothing sudden or unexpected in the hospital if it has been foreseen by us in our visits; but if a man cut his throat in the hospital, then that would be reported to the Board at once.

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3963. And not only to us, but to the Fiscal also?—Yes. I think it would be a good rule for you to have reported also those cases that die shortly after admission into the hospital from the poorhouse, as that will give you a key as to what is going on in these infirm wards. If they are leaving these cases too long in the infirm wards, and they are dying almost immediately after they are taken into the hospital, they won't be reported to you.

3964. *By Dr Mackenzie.*—In one of the rules for workhouse medical officers in England, it is stated, 'He 'shall report in writing to the Poor Law Board the 'cause of every sudden and every accidental death 'which may occur in the workhouse within twenty-four 'hours after he shall receive information of the same, 'and the cause of the death, so far as he is able to 'explain it.' Would a rule like that, applied to the removal of cases from infirm wards to the hospital, meet your view? You said you would apply the same rule as to cases from the outside?—It would work. When we report a sudden and unexpected death to the Fiscal it means this, that officers are sent down, enquiries are made, and witnesses are examined, while the death might be quite a simple matter. I don't think that a death taking place in that way is the kind of death that the Fiscal wants reported to him. The report is made to him to give him an opportunity of examining into the case and seeing if there are any suspicious circumstances, but what I suggest is in the ordinary poorhouse work. There are some very feeble people in the infirm wards, and we might not just hit the exact moment for taking them over. We may have them die shortly after admission into the hospital, but I think it well that you should know about it.

3965. *By Mr Barclay.*—You are making different classes of sudden deaths, one class to be reported to the Board and another class to be reported to the Board and the Fiscal?—I don't call the former a 'sudden' death.

3966. An unexpected death?—It is very difficult to choose a word. It is not sudden, that is, from the Fiscal's point of view.

3967. *By Dr Mackenzie.*—Would you define it by saying 'Shortly after admission,' and define that by so many hours?—Yes. The Fiscal does not want reported to him cases of people who were very feeble in the infirm wards, and who suddenly collapsed, and died shortly after admission into the hospital. I would simply have the rule (I think it is quite easy for you to make it) that cases sent from district officers into the house be reported if they die shortly after admission, and also to apply to these cases which turn ill in the poorhouse and die in the hospital shortly after admission. If it is an unexpected and sudden death from the Fiscal's point of view, then we will report that also, but I would not like to trouble the Fiscal with cases such as I have mentioned.

3968. *By the Chairman.*—We come now to head 4, with regard to the powers and duties of the medical officer. We shall be glad to hear what you have to say on that?—I have nothing special to say on the sick, the infirm, and children.

3969. Do you think that the duties of the resident medical officer, or of the visiting medical officer where there is no resident, should be extended to any supervision of the persons and beds and bedding of the inmates?—I think not.

3970. You think that that should be left to the Governor and the matron?—Yes.

3971. Did you, when you were medical officer, and does your resident medical officer, ever inspect the food or take any part in that?—Yes, we have often tasted the soup to see if it was singed when a pauper complained about it.

3972. You would only do that in answer to complaints?—Yes. When everything is going well we don't meddle. The doctor, of course, may check any want of cleanliness that he may see, and ask that it should be remedied.

3973. Is the bathing of the inmates done under supervision with you?—Yes.

3974. The applicants are bathed when they come to the poorhouse, and then they are bathed subsequently?—Yes.

3975. Have you anything to suggest?—I have nothing, except as regards the importance of the rule issued later, that no feeble persons should be bathed until the medical officer has seen them. What we do is that when these cases come in they are put on a waterproof mattress and sponged, and if they do get a bath it is instructed to be very shallow, so that there is no pressure to affect their hearts, and the medical officer sees them. The medical officer has nothing to do with the bathing arrangements of the ordinary paupers, but I have been asked about the temperature of the bath, and so forth.

3976. You approve of this rule as it stands, that 'the 'bathing of the inmates should be regulated by the 'written instructions of the medical officer as to the 'several classes of inmates, the temperature of baths, 'and the time of bathing'?—Yes, that is quite good.

3977. Have you special instructions in existence in Craigleith?—I don't think so, but I have been asked as to the temperature, and I have fixed that from time to time. It is entirely in the hands of the Governor and the matron, and it very rarely comes before the medical officer.

3978. We have had it represented to us by several witnesses that when probationers are being bathed there should be somebody other than a pauper in attendance. Has that point come before you at all?—No. For what reason is that suggested? Is it for fear of fainting in the bath?

3979. Yes?—The bathroom door is never locked, and then there are always the porter and his wife moving about the place who can be summoned in a moment, and probably the pauper warder in the place would be the one to run if anything happened. Neither he nor she can stand there and watch a pauper bathing.

3980. So long as the porter is within call you see nothing to take exception to in the present arrangement?—No. I would recommend that a bell-pull should hang at the side of the bath, so that the pauper could pull it if necessary.

3981. *By Dr Mackenzie.*—That applies only to ordinary and infirm inmates?—It applies to probationary inmates. Of course in the case of very infirm people there must be supervision on the part of an official, because in such cases a bath may be a very dangerous thing; if they take it too hot, or if there is too much water in the bath, they might faint, but such a thing has never occurred in Craigleith to my knowledge.

3982. *By the Chairman.*—You wish to say something with regard to the certificate under which paupers are admitted?—Yes. In that certificate it is stated 'The medical officer will note specially any precautions 'which he deems necessary,' etc. (*Reads paragraph.*) I would add, 'Or send into hospital direct without 'being detained at the probationary ward.' That is very important, because if you have a feeble person detained at the probationary and he dies, then that requires to be reported to the Fiscal, and so on, and that quite rightly; and it is as well to let the medical officers see that they have the privilege of sending a case direct to the hospital.

3983. *By Dr Mackenzie.*—That would solve all questions of bathing and so on?—Yes, because the nurse and doctor have their own special arrangements as to how feeble persons are to be dealt with. It meets the whole thing. Then here is a thing that worried me very much during my first seven years,—'Does the condition of pauper or dependents require 'immediate attention and medical advice?' We don't notice this now that I have a resident, but in those poorhouses where you have no residents it must be an awful nuisance. I have had cases sent from Glasgow certified diarrhœa, requiring immediate medical attention, as if any man with that disease could travel.

3984. Your point, in calling it a nuisance, is not that it involves more work, but that, being so certified, it is entirely misleading?—Yes, because it implies that you have a very serious case to deal with. 'Immediate' means instantaneous. If the medical officer who signed the certificate knew that, then he would not certify 'Yes.' Again, some may not certify 'Yes,' because if they do so it implies that it is a very serious case, and if it dies on the road, you can say, 'This is a case that you should not have removed 'at all.' Knowing this, they will certify 'No,' because it indicates that they have no fear of his dying on the way. I think that you should divide the question. For instance, a pauper is sent in who requires immediate attention, because it is personal attention he requires, and that is immediate, and yet he may be practically perfectly healthy. I therefore think that you should divide that question, or say,—'Does the condition of applicant require the im-'mediate presence and attention of the medical officer,' and put 'immediate' in italics. That is a suggestion which, in relation to the previous one about going to the hospital direct, would be extremely useful, and it would not interfere with the proper conduct of the affair from the pauper's point of view. Then there is this question, 'Is the pauper in good 'health'? I think that what very frequently is missed in the poorhouse is the mental condition. We all know what 'lunatic,' 'insane,' or 'idiot' means,—it means a blue paper if you use any of these terms. I use the word 'mental asthenia,' and there is no question then. These are cases of mental deficiency. There are many of those people who, when you come to converse with them, seem to have a boy's mind with a man's physique, and I think the inspectors are apt to lose sight of that. Many of these cases are really quite able-bodied men, but when you converse with them you find them mentally weak, slightly silly, what the Governor calls 'daft laddies,' but they are not lunatic or of unsound mind.

3985. *By the Chairman.*—You would not decline to admit these?—No, but sometimes inspectors lose sight of that point when they try to find an able-bodied man in the poorhouse.

3986. Being mentally deficient, he is a fit subject for the poorhouse?—Yes.

3987. *By Dr Mackenzie.*—You would make a distinction between 'mentally deficient' and 'mental 'asthenia'?—Yes. I thought of saying, 'Is the appli-'cant in good health mentally and physically,' but I think it may stand, 'Is the applicant in good health.'

3988. *By Mr Barclay.*—You don't propose to put the question as to his mental capacity other than being insane?—No. Of course you might put in 'mentally 'and physically' simply to keep that in view.

3989. *By Dr Mackenzie.*—How would you indicate what was to be included in 'lunatic, insane, idiot, or of 'unsound mind'?—Shakespeare could not do that. 'It 'is to be mad, and only to be mad.'

3990. You mean such as would qualify for an asylum?—Yes.

3991. You would have to indicate that in some way?—Yes.

3992. *By the Chairman.*—His mental health may not be good, but he may not be either insane or lunatic?—That is so. Then there is the question, 'Is the 'pauper able to do any work?' That is another thing that we cannot define. I always certify 'Yes,' even if the person looks rather feeble; but that is done for this reason, that when you say 'No,' the pauper can point to the certificate and refuse even to carry a letter along the passage, or to do any dusting, saying, 'I am not to 'do any work because the doctor says so.' I say generally 'Yes.' I thought that if the word 'any' was put in italics it might be well. 'Is the pauper able 'to do *any* work?' 'Any work' means anything above lying in a hospital bed,—that is not work, it is rest, but anything above that the pauper will call work.

3993. You would suggest the omission of the word 'any'?—No, I would emphasise 'any.' There is a question also in the certificate, 'If pauper has depen-'dants, state whether they or any of them suffer from 'sickness or infirmity,' and then there is the further

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question, 'Nature of sickness or infirmity of depen-'dants.' I think that these two questions should be put into one,—'and if so, its nature.' I don't see why you want the two lines. If there is no illness, then you would say 'No.' If there is any illness, you will say, *e.g.*, that one child has so and so.

3994. You must remember we have sometimes to deal with people who are quite content to answer one-half of a question, without answering the other?—The two questions seem to cross each other here.

3995. *By Mr Barclay.*—With regard to the work—after a pauper has come in, and when he is to be put really to work, you would have him examined by the medical officer of the poorhouse again?—Yes. If a man refuses to work, he is brought before us, and we thoroughly overhaul him. We see what the Governor suggests to put him on to.

3996. *By Dr Mackenzie.*—Is the work that the Governor proposes to put a pauper on to systematically reported to the resident medical officer?—No.

3997. How are you to protect a pauper against a Governor whose idea is that every person ought to be put on to work—to do a certain amount of what you would really call work?—The Governor has that entirely in his own hands. There is no protection unless the pauper complains that he cannot do the work.

3998. Do you think it would be right to leave it absolutely to the complaint of the pauper?—Yes; I think you might very safely do that. If you go with me in this matter of the general supervision of the poorhouse, there is always the medical officer seeing the paupers at certain times.

3999. *By the Chairman.*—The question, 'Is the 'pauper able to do work?' would enable the medical officer to say, 'Yes, of a very light kind'—that is to say, if you leave out the word 'any'?—Yes.

4000. *By Dr Mackenzie.*—Could you make it correspond with the classification of your diet?—We don't have work classified in the poorhouse. If the Governors would give us 'light, very light, moderate, hard 'work,' or something like that, we could have a system of classifying the amount of work, and seeing that it corresponded with the diet. Classification of work might be worth your consideration.

4001. You don't think that it is impracticable to classify work, if you are in a position to say that an inmate is fit for light work or ordinary work, or something like that?—That is so—light, moderate, or hard. The hard would apply only to test cases, and the light would be very feeble persons. Another point I wish to raise is on page 31[1]: 'If hereafter a pauper is sent 'to the poorhouse either without the required docu-'ments or with defective documents, it is the duty of 'the Governor at once to report the fact to the Board 'of Supervision; and if he fails to do so, the Board 'will consider it a grave offence on his part.' That is in your circular of 7th March 1892, and it is very right.

4002. *By the Chairman.*—People are often sent to the poorhouse without a medical certificate?—Yes. The way the scandal took place at Galashiels was this—they said that you would treat it as a grave offence if he came without his papers. The result was that a man was picked up, and the Governor said, 'No 'papers.' He was sent back to the inspector, and before he could get papers the man was dead. That was a case of mistaken judgment on the part of the Governor. I think with regard to that, that while the rule should be maintained that it is a grave offence, you should say, 'Unless in cases of emergency.'

4003. With regard to Rule 21,[1] your point is that cases are frequently sent to the poorhouse when it has not been possible to get a medical certificate; and that where there is a resident medical officer, that resident medical officer should immediately be called in by the Governor; and where there is not a resident medical officer, the certificate should be postponed until it is possible to get it?—Yes, I would add to the rule, 'Un-'less in cases of emergency; and where a resident 'medical officer is kept, he should see the case at the 'probationary, and certify it.' That is a much easier way to deal with these cases than by the Governor having to report such as a grave offence. Can you make rules that paupers can only be admitted from eight in the morning till eight at night? You go the length of saying that if you can get a combination to combine, and all the inspectors and so forth to agree that these shall be the hours, you have no objections, but you say it is not legal. You cannot refuse a case at any time, not even during divine worship. The large poorhouses are open practically night and day.

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4004. *By Dr Mackenzie.*—Would you seriously recommend a limited time?—Make a rule, and try to get them to keep it, and use your personal influence to get them to keep it, but they cannot be driven away if they come. Then is there any way I could treat a blackguardly sick pauper who has been rude to a nurse?

4004A. *By the Chairman.*—That is a case for discipline?—You cannot punish such a pauper, because he is sick. All I can think of as a remedy is one of these smaller rooms (that is an additional reason for the smaller rooms), so as to be able to isolate him, and leave him severely alone. Then is there anything you can suggest as regards detention of patients? You admit you are helpless in the matter. I suppose we are helpless. It is often my experience that paupers who are seriously ill are bent on getting out. They get a shilling from some friend outside, and they go out and get drunk, and then come back again in two or three days.

4005. We have no power to detain people in poorhouses now if they wish to go, but that is a question for the Legislature?—I have had a paralytic crawling on his knees and hands down to the gate, hoping to get a cart to drive him up to the town. It looks disgraceful, and it is frightful, as something might happen to the man on the road. I don't see any way out of it.

4006. *By Dr Mackenzie.*—Have you been troubled with any cases of malingering among your inmates?—Yes. I have had them defying the Governor, and the Governor has had to put them into the cell.

4007. You would always be consulted in such a case?—Yes. We never allow any epileptic or cardiac case to be put into the cell. I must say that it is rarely that any cases are put in.

4008. *By the Chairman.*—Have you anything to add as to the admission and discharge of inmates? You told us about the admission, and I think as regards the discharge you are of opinion that there are many cases which you should have power to detain in the sick wards which insist upon going out?—Yes, that is in regard to the 'Ins and Outs,' as the phrase goes. You go the length of suggesting that you should detain a man so many hours longer.

4009. There is a Bill before Parliament at present, and I don't think we need spend time on that?—The only suggestion I have to make is that we might have a black list, the same as in the new Public Houses Act in England.

4010. Have you anything to say with regard to remuneration of a medical officer in cases where surgical operations are necessary, or in cases requiring the administration of an anæsthetic?—I think that most assuredly any assistance that is called in should be paid for. One pair of hands is not sufficient in a major operation.

4011. We should like to hear your views about trained sick nursing?—I think the standard of training is very good, and should be allowed to remain as it is at present. I quite approve of the supply of nurses being regulated by probationers.

4012. Do you have probationers at Craigleith?—No, we do not have any because we don't have accommodation.

4013. But you approve of them?—Yes. I would make it possible for probationers to rise to be lady superintendents. Formerly, when you started this scheme you got a first-class nurse from the infirmary who had received a very good training, and you made her the lady superintendent. When she retired, one of my nurses, a very clever one who had never been

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trained in a hospital, was approved of by you, and she was as good a lady superintendent as we have ever had, although she was not qualified according to your qualifications in your nurses' scheme. Probationers ought to get a good training, two years being about the time, and then they would be staff nurses, and you should make regulations as to the length of time they are to serve as staff nurses. Then they might take some special classes so as to learn about antiseptic dressing, a thing that they may be rather weak in, because our surgery is so seldom, and the experience that a probationer can get in a poorhouse cannot be so great as she would get in an infirmary. I think there should be organised some sort of class to which they might go and learn about dressings. The training they get in the poorhouse is all right for staff nurses. You will get a better class of women if you make it possible for them to rise to the position of lady supintendent.

4014. Do you think you would have a difficulty in getting a supply of probationers at Craigleith now if you had accommodation?—I don't think we would have any difficulty. The lady superintendent gets £60 a year, and if probationers are allowed to aim at such a position you will get a better class of women. I would not select my lady superintendent from an infirmary, and say that no probationer in the poorhouse was to rise higher than a nurse. If that is done, then we will get an inferior class of women. If, however, you make it possible for them to rise to the top of the tree, you will get first-class women.

4015. Have you had any difficulty in getting nurses in Craigleith?—Sometimes; but we have a full staff just now.

4016. If you had provision there for training probationers, then that would assist very much towards your supply?—Yes. We should get a proper class of women if you keep the point I have mentioned before you.

4017. Probationers are at present being trained in some of the larger poorhouses in Glasgow, Govan and Dundee, and you suggest that there should be appliances for that purpose at Craigleith also. Have you considered whether that might be done on a larger scale outside?—I don't see why they should not be trained in the poorhouse. They are being trained for the work that they are going to take up. In two years they will learn all that there is need to learn,—there is no use over-educating them.

4018. This Committee has to deal with all Scotland. You are of opinion that trained sick nursing is requisite in all poorhouses?—Yes.

4019. In order to supply that want, have you any suggestions to make as to the training of probationers?——I think they might be trained in the larger poorhouses.

4020. You think that the larger poorhouses would be able to supply a sufficient number of nurses for the whole of Scotland?—Yes, a training in a poorhouse would be satisfactory in every way except this, that poorhouses do not have much surgical work, and they would not learn much in the way of antiseptic work. On page 8 of the rules of St Cuthbert's it is laid down that nurses have to assist at confinements, each nurse has to take her turn in going round to assist at these. In my opinion the widwifery nurse ought to be a special nurse, separate from everything else.

4021. *By Dr Mackenzie.*—Rule 3, in regard to trained sick nurses, states, 'A trained sick nurse should have 'been not less than two years in a public hospital, being 'a training school for nurses, and maintaining a resident 'physician or house surgeon, and she must not be under 'twenty-two years of age, nor over forty-five, when first 'registered.' Do you think that rule too absolute, or can you say whether you could get good nurses without making it dependent on that? At present, according to the rule, the nurses must have been not less than two years in a hospital where there is a resident physician?—That does seem strong.

4022. Would you make it an absolute rule for registration purposes that a nurse trained in any other way should be disqualified by the fact that she had not been trained in a hospital where there was a resident physician or surgeon? You may have a woman who has gone through ten years of nursing, and has become a very good nurse, although there has been no resident doctor in any hospital that she has been in?—I could not realise a good nurse being in a hospital so small that there won't be a resident; such a nurse would not feel confident that she had the same experience as other nurses. The absence of a resident would suggest that the hospital had not many patients.

4023. You may have a hospital with fifty beds and a resident because there are special cases, and you may have a hospital with 300 beds which has not a resident doctor. The nurse that has been trained in the latter hospital might be better trained than the other, and yet she would be disqualified?—That might be so; but still I prefer a nurse who has been trained in a hospital (parochial or public) where there has been a resident medical officer.

4024-5. *By the Chairman.*—Have you considered about the proportion of nurses to the sick?—Yes. Am I right that in a place where you have sixty, the rule is that you are to have one in twenty up to sixty, and one in thirty after sixty?

4026. Yes, but the Board have had to interpret the rule more liberally, and they have considered that where you have over sixty sick you may have one nurse to every thirty; that is to say, if you have ninety sick you would have three nurses. You don't think that that is sufficient?—No. I think that the number is rather large. I think that the original reading of the rule is the better one,—one in twenty for the first sixty, with a lady superintendent, and one for every thirty thereafter. That I think to be a good proportion.

4027. *By Dr Mackenzie.*—A statement has been made by some witnesses, that as many of the cases are only chronic cases of paralysis, they require less nursing. Is it your experience that they require less nursing?—It is a question of degree.

4028. They would not necessarily require less; sometimes they would require more?—Yes, especially incontinent cases; in fact the majority are helpless. I have allowed a locomotor-ataxy case to go about the house which required very little attention

4029. A similar case might require a great deal of attention, although not very ill in the acute sense?—That is so.

4030. They require trained attention?—Yes, these patients get bed-sores if they are not looked after carefully.

4031. *By the Chairman.*—How is the dispensing of medicines arranged at Craigleith?—As I used to do it, and as it is still done by the resident in a way, we get all the bottles made a suitable size to last a week, so that we may have one big dispensing day. We never gave more than would last a week, and these supplies were kept in the nurses' cupboards. Of course we prescribe from time to time for individual cases that come in between, but it is a help to fix a certain day as the dispensing day. We send as little as possible over to the poorhouse. At first there was a great deal of that sort of thing in the way of cough mixtures, but that has been swept away. The matron has a cupboard, and she gives out the individual doses of medicine from that cupboard. She may go the length of giving a pauper a pill and that sort of thing, but they do not have cough mixtures in bottles.

4032. What arrangement have you for providing the poorhouse with drugs?—The drugs are got from a druggist approved by the Parish Council.

4033. We have had it suggested we should have dispensary establishments apart from poorhouses, as they have in England and Ireland. You think that the present system is quite sufficient?—Yes.

4034. Drugs are dispensed by the resident doctor?—Yes.

4035. One thing we have to deal with is whether it is done in the least expensive and best way. Of course it is the case that sometimes inferior medicines are sold in country districts?—I have never had any fault to find. The supplies are sent in large quantities by a good firm with whom we contract.

4036. The only other thing is about the dietary,

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about which we have had representations made to us. You reported on that to the Board several years ago. Have you had any reason to question or review anything you have said in that report?—No.

4037. You still adhere to all that it contains?—Yes. In making up the diets I think it is an excellent rule that the Governor should make them for large numbers and give the paupers each a certain amount, rather less than the individual proportion, and allow them to come back for a second helping. Although you might not make that one of your rules, I think it should be pointed out to the Governors. Make these diets as you like, you will find that people differ very much; there are big eaters and little eaters. You must take some figures, however, and if the Governor takes these figures and sticks to them, when he is dealing out he should deal rather less, and ask everyone to come back who wishes a second helping. I am told that when this is done there is still something over. I believe that these diets are correct diets.

4038. *By Dr Mackenzie.*—Would that not imply that you are recommending the amount of the diet to depend on the appetites?—It varies. They must not be offered less than is stated, because the problem the Local Government Board put to me was to fix the minimum diets. I allowed a slight increase on the old dietary.

4039. What I am thinking of is this. Speaking from the medical point of view, you may have a fair percentage of people whose consumption of food does not and should not depend on their appetite, because their appetite may be non-existent or it may be large. It should rather be the understanding, from the administrative point of view, that each person should consume so much food?—We have arranged these male and female diets to try and get one scheme, but a little woman may not eat her whole bowl of porridge. She may leave it; hence the suggestion in my answer to the Chairman's question (4037).

4040. Let her leave it. Do you think your diets are so much over the mark that there is any danger of any pauper overeating himself?—No. If you look at the commission the Board gave me, you will find that I was instructed not to alter these diets at all, if possible; but, if I felt constrained to increase them, I was to increase on the same lines. The result was that I increased the diets by the skim milk and the addition of a little suet pudding. When you consider the heat-producing power of these, we are pretty near it. There is only one authority that has come out since, Atwater, who has given us slightly larger figures. If you work out his figures you make a slight increase, but it only comes to this, that it means going over the whole thing again to give a couple of tablespoonfuls of porridge, or something like that; we are so near it. There is a little trick in this diet question in regard to the meat in the broth. The instruction is that the broth is to be made with two ounces of meat. A pauper wrote complaining, and saying, 'You say you make this broth with two ounces 'of meat; I am entitled to it.' You wrote back to say that the pauper was not entitled to find the two ounces of meat floating in his broth. Taking advantage of that, this is what happens in some poorhouses; they take the meat in the quantity for a large number in bulk and drop it into the broth, and boil it there. The effect of the heat on the meat is to coagulate the albumen on the outside, and all the juice is contained within the meat; and then they give this in four-ounce lots to the workers, and they say, 'You are getting the 'meat to eat and you are getting the two ounces in 'your broth.' When meat is put into broth it imparts a slight flavour, but it affords little in the way of nourishment, and I calculated these diets on that assumption. In your Blue-Book of 1898, I made a note that all these calculations were made counting nothing for the meat, so that now they can boil in bulk if they choose; but if you are to cut up the two ounces so that it disappears in the broth, and leave it, they will get extra nourishment.

4041. You would be enriching the diet to that extent over and above what you have laid down?—Yes, in some poorhouses they get that extra.

4042. *By the Chairman.*—This action on the part of these people who do this is all defended by the fact of the Board's letter?—Yes, where you say that the pauper is not entitled to find the two ounces.

4043. *By Dr Mackenzie.*—Can you say offhand, and without any special calculation, what difference it would make to your diet if your broth were calculated as having the equivalent of two ounces of meat?—It makes a difference of sixty-one calories.

4044. That would be to be added on?—Yes; if you leave the two ounces it adds sixty-one calories to the diet, and if you do that, and I think only that, you bring it very near to Atwater's figures; but then Atwater's figures are not in relation to poorhouses—his figures are too high.

4045. You are consulted in special cases regarding diet, in accordance with the rules which provide that special diet may be prescribed?—Yes, the sick inmates are entirely in the hands of the doctor. There is no rule at all; we just treat them like private patients.

4046. Daring your fourteen years' experience of Craigleith, have you had any cases of scurvy or malnutrition as the result of diet?—Not in the house, but we have had such cases brought in.

4047. Would you approve of making broth or soup with tinned meat?—No. Tinned meat is sometimes very good, but sometimes it is not. I would not approve of it, unless in some out-of-the-way part of the country.

4048. It might be possible that a persistent consumption of tinned meat might result in scurvy?—We don't use it at all.

4049. In calculating these diets, the meat you assume would, of course, be good prime beef?—Yes. I have never had any fault to find with the food stuffs at Craigleith.

4050. The meat you have assumed has been a good quality of meat, not lean beef or meat of starved animals?—No. It is good meat, and the Physiology Works were ransacked for the percentages (values).

4051. Apart from the constitution or the question of the theoretical sufficiency of the diet, what means do you take to make sure that the inmates are having enough? Do you weigh them?—We do not weigh them systematically, as is done in the prisons.

4052. Do you think that that would be a practicable thing to do?—We practically weigh all the sick inmates, but we have no systematic weighing of ordinary inmates.

4053. Would it be a serious addition to the work of the institution to do it periodically?—It would mean some work, but it might serve this end, that a useful lot of statistics might be collected if paupers were weighed when they came in and went out.

4054. And more than statistics; you would be able to say that they have not been starved?—They run in and out so much that I don't think you can lay stress on that.

4055. But you could for long periods, say for six months?—When I took these weights for a month, the thing was just a matter of pounds. I don't know that it would serve any useful purpose. I mean unless with powers to detain the *ordinary* inmates, for it is in this class that the experiment is required.

4056. When you say that you may have waste from what to begin with is a minimum diet, would you not require some supplementary means of checking the sufficiency of the diet?—We have been informed that in one of the large poorhouses the amount of porridge rejected was appalling, and that was laid down, not to the over amount of porridge in the diet, but to its being given so often that the patients declined it, with the result that they did not even take the minimum diet that was looked upon as necessary?—Of course, we exclude in this question all sick and infirm. You mean the ordinary pauper's diet?

4057. Think of it as applying to every pauper except the sick?—In regard to the ordinary, if he gets offered to him a good oatmeal porridge diet, then you are doing everything that is justifiable, and if it gets

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monotonous we cannot help it. There are variations laid down in these diets, but they do not practise them. I can see no way of arranging the diet, and getting over that monotony further than is already allowed. If a man works he will get relieved of some of his monotony, but if he won't work I don't think we should consider the monotony.

4058. We have a case here, which was stated by a superintendent, that they cannot eat on account of the monotony?—Then I think that such individual cases should be left entirely to the discretion of the medical officer. For instance, the medical officer sees that a certain case has gone below the level of what he considers the line of health, and he would remove it to the sick, and thus give a change of diet.

4059. Should there be a systematic way of discovering whether the people are getting a sufficiency of food?—It has not been called to my attention that there are complaints of insufficiency in my poorhouse. I have no knowledge of the paupers in any great numbers leaving their porridge on the grounds of monotony. I don't think that there would be any loss of weight shortly after they come into the poorhouse, because they are all below their normal weights to begin with.

4060. Yes, when they come in. What do you start from in feeding them?—I go on this principle, that it is sufficient for the poorhouse to see that they do not suffer in their health, and do not lose weight. I have never been able to answer the question whether it is our duty, when we find a pauper below normal weight, to feed him up to what should be his natural weight, irrespective of disease.

4061. Take a person who is healthy, but half-starved, then of course the regulation diet will increase his weight; but your idea is that he should be kept simply on the margin of subsistence, and not fed up to his normal weight?—I think the answer to that is Yes. If I tried anything else, it would make a tremendous turn-up in your numbers. If I was to feed up all paupers below normal weight, until they reached their normal weight, that would mean that we must give them a great deal more, and give them a very happy time of it in the poorhouse.

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4062. Have you any cases where, by feeding up in the way you have described, you have restored them to efficiency again, and turned them out as efficient?—Yes. When inspectors, governors, and doctors are doing their work, then if they see a man who is respectable, and not an ordinary in-and-outer, the medical officer can certify him debility, etc., and will send him to the hospital, where he is fed up. That is where the remedy comes in. I think you may leave it in the hands of the medical officer to feed up the special cases.

4063. You think that the present organisation sufficiently provides for all the cases that could be restored to reasonable efficiency, and become capable of going out?—Yes; in fact the Parish Council often come with special cases like that.

4064. For all other cases your idea would be to keep them on the margin of subsistence?—I think these diets are slightly on the right side. The inmates will increase in weight with these diets; their abnormal weights will be increased; but I cannot see how I am to undertake to feed them up to their normal weights, because so many of them are so far gone with alcohol that to bring them up to the ordinary man would be a tremendous undertaking.

4065. A tremendous expense?—Yes; it would upset the whole idea of the poorhouse rules.

4066. But my point is, would it not be the right thing to do? Would it be any profit, from the poorhouse point of view, to feed them up?—No. I think the regulations meet the case when individuals may be taken up and dealt with. If they get the variations in the diet that there are, I am satisfied that the ordinary inmates (in the mass) must put up with it.

Sir KENNETH MACKENZIE, Bart., of Gairloch, called and examined.

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4067. *By the Chairman.*—You were for some years a General Superintendent of Poor under the Local Government Board?—Yes, from 1892 to within the last three years, being in all about eight years.

4068. You have also been connected with Parish Council work as a Parish Councillor, and now as chairman of your Council?—Yes, I have been chairman of the Parish Council of Gairloch since the last election, two years ago.

4069. You have been for a long time interested in Poor Law administration in the Highlands?—I have been interested in Poor Law administration since I came to the Local Government Board.

4070. You are prepared to tell us your views in regard to the outdoor relief part of our memorandum?—Yes. I have no practical knowledge of the indoor relief, which can be better submitted to you by other people.

4071. What have you to say regarding the adequacy of the medical relief arrangements in force at present for the care of outdoor paupers?—The present arrangements are tolerably satisfactory. In the large centres of population the sick poor are, I think, well cared for. The only cases which present difficulty are the wide area of some of the West Highland parishes, where the medical officer is sometimes resident a very long way from some of the paupers, and delay in receiving information as to illness, and travelling to its relief, is practically unavoidable. The heavy rates existent prevent such parishes from maintaining more than one medical officer in most cases; and in my own parish, where we have recently decided to face this outlay, I regret to have to point out that we have received no encouragement from the Local Government Board, which has refused to increase the amount of grant allocated to us, although our additional expenditure, in order to have efficient medical service for the poor, has been increased by £100. I wish to bring this fact prominently to the notice of the Committee, for I think it is the duty of the Board to see that paupers do get efficient attendance, and the Board ought to assist and encourage Parish Councils to attain this object.

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4072. You speak of the difficulty in the wide area of some of the West Highland parishes where the medical officer sometimes resides a very long way from some of the paupers. Have you ever considered whether, where it is difficult to have a resident medical officer, it would not be an alternative to have a parish nurse?—I think the difficulty would be the same unless you had several parish nurses. The difficulty in this sort of thing is not in the summer time when there is plenty of light, and people can travel about, but it is at such a time as this, when there is frost and snow, and when the medical officer may reside twenty-five miles from one pauper and twenty-five miles in another direction from another pauper. It is then that the difficulty of attendance is very great, and you would not obviate that by having a parish nurse, because she would have to be in a central point, unless you had her at one end and the medical officer at the other. I don't think, however, that even that would meet the necessary requirements.

4073. We have had under consideration as regards poorhouses where you don't have a resident medical officer whether that want, and the want also which admittedly prevails in certain Highland parishes of having a medical officer for outdoor paupers, could not be met to a certain extent by nurses?—I would be prepared to say that in poorhouses in the Highlands where there is no resident medical officer a really well-trained nurse would be an immense advantage.

4074. I am talking of nurses as they exist in many poorhouses now. Do you think that the services of these nurses could be utilised not only for indoor paupers, but also for outdoor work?—I would rather put it the other way, that the nurses would be of very great assistance to the poorhouse; I don't think the

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nurse would be of such assistance for outdoor work because of the difficulty of locomotion.

4075. You think that the want of a doctor could not be supplied in any case by the presence of a nurse?—That is so. I would decline liability, as chairman of the Parish Council, if a person died. I could not agree to that.

4076. *By Dr Mackenzie.*—Is it merely a matter of expense and transit, or is it that one man can scarcely overtake the area?—I don't think it is possible for one man to do the work in some of the West Highland parishes. Of course, mercifully, we may say that on 364 out of 365 days there is only one sick pauper in the parish, but what the Parish Council has to look to is this, that on the 365th day they may have three sick paupers, whose houses may be situated ten miles in one direction from the doctor's house, twenty miles in another direction, and fifteen or eighteen in still another direction. Now in heavy snow the doctor cannot do the work. That is what I look to, and it is there where responsibility as a Parish Council is imposed on you; if these three people unfortunately take ill at the same time, you have to provide them with medical attendance, and it is physically impossible for the doctor to do the work. Even supposing there is no snow and he has a motor car, I don't think it is fair to ask him to do it in this very stormy weather, because you would knock him up.

4077. What area is assigned to be covered by one man in some of the parishes you know of?—I am afraid I have not gone into these figures. In our own parish we had only one doctor until last year. We have now established a second area.

4078. You found it absolutely necessary as a matter of physical availability, so to speak?—In my opinion, and in the opinion of a number of other people, it is essential that we should have two men, because one man at these particular times cannot possibly do the work. Suppose you had a man dying of something there, and a pauper woman being confined here, and another man with a stoppage of the bladder out there, one of them might die before the doctor could get to them, if you had only one doctor. Such a thing, of course, might not occur, but I think as a Parish Council we are bound to have due regard to possible contingencies.

4079. *By the Chairman.*—Whatever may be the cost?—Yes, I think the Local Government Board are bound to insist upon that.

4080. Within reasonable limits?—Certainly.

4081. You think that the Medical Relief Grant should be so distributed as to take full account of these large areas in the Highlands and their circumstances?—Yes, because these large areas are areas which are practically valueless for rating purposes, their valuation is exceedingly small, and therefore the expense of maintenance of that kind becomes all the heavier.

4082. You think that these wants are in no way supplied, or at least very poorly supplied, by the presence of a Jubilee or other nurse?—On the West Coast the people are not sufficiently advanced to make much use of the nurses. On the East Coast they do take advantage of them.

4083. At all events you think that there are cases where, when it is not possible to get the medical officer, through his being at a distance, the services of a nurse might be of use?—I would rather not commit myself to that.

4084. *By Dr Mackenzie.*—Do you mean that in no circumstances could you regard the services of a nurse as a substitute for those of a doctor?—I would like to have a doctor.

4085. *By the Chairman.*—The next point is as to the duties of the medical officer and the inspector of poor in regard to the outdoor sick. You are of opinion that information as to illness should be given to the inspector, whose duty it is to inform the medical officer. You add that after the case is once in the medical officer's hands, the inspector must provide such things as the doctor considers requisite?—Yes.

4086. I should like to ask your views as to Rule 5[1] of the Medical Relief Grant rules, which states that payments for nutritious diet, cordials, clothing, lodging, sick-bed attendance, etc., are not admissible as medical relief expenditure. I suppose you are of opinion that the medical officer should have full power as to supplying nutritious diet to sick paupers?—Nutritious diet and cordials is rather a difficult question, because you put the pauper there in a very much better position than the wife of the rather badly-paid artisan.

4087. I am talking of sick paupers under treatment by the medical officer?—I thought you were asking with reference to this payment being a fair claim against the Medical Relief Grant.

4088. Yes, for the treatment of sick paupers?—I look upon it that once a case is put into the hands of the medical officer, he is in charge of that case, and has to put it right, and the Parish Council have just to pay for what he orders. It is my view, of course, that such things as the medical officer considers necessary to bring the sick pauper back to health should form a claim against the grant, but it is a little difficult to know quite how far, because that may extend to a very great deal. He might think it advisable to send the pauper away to a convalescent home. I think, with due regard to the interests of the ratepayer, it is rather difficult to know where to draw the line.

4089. *By Dr Mackenzie.*—The question of outdoor treatment of phthisis would be a medical question?—Yes; but is it not rather hard that a poor man who pays his rates should have to pay for a pauper being sent to a phthisis home, when his doctor tells him that his own daughter would be saved if he could afford to send her to a home for treatment?

4090. But if it is the case of the head of a family who may be cured in three months, is it not better that he should be cured than that his family should be on the rates?—Doubtless it would be an economy.

4091. If three months' heavy feeding made him fit for occupation, then it would be better to do that than to have ten years of him as a pauper?—Yes.

4092. Even from the ratepayers' point of view it might conceivably be an economy in some cases?—Of course a cure is not always a certainty. In some cases there may be a cure, and economy, and in other cases there might be a loss.

4093. It would have to depend on the judgment of the medical man in each case?—Yes. But what I mean is this—suppose a man in that position, the head of a family, is sent away by the parish to a convalescent home, because he is ill, and gets cured, then I think his neighbour living in the same flat, whose wife is ill, and who is paying rates, and is not able to send his wife to be cured, would feel it an injustice.

4094. *By the Chairman.*—You are of opinion that treatment of paupers in convalescent homes outside the poorhouse requires to be very much safeguarded, and it is a question whether the medical relief grant should be extended to such cases?—Yes. My small experience of country parishes shows me that very often when a poor man is in a bad way, a few people in the parish put their hands into their pockets and help him over the stile. That, of course, cannot be the case in big towns, but I know that it is the case in country parishes. I know of one man who was suffering from cataract, and he was sent by two or three people in the parish to be operated on. I think that that has also been done in some phthisis cases. With regard to payments out of public rates for the treatment of such cases, I think that considerable care must be exercised, because a man with a very small income, who pays his rates, may feel, and that most justly, that he is being burdened unfairly.

4095. It should only be exercised under very careful supervision?—Yes; and I don't know how you are to get that supervision; it is a most difficult thing to arrive at.

4096. There is a rule on page 102[1] which says, 'And 'on receipt of such intimation, the inspector, on his 'own responsibility, shall forthwith furnish or refuse

[1] *Vide* Appendix LXVI.

[1] Board's Rules, etc., to Parochial Authorities.

'the relief so intimated to be necessary' by the medical officer. Have you ever known of an inspector refusing to give relief of that nature ordered by the medical officer, or do you think that it is right that he should have it in his power to do so? The question is whether you think that that rule should be amended?—Of course if he refuses, he takes the risk of being hung.

4097. Have you ever known any instance of an inspector refusing to give relief ordered by the medical officer?—I don't recollect a case at this moment.

4098. From what you have seen, are you of opinion that the rule should be amended accordingly?—I think there should be no question as to what the inspector does. Once he has reported a case to the medical officer, he has to do what that officer tells him. Of course he may protest to the Parish Council afterwards, but he must obey.

4099. *By Dr Mackenzie.*—Would that be your interpretation of this rule?—I should read that rule that the inspector shall forthwith furnish the relief so ordered to be necessary, and I would leave out 'at his 'own responsibility,' because there is no responsibility on him; the responsibility is on the medical officer.

4100. His reporting to the Parish Council would be completely covered by his general instructions?—If he thinks that the medical officer is going very far wrong, then it is only his duty to bring the state of affairs before the Parish Council.

4101. And it is sufficiently covered by that, if he has that right?—I don't think it is his right; it is his duty.

4102. *By the Chairman.*—As regards the expediency of establishing dispensaries, as in England and Ireland, your view is that it is possibly advisable in some towns, but it is unnecessary in the country districts?—That is so.

4103. Have you anything to add to that?—No.

4104. With regard to subscriptions to nursing associations, and the appointment of nurses for the outdoor sick poor, you think that that is a very doubtful question?—Yes. Once the door to such subscriptions is opened, it is difficult to say to what purposes the ratepayers' money may not be devoted. Nurses can usually be obtained from the different institutions, and I am of opinion that it is better to hire one when needed than to maintain one for the whole year. I am speaking of a country district.

4105. At present, according to our rules, a Parish Council, as you know, may subscribe to a fund for the upkeep of nurses, so long as their services are given to paupers?—That is so.

4106. You don't disapprove of that?—It would be quite a good thing in a place where there is a large number of paupers closely congregated together, but it would not be an advantage where the paupers are very widely scattered. In a thickly-populated district, such as in Fifeshire, I think that nurses would be most useful, and could be profitably employed by the Parish Council; but in an agricultural district, such as in Forfarshire, I would be rather doubtful about it. Of course you might subsidise a nurse, who would be otherwise employed when not looking after the pauper. You might subsidise her to a certain extent in an agricultural district. In the West Highlands the population is so scattered that I don't think that a nurse would be of very much use.

4107. *By Dr Mackenzie.*—You mean that a district nurse, in employment as a district nurse, would be of no advantage to the Parish Council?—I would say that a district nurse, *per se*, to be permanently employed by the Parish Council would mean that you would require to have a largish population on a smallish area.

4108. I thought you agreed that if you had a district nurse in employment for district purposes, you might contribute to her support?—Yes, I would contribute to a certain extent, but the question is the appointment of nurses. I am not in favour of that except in cases where the parish may have a large number of paupers on a small area

4109. *By the Chairman.*—Have you any opinion as to whether in every poorhouse, where, of course, there may be sick inmates any day, it is essential that you should have trained sick nursing? Have you had your attention directed to that?—I have never gone into it as a member of a poorhouse board or as inspecting officer of poorhouses, because I never was an inspecting officer. I should say that it is eminently desirable to have a trained sick-nurse in a poorhouse.

4110. Do you think that that is a matter which it would be advisable for us to consider essential in all poorhouses, that there should be trained sick-nursing where there are, or are likely to be, sick inmates?—I don't know about the word 'essential.'

4111. Of course you have a matron in all poorhouses, and the matron might be a trained sick-nurse?—Yes, but she is very often the governor's wife. Supposing you had the matron and the trained nurse as two separate persons, would they not be apt to disagree?

4112. I don't think we should dream of having both in poorhouses where there were only a few sick?—I should say that I think it would be an immense advantage for a poorhouse to have the services of a trained sick-nurse always available. She might be the jubilee nurse in the village.

4113. In regard to the supervision of boarded-out children, you are of opinion that that requires to be carefully attended to, but you say that ratepayers should be protected from large committees enjoying free drives about the country on tours of inspection, and you add that you are rather of opinion that 'surprise' visits should be made by the inspector after school hours. Would you desire to amplify that at all?—I don't think there is much to amplify. I think that some of the parishes which have boarded-out children take very great care of them, but at too great an expense to the public.

4114. *By Mr Barclay.*—You say you are in favour of surprise visits by the inspector after school hours. Do you mean the inspector who sends them there?—Yes.

4115. *By the Chairman.*—We have had it suggested, that in order to remove as far as possible the taint of pauperism, there should be no inspection by the inspector of the parish of residence; that any report to be made should be left to, say, the clergyman or schoolmaster, but not to the Poor Law officials in the parish of residence, so as to remove any taint of pauperism?—I cannot say that I agree with that.

4116. You think that is rather too much of a refinement?—Yes, I think it is too finely drawn. After all, they may be sent to be boarded out in a cottage of some kind, and the inspector who sends them there may not hear of them for two or three months, whereas the local inspector may hear complaints that the children are being badly treated, and I think it would be right that he should go and see the children, and at once write to the inspector of the parish who sent them.

4117. Would you make that a duty of the inspector of poor of the parish of residence?—I think he is responsible for every pauper in his parish. If anything goes wrong he would have to put it right.

4118. *By Dr Mackenzie.*—Does this prevention of the taint of pauperism amount to anything? Is it not quite common knowledge in the parish that the children are boarded-out children?—I would assume that. I don't think it would make any difference to the future of these children if the inspector paid them flying visits.

4119. The advantage would be putting it on a public official?—Yes. Of course the real person who stands *in loco parentis* to them is the inspector of the parish who sends them.

4120. *By the Chairman.*—With regard to accommodation for casual sick poor in each parish, you think that it is not necessary that there should be such accommodation where the parish is within reasonable distance of a poorhouse, otherwise the inspector must have at least one room available, with furnishings?—Yes.

4121. Have you anything to add to that?—No.

4122. You say that you don't approve of parochial lodging-houses, that the better class poor dislike them, and the other class should go to the poorhouse?—Yes.

4123. Are you there judging from your experience in Forfarshire?—Yes; I have seen these parochial

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lodging-houses in Aberdeenshire, Forfarshire and Perthshire, and I don't approve of them.

4124. On what grounds?—In the first place, if the inspector of the parish has a person to whom he thinks the test should be applied, he has no power to apply it in a parochial lodging-house, and therefore it is perfectly useless so far as that class of pauper goes. Then all the better class poor dislike being put into a parochial lodging-house. They would rather have something else; they would rather have their own home outside.

4125. *By Mr Barclay.*—With regard to the first class, do you know of any parish that has a parochial lodging-house and has not a right to a poorhouse as well?—I don't know of any parish which has a parochial lodging-house and which has no right to send to a poorhouse. I think they all have a right to send to a poorhouse, but I don't think that that is of any assistance whatever.

4126. *By the Chairman.*—Have you inspected any of the parochial lodging-houses?—Yes, I know the one at Brechin very well. There are parochial lodging-houses in Kirriemuir, Peterhead, Arbroath and Montrose. I have been in all the parochial lodging-houses that were in my old district.

4127. The next point is the expediency of obtaining compulsory powers of removal to a poorhouse or general hospital or other lodging, when the sick pauper has no relatives to look after him or her, or when the case is obviously one for poorhouse or hospital treatment. You are of opinion that the powers alluded to should be obtained?—Yes, I am very strongly of that opinion.

4128. We got from you, I think in 1898 and 1899, your own views as regards that in the official reports which you made to the Board?—Yes.

4129. Have you anything to add to these?—I don't think so. I am quite convinced as to the necessity of legislation to remove people in that condition to a poorhouse, because it puts the inspector of poor in most frightful difficulties. It was because of cases that came before me in the course of my inspections during these years that these paragraphs were inserted in these reports.

4130. What have you to say as to the expediency of sending selected cases to seaside or other infirmaries or convalescent homes, and the cost of providing therefor?—In some few cases this may be desirable, but I think the committee should consider that many a ratepayer cannot afford to send his sick wife or children to a convalescent home after an illness, and it would be a little hard on him that he should have to provide such comforts for paupers.

4131. That is the result of your experience gained from your inspections and otherwise?—Yes.

4132. Then as regards the tenure of office of medical officers—there has been considerable agitation, and Parliamentary pressure has been brought to bear, to have the tenure put on a different footing, and assimilated to that of the public health medical officers, but you don't think that there is good ground for that?—No. I have brought, and now hand in, a Parliamentary paper, being a return of medical officers dismissed by Parish Councils since May 1895. (*Hands in paper.*[1]) I would say that the figures in that alone are sufficient to convince me that there is no necessity for the fixity of tenure question. I don't say that perhaps in one case out of a thousand there may not be an injustice to the medical officer, but if there is injustice it is far better for him to get out of that parish, because he will never be comfortable there. It would be very hard to handicap a Parish Council with fixity of tenure, because there are sometimes reasons when it is desirable to make a change, and these are often reasons which cannot be stated or proved, but which are so well known in the parish that it is absolutely necessary to make a change.

4133. *By Dr Mackenzie.*—Might not the same apply to the reasons that the medical officers give for their difficulties, that they may be reasons that they cannot state or prove? Our difficulty has been to get any definite fact from anybody on this question of tenure. It seems difficult to get any medical officer to give day and date for anything he complains of?—I have never been aware of any facts to show that fixity of tenure would be an advantage.

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4134. *By the Chairman.*—Have you ever known of an instance where, the medical officer knowing that he is subject to dismissal in this way by the Parish Council, the interests of the paupers have suffered in consequence of his being so much the slave of the Parish Council and doing what they have obliged him to do, while he is aware all the time that it is not the best thing? That is suggested as a reason for our taking steps to put the tenure of office of medical officers on the same footing as that of the public health officers?—I have never known of such a case, and I have never heard of such a thing. After all, a man who was dismissed for that sort of thing would have such a handle against the Parish Council in the local papers that they would not get another doctor to go near them.

4135. And accordingly the tenure of office has really nothing to do with the efficiency of the service?—I don't think it has anything to do with it.

4136. *By Dr Mackenzie.*—When you wrote your *précis*, were you thinking of the kind of tenure that was intended? It does not mean absolute fixity of tenure in the sense of *ad vitam aut culpam*; it means practically an appeal to the Local Government Board?—I don't think that such an appeal is necessary for a man in the position of medical officer, but I think it is necessary for an inspector of poor.

4137. *By the Chairman.*—With regard to cases of tramps, not paupers, found lying ill at the roadside, you are of opinion that if not paupers they should be taken charge of by the police and local public health authority, but if found to be paupers, the inspector of poor must deal with the case?—That is so.

4138. You would be of opinion that if a man is found in that state on the roadside, and the police or inspector of poor comes up, it is the duty of the one coming first to take charge of the case and to leave the liability or the cost for after-consideration?—Yes, that is to be adjusted afterwards. There is no doubt the man must be looked after.

4139. We come now to the grant in aid of medical relief. We shall be glad to have your views?—With reference to this general question I would refer the committee to a report made by me to the Local Government Board in July 1897. I am still of opinion that what I brought to the Board's notice then is the least inequitable system of distribution of grant, and to this I would add that there should be an entire division between the grant in aid of indoor and outdoor relief. I am of opinion that the grant, once allocated, should remain so for a certain fixed period, say five or ten years; then parishes would know exactly what sum to expect, and an immense amount of labour at the distributing end would be saved. In the event of greatly changed circumstances in any area, the Board should have power to make an equitable alteration in the fixed grant on consideration of individual circumstances. That, generally speaking, is my view about the medical relief grant.

4140. You think that there should be an entire division between the grant in aid of outdoor and indoor relief, so much should be ear-marked for the one and so much for the other?—That is my idea. I think that that would be the most equitable way of distributing it.

4141. Would you deal with the whole of Scotland in that way, £20,000 being the sum given for this medical relief grant? Would you ear-mark a certain portion of that for indoor relief and the other portion for outdoor relief?—Yes, I think that that would be the fairest system in the end.

4142. Are you of opinion that there ought to be a total revision of all the medical officers' salaries in all the parishes, and that this Board should have it in its power to say what is to be a certain medical officer's salary,—so far as the grant goes of course, because they

[1] House of Commons return of Medical Officers dismissed by Parish Councils, 349–1902 (not printed in Appendix).

are entitled to do anything they like beyond the grant? We can say, 'Your salary is to be a certain amount to 'rank against the grant; you can give whatever more 'you like, but that is to be the limit that will rank 'against the grant.' Would you suggest that we should revise the salaries of medical officers throughout Scotland?—No, I don't think you should have anything at all to do with the salaries paid to medical officers. One knows quite well that certain poorhouse committees have to pay an adequate salary to get a medical officer, and I suppose that you would allocate the grant for indoor relief partly in proportion to the number of patients in these poorhouses in comparison with the rateable areas from which they draw these people. In regard to the outdoor relief, I don't think you can allocate the salary, nor do I think that you should do so. I don't care whether you take it in districts or whole counties or parishes,—you would say, 'This has 'a certain population, and that population in a district 'of this kind, the proper proportion is so much,' and you ought to allocate your grant, so much on the number of paupers and so much on the area of the parish which has to be overtaken or the area of the district which has to be travelled over to afford that medical relief.

4143. So much on the amount of pauperism and so much on the area?—Yes, that is my idea. I don't say that it would work out perfectly fair, but it would be less unfair than any other system I have thought of.

4144. Have you considered this,—suppose this Board are of opinion that their rules for the distribution of the Medical Relief Grant are not being properly observed, how are they to put the rules into operation? At present they can say, 'If you don't do this we will with-'hold the Medical Relief Grant'?—That is so, but they would still be in a position to do that. If the inspecting officer says, 'Here is a parish which is draw-'ing Medical Relief Grant and there is no doctor,' you would at once stop the payment. I am certain that the inspecting officers of this Board know quite well whether the Medical Relief Grant in the parishes they supervise is being earned or not. My objection to the present way of allocating the grant is that it is so extremely diverse in parishes so extremely similar. If you look at the report given by me in 1897, you will see two contiguous parishes with little difference in population and area, and yet one receives double the grant of the other. Now there can be no reason for that except that it is based on salary. The two parishes I refer to in my report are in Argyllshire, and the difference in the amount that they receive is ridiculous. It does not matter what the parish claims upon; what I think is, you have a certain number of paupers in a parish, and if the parish is properly administered, the percentage of pauperism should not be more than two per cent. on the East Coast and four per cent. on the West Coast and islands.

4145. It would be for the Board to say what the percentage would be?—Yes, I think they could quite well say what is the proper percentage in a well-managed parish in Scotland. In an agricultural district on the East Coast I think two per cent. would be a very fair allowance for pauperism, but when you come to the Lewis, I am afraid that the proportion would rise to five per cent., taking in lunacy, etc. I think that a fair allowance down the West Coast would be probably about four per cent. I could not make any suggestion as to Edinburgh or Glasgow.

4146. You would treat the crofting districts exceptionally?—Yes, owing to lunacy.

4147. *By Mr Barclay.*—It would be the resident poor you would have to take into account?—Yes, I think it would work out.

4148. *By the Chairman.*—In your opinion that would rid us altogether of the question of medical officers' salaries, leaving it to the Parish Councils themselves to fix the salaries?—Yes. No Parish Council will pay more in salary than it can help.

4149. You would approve of this, that it should get no share in the Medical Relief Grant unless it has a medical officer?—Of course it should get no share unless it has a medical officer, and he must be a competent officer also. It is said that in the Highlands big salaries have to be paid to get doctors to come. You may say, 'You are claiming on the money you are 'spending to get the doctor to reside in the parish,' but the Parish Council can turn round and say, 'If we don't 'pay this salary we won't get a doctor.'

4150. *By Dr Mackenzie.*—It is market value?—It comes to that. You won't get a man to go to these places unless you give him a living wage.

4151. *By the Chairman.*—As regards the different headings—the abolition of the present stereotyped minimum expenditure, whether a new minimum should be fixed, whether a maximum should be fixed, and the basis of distribution—you are of opinion that it is unnecessary to reply to these questions, because of your view of allocation, which is pauperism and area?—Yes, I take that view.

4152. Is there anything you desire to add?—No. For the purposes of my calculation one would take the population as stationary for cycles of years, and take the percentage on that. It would be an immense assistance to parishes, because they would know pretty accurately what their grant would be each year, and they could budget accordingly, whereas now there may be some variations. It would save a tremendous amount of work here and in the Scottish Office in working out the grant.

4153. *By Mr Barclay.*—Have you thought of the distribution of the grant in aid of trained sick nursing?—I have had so little experience of that, that I would rather not say anything about it.

4154. *By the Chairman.*—All the rules for the distribution of the grant would remain as they are at present, subject to the scheme of division which you have suggested; and the Board may make as many rules as they like as regards trained sick nursing, and so on; and the distribution of the grant would depend on observation of these rules?—Yes; I don't think you should be too arbitrary, but I would put you in the same position in regard to the giving of the grant as the Secretary for Scotland is in with regard to the paying of the Police Clothing Grant—that is to say, if a certain parish is not following your rules properly, then you would withhold the grant. In my proposal you make a fixed calculation for medical relief, and that covers the whole thing. This £15,000 which is earmarked for outdoor relief would be allocated according to the percentage of paupers on the one hand and the area on the other, and that would cover the medical relief. Each parish would get a certain sum allocated on the basis I propose, and they would be able to do whatever they liked with it.

4155. As regards trained sick nursing, what you would say would be this: Poorhouses must have a trained nurse for every twenty, or whatever the number may be, of sick inmates; and if they don't have that they won't get the grant?—Your trained sick nursing would be in the poorhouses; that grant would come from the indoor relief grant payable to the poorhouses; whereas the other would only be one grant, simply based on the population and the area for each separate unit. If £5000 is to be the amount allocated for indoor medical relief, then that would cover medical relief, sick nursing, and everything else. Each unit would get their proportion from that grant, from that £15,000, allocated on the basis of its percentage of pauperism and its area. If they have sick nursing, well and good. If they don't have a trained sick nurse, your officers might report to you that they did not think that the paupers were being properly looked after, and you could turn to the poorhouse and say, 'We think you should have a trained sick nurse as 'well as a medical officer, and if you don't get one we 'will stop your grant.' I don't think it is right to specially ear-mark a special portion of that money for trained sick nursing.

4156. *By Dr Mackenzie.*—But would you stop the grant as a whole, or only take off a certain percentage? The actual method is that if you don't have a sick nurse in the poorhouse you get no grant for that, but

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you are allowed it for the medical officer. Would you maintain that, or would you say that among medical relief there is the medical officer and trained sick nursing, and so much is given in respect of all that; but if there is no trained nurse, then the whole grant will be stopped?—I don't think you would be justified in stopping the grant at all, unless you were satisfied that the people were not getting sufficient attendance. It is not proved that it is necessary to maintain a trained sick nurse.

4157. *By the Chairman.*—But if you find cause to stop the grant, then you stop the whole thing?—If you find that it is necessary to have a trained sick nurse, or if the parish have appointed an unqualified medical man, then you can put your foot down, and say that you will pay nothing; but I don't think that the payment of the grant depends in any way upon there being a trained sick nurse. The medical relief may be perfectly good without there being a trained sick nurse.

4158. At present it practically does depend on the presence or absence of the trained sick nurse?—I am talking of the outside. I assume that it is necessary to have a trained sick nurse in a poorhouse, whereas it is possible to have very efficient medical relief outside without a nurse.

4159. We come to the next question as to whether any restriction should be placed upon the amount which a Parish Council may subscribe to a hospital and claim against the grant. Of course holding your views as to the distribution of the grant, we need not elaborate that?—I would say that there again I think the Board should come in. I think that a Parish Council is quite justified in giving five or ten guineas to an infirmary here and there, but this Board should also have a say in the interest of the ratepayers; where they are getting no benefit from an infirmary then you should stop these subscriptions.

4160. That would come to this, that there should be invested in this Board power to audit the expenditure of the grant?—And the whole expenditure of the parish. When you come to the audit question this Board should have a power of saying, 'You must not 'spend too much.'

4161. At present we only have power under our audit to object to illegal expenditure. I suppose you would extend that for the purposes of the grant at any rate to what would be unnecessary expenditure or superfluous or extravagant expenditure?—Yes. Of course I think as at present constituted one of the great weaknesses of this Board is that it has not got that power. I think this Board should have some power of audit which would check extravagant expenditure. It certainly should have more power from audit than it has now.

4162. *By Dr Mackenzie.*—And to ensure efficiency of medical relief?—Efficiency is a *sine qua non*. You are bound to have it, because if you don't have it you stop the grant, and the parish will soon see that the efficiency is put right.

4163. *By the Chairman.*—Will you tell us whether you think that the rule respecting reciprocal obligations between participating parishes in regard to medical attendance should be continued, and if so, whether the reciprocity might be extended to medicines also?—In my *précis* I say Yes as regards attendance, but No as regards medicines. That is a mistake; it should be Yes as regards medicine.

4164. That would be an alteration on the present system which does not extend to medicines, although we are informed that there is such an extension in some parishes, as, for instance, between Govan and Glasgow?—Yes. The thing is so small that it is not worth haggling about so far as administration is concerned.

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4165. As regards the remuneration of medical officers in cases where a surgical operation is necessary, or in cases requiring the administration of an anæsthetic, you are of opinion that the salary covers this unless such is specially exempted in the agreement, and you add that it appears to be entirely a matter of the terms of engagement?—I have spoken there as a layman, because I do not understand what the real point of the question is. It appears to me to be sufficiently covered by the terms of appointment.

4166. I don't know that we mean that. Our view is, and it has been the opinion of the Board, that where a medical officer requires to call in the services of another medical officer in order to assist him in an operation or in a difficult confinement, or anything of that kind, the remuneration of this extra man is a proper charge against the parish of settlement?—I quite agree with that. Of course there again is another case where you will require to have a certain supervision,—I mean to say that you may have a medical officer who is getting a little old, and he must not always be calling his son in and giving him a fee of a guinea to help him to give colic mixtures to an old woman. What you have to look to is not the honest man, but the dishonest man.

4167. It comes to this, that we should not make this too public, because it might be taken advantage of?—It is very improbable that it would, but the misfortune is that you have to legislate for the dishonest and not for the honest man.

4168. The next question is as to whether it should not be obligatory for the Parish Council to fix the medical officer's salary exclusive of medicines, which should be paid for as obtained, *i.e.*, without any sum being fixed therefor?—Possibly, but if so, what check has the Parish Council that a dishonest doctor does not supply more and more expensive drugs than are necessary? Is it desirable for the medical officer to supply medicines free or not?

4169. In the Highlands it is absolutely necessary?—Yes, because there is no chemist.

4170. But where there is a chemist your view would be that the Parish Council should have their medicines supplied by him and not by the medical officer?—In Dundee and Glasgow, and such large places, they have a regular contract.

4171. *By Dr Mackenzie.*—One of the difficulties may be that if the medicine is covered by the doctor's salary, then he might not prescribe where he ought to prescribe?—That is so. I did not look at it from that point of view.

4172. After all there are only one or two drugs that are in common use that are really expensive, and you could check the prices by the drug store list?—Yes.

4173. *By the Chairman.*—As to the necessity of advertising vacancies in the office of medical officer, we have been informed by many witnesses, and it is your view, that perhaps one week of advertising in place of the three now necessary under our rules would be sufficient?—I have never seen the object of advertising being compulsory, because if you cannot get anybody anywhere else you must advertise, but if you can get one who is suitable without advertising, why go to the expense of advertising?

4174. *By Dr Mackenzie.*—Of course in towns, if there was no advertising it might result in a man being put in who was not the fittest man?—You mean that you might get a better man by advertising?

4175. Yes, and it would be an open appointment, whereas if you did not advertise it would be said to be a hole and corner sort of affair?—That is so.

The Committee adjourned.

ELEVENTH DAY.

FRIDAY, 16th JANUARY 1903.

At the Local Government Board Offices, Edinburgh.

Present:

Mr J. Patten MacDougall, *Chairman.*
Dr W. Leslie Mackenzie.

Mr R. B. Barclay.

Mr J. Jeffrey, *Secretary.*

Mr John Wilson Gordon, called and examined.

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4176. *By the Chairman.*—You are Inspector of Poor for the Parish of Rathven?—Yes. I have held that position since 1899. I was connected with Poor Law administration in Rathven for three years before that.

4177. You were in the department at Rathven?—Yes, with the then inspector.

4178. Rathven is a parish of considerable acreage?—It has an area of 23,000 acres, and a population of about 14,000.

4179. It is partly landward and partly burghal, and it includes the burgh of Buckie?—Yes, it includes the villages of Port Gordon, Portessie, Findochtie, and Portknockie, and the burgh of Buckie.

4180. What is the population of Buckie?—Some 7000.

4181. You propose to give us evidence in regard to the outdoor relief portion of our memorandum?—Yes.

4182. The first item is the adequacy of the medical relief arrangements at present in force. In your parish you tell us there are two medical officers employed to attend the poor, which number, without dependents, from 140 to 160. That is resident poor?—Yes. Both are attentive to their duties, and there is no cause for complaint. Great difficulty, however, is often experienced in getting proper sick-bed attendance for paupers who fall ill, and who have no relatives willing to look after them.

4183. You say that in your parish the medical officers are responsible for the supply of medicines; you think that such supply should be in the hands of independent parties?—Yes.

4184. You find that two medical officers are necessary to overtake the work?—Yes.

4185. How do you define their respective areas? I suppose they have specific areas?—Yes. We take the Burn of Buckie as the division.

4186. The parish is divided into half and half?—Yes.

4187. Where do your medical men reside?—They are both resident in Buckie.

4188. Does that system work well and without any friction?—Yes.

4189. You say that you have difficulty in regard to the sick-bed attendance. How does that arise?—We have great difficulty. Suppose a pauper falls ill, it is often very difficult to get any party to look after him or her at all.

4190. I understand that in the parish of Rathven you have no poorhouse accommodation of your own?—That is so.

4191. You have boarding privileges?—Yes, in the Morayshire Union at Elgin.

4192. Are these privileges taken advantage of?—Yes.

4193. How many beds do you have?—We have only three. We may have more than three paupers in the poorhouse, but not as an average.

4194. If you want accommodation for more than three, it is always available and you can easily get it?—Yes.

4195. The ordinary number of inmates in the poorhouse from your parish is just about three?—Yes.

4196. Have you any difficulty in getting to go to the poorhouse paupers who are sick and require medical attendance?—We have considerable difficulty. Amongst the fishing population it is almost impossible to get them to go at all; they seem to have a prejudice, and no measures will get them to go. We use the poorhouse principally as a test.

4197. Not as a hospital?—No.

4198. From your point of view would it not be desirable that it should be regarded as a hospital?—Yes, very desirable; in fact it is a long-felt want among inspectors that we cannot compel parties to go to the poorhouse.

4199. Their not going to the poorhouse does not arise from any want in regard to the medical appliances or their treatment in the poorhouses. It is simply from a rooted aversion to enter a poorhouse?—Yes.

4200. Is that feeling not decreasing?—Not among the fishing class. It is still as strong as ever.

4201. How do you supply the attendance which is requisite for these sick outdoor paupers?—We just employ whomsoever we can to assist them, and make the best of the circumstances.

4202. Have you any nurses available?—We have none except a nurse under the Jubilee Institute who visits and advises.

4203. Where does she live?—In Buckie; she goes out to any of the villages, and to the country if we wish her.

4204. Do the Parish Council make any contribution in respect of her services?—Yes, £10 per annum.

4205. Do you find these services to be of use, and to be very welcome?—Yes, they are greatly appreciated and of great use. Of course, she cannot remain with the patients.

4206. Accordingly your practice is to ask her to go and visit paupers from day to day, and to advise?—Yes.

4207. That is in supplement to the medical attendance proper?—Yes.

4208. Have you any suggestions to offer as a remedy for what seems to be an unfortunate state of matters, the difficulty as regards the proper looking after of these outdoor paupers? Do you think that the nurse system should be extended?—Unless they could stay with them they would not be of much use. If the Parish Council had powers to remove these paupers to the poorhouse, that would meet the difficulty.

4209. You mean that the Parish Council should have power to remove them when there is no attendance to be had for them either among their own relations or otherwise?—Yes, that is so.

4210. Under what circumstances would you remove

them? You would require a certificate. Have you thought of that?—We would require a certificate, and then there would be an appeal to the Local Government Board if required. If there is a pauper lying ill, my council will not withdraw the relief and allow him or her to appeal to the Local Government Board. They simply continue the relief.

4211. The sympathies of your council are with those paupers who decline to go to the poorhouse?—Yes.

4212. Even although going to the poorhouse might be the best course for them?—Yes, seeing we have no adequate arrangements to compel them to go, according to the present state of the law.

4213. Will you give us an instance of one of these cases that you think would be better treated in the poorhouse, but which decline to go to the poorhouse?—Just now we have a man who is under medical attention, but who has nobody to look after him. The doctor and the nurse visit him. I have employed outside attendance, but it is only given spasmodically, and the man refuses point blank to move. The doctor has advised him to go, and I have also advised him, but he remains obdurate.

4214. Is it a curable case?—No, it is a chronic case.

4215. What is the nature of the complaint?—I think it is advanced consumption.

4216. Has he been long in this state?—Yes, for some months, and he has been gradually getting worse.

4217. He is living by himself and unable to look after himself?—Yes.

4218. Is he able to cook his own food?—No.

4219. Do his friends or neighbours come in, and do they cook for him?—Yes, it is done by a party whom I pay to attend him. The difficulty is to get anyone to go and attend to these people. They will do it for two or three days, and then they are off, as it is too much trouble.

4220. This is not an isolated case?—No. I have another case of an old man about eighty-five years old, practically in the same position. Sometimes he is unable to get up, and it is only with the greatest persuasion that I can get the relatives to look after him. He won't go to the poorhouse.

4221. What outdoor relief are these people getting?—They are getting 5s. a week in each case.

4222. Does part of that go to pay the people who attend them?—No. We pay the attendance over and above.

4223. Has either of them been offered the poorhouse?—We have used every means we can, short of withdrawing relief.

4224. Has the offer of the poorhouse been made to them by the Council?—They think it is no use, because they would not accept it. If these cases were offered the poorhouse, there might be public feeling in regard to that.

4225. Have you had any experience of indoor administration?—No.

4226. I don't suppose you would like to speak as to that?—No, I don't feel qualified to speak to it.

4227. *By Mr Barclay.*—If you had compulsory powers, would your Parish Council exercise them in a case like that?—Yes, very strongly.

4228. *By the Chairman.*—Why don't they exercise the powers vested in them now? Why don't they say to these people, 'Now, go to the poorhouse; it is much 'better for you'?—They would have to withdraw the relief in that case, and if that was done the parties would not go to the poorhouse, and force would be brought on the Council to readmit them to the roll.

4229. *By Dr Mackenzie.*—Are these two men fishermen?—One of them is a fisherman and the other is a labourer.

4230. *By the Chairman.*—What is the complaint of the old man of eighty-five?—Just old age; infirmity.

4231. It would be a serious thing if they were to be found dead?—Yes, it is a very serious responsibility on the inspector.

4232. And the Parish Council do not realise that?—No, they simply tell the inspector to do his best.

4233. Are the cases that you have in the poorhouse cases of sick paupers, or are they test cases?—They are generally sick paupers who can be removed to the poorhouse when circumstances really force them to go, when they really come to see themselves that there is no other method for them.

4234. But it is also used sometimes as a test?—Yes.

4235. The Parish Council do not hesitate to do that?—Not our Parish Council.

4236. As regards the dispensing of medicines, you are of opinion that that should be in the hands of independent parties, and not in the hands of the doctors?—Yes.

4237. Have you more than one chemist in Buckie?—We have five.

4238. Do the paupers go to the chemist for their medicines?—Yes.

4239. Have you ever considered whether it would be advisable to have a general dispensary for drugs?—I don't think it would work with us.

4240. In fact, you think that the present system works well, except that the salary of the doctor should be exclusive of medicines?—Yes.

4241. In regard to the duties of the medical officer and the inspector to the outdoor sick, you say that the inspector is responsible for the due nursing and attention to paupers, and this is often a very onerous and serious responsibility for him; the difficulty is in procuring reliable and sufficient attendance?—Yes.

4242. As inspector, do you give to the outdoor sick paupers everything that is ordered for them by the doctors?—Yes, always.

4243. Do you extend that to diet?—Yes, if ordered.

4244. I suppose that if the medical officer required that certain diet should be furnished, you would give it at once as a matter of course?—Yes.

4245. I don't suppose you would place any obstacles in the way?—No.

4246. I refer you to Rule 4 on page 102,[1] in which it is laid down that the medical officer shall intimate to the inspector what he may consider necessary for the proper treatment of a poor person, 'And on receipt of 'such intimation, the inspector, on his own responsibility, 'shall forthwith furnish or refuse the relief so intimated 'to be necessary, until he shall have brought the case 'before the Parochial Board and received their in-'structions regarding it.' In no case have you refused to do what the doctor has ordered, and, accordingly, your opinion is that that rule should be altered in compliance with the practice which exists?—Yes.

4247. In regard to subscriptions to nursing associations and the appointment of nurses for the outdoor sick, you say that your Parish Council contributes £10 yearly to the local branch of the Jubilee Institute for Nurses, and you think that money well spent?—Yes.

4248. The nurse attends sick paupers from day to day, but, in accordance with the rules of the Jubilee Institute, she may not remain overnight?—That is so. The nurse is able to advise and assist in many cases, and her efforts are appreciated. The appointment of nurses for the outdoor sick is a step which I would approve of, but if Parish Councils had power of compulsory removal of sick paupers to a hospital or poorhouse, the same necessity would not exist.

4249. Take the case of a Highland parish, where the doctor lives a considerable distance from a sick pauper; do you think that the duties and the work of the medical officer would be usefully supplemented by the presence of a nurse, either a Jubilee or a district nurse?—Yes, very much so.

4250. That being so, would you be of opinion that it would be advisable to extend the grant to outdoor nursing?—Yes, I think so.

4251. Outdoor nurses are doing good work of a medical relief kind?—Yes.

4252. When you say that the appointment of nurses for the outdoor sick is a step that you would approve of, do you mean that the Parish Council should appoint nurses to look after their outdoor sick paupers?—Some arrangement of that sort should be made, but,

[1] Board's Rules, etc., to Parochial Authorities.

as I have said, the same necessity for that would not exist if we could remove cases such as I have mentioned to the poorhouse.

4253. That is,—such cases as the Parish Council cannot remove to the poorhouse, cases where there is entire absence of the necessary attendance?—That is so.

4254. You think that the only alternative to cases like that being sent to the poorhouse is that the Parish Council should appoint nurses. How many nurses do you think would be necessary in your parish?—I could not give an opinion on that point.

4255. How many paupers have you got on an average in a similar condition to those two you have told us of in the parish, who require attendance from night to night, and, from your point of view, ought to be in the poorhouse?—There would not be more than three or four on an average.

4256. These are cases living by themselves and having no one to look after them during the night?—That is so.

4257. They are living in a state of absolute discomfort, and entirely unattended to, except for the spasmodic attendance that you are able to get from the neighbours?—Yes.

4258. I suppose it is only occasionally that you are able to get neighbours to look after them?—Yes.

4259. We come now to the supervision of boarded-out children. Do you have many boarded-out children in your parish from parishes in the south?—Yes, I suppose we have about fifty in our parish from Glasgow, but with these I have no connection.

4260. *By Mr Barclay.*—They are intimated to you?—Yes.

4261. *By the Chairman.*—Are they boarded out with farmers chiefly?—No, they are generally boarded out with townspeople.

4262. *By Mr Barclay.*—They are Roman Catholics?—Yes.

4263. *By the Chairman.*—In what towns are they?—They are over the country and in Buckie. There are a good many Catholics with us.

4264. According to the Board's minute of 10th August, 1882, 'The inspector of the parish of residence shall immediately inform the inspector of the parish 'of settlement of any circumstance affecting the 'welfare of the child that may come to his knowledge.' I suppose you have communications about the children when they come up from the inspector of the parish?—No, I have no communications beyond the intimation.

4265. But you have the intimation in all cases?—Yes.

4266. Is the object of the intimation this, that the inspector shall keep his eye on the children, that you may be able to know where the child is, and able to give the inspector of the parish of settlement such information as he may desire?—Yes, should occasion arise.

4267. *By Mr Barclay.*—Have you had any of these children who have become paupers?—No, they generally go back to Glasgow.

4268. *By the Chairman.*—What is your opinion of the boarding-out system, so far as you have observed it?—It is a very good one, so far as my experience goes.

4269. Do you find that the children improve?—Yes.

4270. I suppose that the foster parents are, as a rule, well chosen?—Yes. If a careful selection is made I have never found the children come by any harm.

4271. Having had experience of that, you are led to form the belief that it is of great benefit to the children themselves?—Yes.

4272. Are they regarded as paupers, or do they suffer from the fact of their being boarded-out children and its being known what their origin is?—No.

4273. Do they go to the public school?—Yes. Our children are boarded out in the country.

4274. You send your children from Buckie to the landward part of the parish?—Yes.

4275. Have you found that to answer well?—Yes.

4276. Do the children get on well and prosper in after-life?—Yes.

4277. Do they take to agricultural pursuits?—Most of them do.

4278. I suppose they very often supply the labour which the farmer requires?—Yes, they often remain with the farmer.

4279. They become attached to their foster parents, and remain with them?—Yes.

4280. You spoke about paupers going back to Glasgow. Do you know anything of their after-history there?—No.

4281. You have no reason to think that they do not get on all right?—No.

4282. I understand from you that the Glasgow children, as a rule, are boarded out in your villages, and your children are boarded out in the landward part of the parish with farmers?—That is so.

4283. You find that those boarded out in the villages as a rule return to Glasgow, where they came from?—Yes.

4284. You think that that is due to the fact that they are boarded out, not in the country, but in the town, and they do not have the same inducement to remain there as if boarded out in the country?—That is so.

4285. *By Mr Barclay.*—They could not find employment in these villages?—No.

4286. *By the Chairman.*—There is not so much employment for them in the villages as in the country?—That is so. They are generally domestics, and they go back to Glasgow as domestics.

4287. It is the girls who go back to Glasgow for domestic service?—Yes.

4288. What about the boys?—A few of them are in country service, but not many.

4289. Have you any returns showing the after-history of your boarded-out children?—No.

4290. How many have you boarded out in the course of the year?—Just now we have about thirty. They are principally boarded with relatives.

4291. Do you keep a record of what happens to these children in after-life?—No; but in some cases I would know what happens to them.

4292. Generally speaking, you are of opinion that the upbringing they have had leads to their getting employment, and doing credit to you and themselves in after-life?—Yes.

4293. Do you think that further supervision of these children is required other than is provided at the present moment?—I don't think so.

4294. Taking the case of the Glasgow children who are boarded out in your parish, it has been suggested that in order to exercise greater supervision over them it would be as well to have a committee of local people who would report to Glasgow. Do you think that that is essential or advisable?—It might be advisable.

4295. From your experience, do you think that there is any need for it?—Speaking from my own point of view, I don't think there is any need for it.

4296. You have never had any complaint brought before you, either officially or unofficially, as to the treatment of any of these children, or as to there being need for other supervision than there is?—I have had just one complaint as to children boarded out from Glasgow.

4297. What was its nature?—It was an unofficial complaint regarding an unsuitable guardian, and I immediately communicated with Glasgow. They wrote me and thanked me, and sent some one up and had a different guardian looked out at once.

4298. Is that the only case in your experience?—Yes.

4299. I understand the parish of settlement employs its own doctor to attend these boarded-out children, and he need not necessarily be the doctor of the parish?—That is so.

4300. Glasgow, or whatever parish it is that sends them, themselves pay this doctor a fee for such attendance?—Yes.

4301. Do you think that that is a proper system?—Yes.

4302. You say that the medical officer should be

remunerated for any attendance on them. He is, in fact, remunerated by them?—By Glasgow; but if we have a child boarded out in another parish, there is never any charge made by the medical officer of that parish for attendance. I believe that it is only Glasgow that pays for medical attendance.

4303. Is that a charge which your Parish Council think is not a fair and proper one, and which they do not pay?—They have never been charged it.

4304. The medical man has never sent in an account?—No. The same condition exists all over the north of Scotland. It is only the parish of Glasgow that pays for medical attendance on the children that are boarded out.

4305. *By Dr Mackenzie.*—Does that mean that the medical officer of the parish in which they are boarded out attends without charging anything?—Yes.

4306. *By the Chairman.*—Do you think that we should provide in any new rules that for such attendance on boarded-out children the medical man who attends should be paid?—Yes, and also the inspector.

4307. He should be paid for any duties he may discharge?—Yes.

4308. Of course it is very seldom that the inspector of the parish of residence of these children would be called upon to do any duty for which he could claim a fee. Take your own case: I understand you have very little to do with the Glasgow children?—That is so.

4309. It is only in an exceptional case that your services would be called in, or that you could claim a fee?—Yes, but supposing we had a child boarded out with relatives possibly 100 miles away, it is only right that the inspector should be paid a fee for visiting that child.

4310. That is, if you employ him to inspect the child?—Yes.

4311. You, I suppose, would not inspect, or visit, or take anything to do with a Glasgow boarded-out child unless you were asked to do so by Glasgow, or unless the thing were brought before you officially?—That is so.

4312. *By Mr Barclay.*—Are you of opinion that the inspector of the parish of residence should have a duty to visit these boarded-out children?—I don't think so. Glasgow has introduced forty or fifty paupers into our parish, and it would be throwing a great burden on the inspector.

4313. Do you think that the duty should be thrown on you, and that you should be paid for it?—No.

4314. *By Dr Mackenzie.*—But if you are asked to do it, you should be paid for it in any particular case?—Yes.

4315. *By the Chairman.*—In your experience, however, no necessity has arisen for any such supervision?—No.

4316. The next point is as to the accommodation and arrangements for casual sick poor in the parish. Your parish possesses no casual sick-house, but you say times do occur when the advantage of such an institution would be desirable?—Yes.

4317. What do you do when you have a casual sick poor person?—We just make the best arrangements we can. I would not go the length of saying that the number of cases is so great as to make a separate institution necessary for their treatment. We don't have so very many cases occurring.

4318. You don't have such a number occurring as would require a casual sick-house to be provided?—That is so. The population is not centralised in our parish; it is scattered over a big area.

4319. When you get a casual sick person, what do you do now?—If it is a tramp we put him into the poorhouse or the lodging-house.

4320. Have you got a lodging-house?—We don't have a parochial lodging-house, but we have a common lodging-house.

4321. How do you provide the medical attendance necessary for a sick tramp in your lodging-house?—The doctor goes there. We generally get someone in the house to attend to them until they are able to go to the poorhouse. These tramps go to the poorhouse more readily than outsiders.

4322. This common lodging-house will take in a sick tramp requiring medical attendance?—Yes.

4323. What is the accommodation there for him?—It is not by any means satisfactory.

4324. Does the doctor not object to go and visit in the lodging-house,—is it part of his duty?—Yes, and he never objects.

4325. Is it not unusual that in a parish of this sort there should be no casual sick-house?—I could not say.

4326. *By Dr Mackenzie.*—Is it impossible to get a house that you could adapt for that purpose without much difficulty?—A house could easily be got.

4327. *By Mr Barclay.*—One room would be quite sufficient?—Yes.

4328. *By the Chairman.*—Have your Parish Council ever considered that question?—Yes.

4329. Are they averse to it?—They thought that the number of cases occurring during the year did not warrant their going to such an expenditure. The cases are very few. Tramps go so readily to the poorhouse that it is not often that a case occurs.

4330. What have you to say as to 'the expediency of 'obtaining compulsory powers of removal to a poor-'house or general hospital or other lodging when a sick 'pauper has no relatives to look after him or her, or 'when the case is obviously one for poorhouse or 'hospital treatment'?—The want of such powers has been a long-felt necessity. The constant refusal of such persons to consent to removal to a poorhouse or hospital often puts an inspector at his wits' end. He must be constantly visiting and having his eye on such cases, and seeing that they are as well cared for as the circumstances will allow. It would be in the interests of both the paupers and the inspector that such powers could be resorted to.

4331. The next point is as to the expediency of sending selected cases to seaside or other infirmaries or convalescent homes, and the cost of providing therefor. What is your opinion as to that?—Cases for such treatment do occasionally occur, and it is in the interests of the parish that if a pauper has a chance of recovering by special treatment, etc., it should be carried out.

4332. Have you had cases of that kind in your experience in Rathven?—One or two cases have occurred. I had a case of a young unmarried woman about twenty-two years of age who came out of the asylum suffering from phthisis. I had the greatest difficulty in getting any party at all to take her, but ultimately I got her boarded with a very respectable family in the country. She became convalescent in a year and a half, and is now doing for herself. Cases like that should, in my opinion, have special treatment.

4333. Of course your Parish Council supported you in the action you took there?—Yes.

4334. I suppose they would do so again?—Yes.

4335. Have you many cases of incipient phthisis?—Not a great many, but they do occur occasionally.

4336. Suppose a case were occurring now, how would you treat it?—The only way is to send them to the country and give them a chance there.

4337. That is recognised by your Parish Council as the way in which you should treat such cases?—Yes.

4338. You have not considered, nor have you had need to consider, whether you should send them to a sanatorium?—No.

4339. Are there any sanatoria near you?—Not within a large radius.

4340. I suppose you send them up to the hills?—Yes.

4341. Have you had any complaints, or has it come under your notice that the tenure of office of medical officers ought to be altered?—The doctors themselves would favour being subject to dismissal only by the Board.

4342. What is your own opinion as regards that?—We have had no difficulty, and there has been no question arising to lead me to think one way or another, but I think it is advisable that they should hold their

tenure subject to the Board, the same as the inspector.

4343. And the same as the medical officers of health?—Yes.

4344. We come now to the grant in aid. You are of opinion that the minimum should be abolished, and that a maximum should be fixed?—Yes. The present salaries of the medical officers are subject to the approval of the Local Government Board. I don't see that there is any necessity for a minimum being fixed. On the other hand, however, by fixing a maximum it would tend to prevent Parish Councils overstepping the mark in regard to medical relief.

4345. Are you aware that it is a condition of the Medical Relief Grant that any parish participating in it shall have a medical officer?—Yes.

4346. Of course originally I fancy what happened was this, that the medical officer was given an illusory salary, and the Board found it necessary to fix a minimum salary. Do you think that the necessity for that has gone?—Yes.

4347. Why do you think so? If that minimum were abolished, do you think there is no danger of Parish Councils going back to the old system of giving a mere illusory salary?—I think that the Parish Councils now pursue a more enlightened policy than the old Parochial Boards.

4348. There are still some twenty Parish Councils in Scotland which have no medical officer, and which do not participate, and there are a certain number who pay their medical officers by fees. As regards the maximum, you must consider this—I don't know whether it is the case with you or not—in many Highland parishes the salary of the medical officer may be, say, £100, but only £50 of that ranks against the grant. In order to induce a man to come there at all, they find it necessary to pay something beyond the sum that will rank against the grant. I gather that you think that a maximum should be fixed, beyond which no medical officer should be paid at all by the Parish Council?—That is my idea.

4349. Would that not lead to this, that it would be impossible to get medical officers in many parishes where there is only a sparse population of a poor kind, not able to pay the medical officer large fees for private attendance, and where, therefore, the medical officer would have practically nothing to look to beyond his salary as medical officer to the Parish Council?—That is true.

4350. How would you get over that?—The relative needs of each parish would require to be considered.

4351. Your view is that the distribution should be according to the vouched expenditure as at present, and calculated on the vouched expenditure of each year, and you also think that the minimum should be abolished and a maximum fixed?—Yes.

4352. Do you think it is advisable to widen or narrow the definition of the words 'medical relief expenditure for the purpose of the grant'?—If it is to be widened, the subscriptions which the Parish Council pay to a nursing association should be included. Sick-bed attendance might also be included. Both these charges are at present classed under management, which is unfair.

4353. What do you mean by sick-bed attendance?—Nursing.

4354. Any nursing that the Parish Council may think necessary for sick paupers?—Yes. At present that is classed as management, and it swells the management bill.

4355. But these are cases which you think ought to be provided for, or ought to be sent to the poorhouse?—Yes.

4356. By sick-bed attendance you mean all attendance that the Parish Council may think requisite for the proper comfort of these paupers, who otherwise would be provided for in the poorhouse, whether by trained sick nurses or others?—Yes.

4357. I draw your attention to the rules at present in existence regarding payments for nutritious diet. Do you think that the Medical Relief Grant should be extended so as to include nutritious diet, cordials, clothing, lodging and sick-bed attendance, which are not now admissible as medical relief?—I don't think so; it might be extended too far.

4358. It might be extended provided this nutritious diet and these other things were ordered by the medical officers in the case of sick paupers?—That might be done.

4359. Would you approve of such an extension?—I don't think it is called for.

4360. Of course in your experience doctors do order diet as part of the treatment for the sick pauper apart from medicine?—Yes.

4361. The difficulty is to distinguish between what is diet and what is medicine?—Yes.

4362. Medicine would fall within the grant, and nutritious diet would not?—That is so.

4363. You do not see any cause for extending the grant so as to cover nutritious diet?—No. It might not be necessary if the pauper had a sufficient allowance, and if the allowance was increased in view of the fact that he was sick, then the increased allowance might rank against the grant.

4364. Do you think that the rule respecting reciprocal obligations between participating parishes in regard to medical attendance should be continued, and if so, might the reciprocity also be extended to medicines?—The first part I should answer in the affirmative, and the latter in the negative. The parishes which would benefit would be the rural parishes, which have few other parishes' poor, but generally a number of their poor in bigger centres.

4365. It has been represented to us that reciprocal obligations, if made to include medicines as well as attendance, would relieve inspectors of a great deal of book work and accounting that they have to do now, and it would be six of one and a half a dozen of the other; but apparently you are not of that opinion?—No.

4366. Take the case of your own parish. How would it affect you if medicines were so included?—If medicines were so included, then we would benefit. We have very few paupers from other parishes resident with us, while in the bigger centres we have a number of poor belonging to our parish—about double the number.

4367. Take your parish and the parish of Glasgow; you think that if this reciprocal obligation were now to include medicines as well as medical attendance, your parish would benefit and Glasgow would suffer?—Yes, to some extent it would.

4368. Suppose Glasgow and these other big parishes said, 'We shall be glad to be relieved of this book work and all the rest of it,' would you be quite agreeable that the reciprocal obligation should include medicines?—Yes.

4369. It would be a considerable relief to you in that way, it would save you the trouble of sending in accounts for medicines?—Yes.

4370. You don't think that it would operate prejudicially as regards settlement? For instance, in supplying medicine to a pauper of another parish, you intimate to the other parish that you have done so, and you claim relief?—Yes.

4371. Suppose it were part of your reciprocal obligation to supply these medicines, you would do so, and probably you would not send the notice?—There would be no expenditure to recover.

4372. But suppose this pauper afterwards came to be chargeable to you through your not having sent notice when medicines were given?—That would be another argument in favour of my contention that medicines should be left outside the obligation.

4373. Don't you think that your own parish, not sending the notice when you give medicines, should be left to suffer because of the neglect to send the notice? There is no reason why they should not send a notice even now when medical attendance is given?—No.

4374. Don't you think that—if that objection were urged—really there is not so very much in it, because it would be the inspector of the parish or the Parish

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Council of the parish of residence who would suffer for what would be a matter of neglect on your part?—That is true.

4375. *By Mr Barclay.*—I suppose in your parish it is only in very rare cases that you give medicine only?—Very rare cases.

4376. *By the Chairman.*—Accordingly it is really not worth considering from that point of view, whether medicines should be included in the reciprocal obligation or not?—That is so.

4377. On the whole now, having thought it out further to-day and heard these objections and what has been urged to us here, are you of opinion that medicines should be included, or do you still adhere to your original view?—I still adhere to my original view.

4378. You are of opinion that the medical officers' salaries should be fixed exclusive of medicines?—Yes.

4379. Then as regards the necessity for advertising vacancies in the office of medical officer, you think that the rule should be adhered to?—Yes.

4380. Have you considered whether one week might do instead of three?—I would not say that the three weeks should be essential, but I am of opinion that any vacancy should be advertised.

4381. Three times?—I would not say that, but I think it should be advertised.

4382. Why? Is it in order to provide against any appointment being made in an underhand way?—Yes, to prevent it being made underhand.

4383. We have a return here showing the salaries and fees of medical officers, from which I see that you pay each of your two medical officers, Dr Duguid and Dr Simpson, £30 for Poor Law work, including lunacy work; but in addition to that you pay a fee of 10s. 6d. to each of your doctors in respect of each lunatic chargeable to your own parish?—Yes.

4384. You pay in respect of each lunatic chargeable to another parish a fee of a guinea?—Yes, that was the arrangement made when the medical officers were appointed, and it has continued to exist ever since.

4385. *By Dr Mackenzie.*—Was it an arrangement made with the other parishes?—No, it was an arrangement made with the doctors.

4386. *By the Chairman.*—The £30 of salary covers part of your own lunacy work?—No; we pay 10s. 6d. for each certificate of lunacy.

4387. But the salary includes not only the doctor's work under the Poor Law, but a portion of his work under the Lunacy Act?—No.

4388. You don't claim against the Medical Relief Grant for the fees that you pay to your doctors for work done under the Lunacy Acts?—No.

4389. *By Mr Barclay.*—You pay the medical officers a guinea for medical certificates for paupers of other parishes?—Yes.

4390. You would hold that that was the value of a medical certificate, whereas you only pay them 10s. 6d. for certifying your own lunatic poor, which means that the other 10s. 6d. is included in their salary?—Yes; that is part of our agreement with the medical officers. It is a reduced fee. There were so many lunatics that 10s. 6d. was thought to be a large enough fee.

4391. *By the Chairman.*—How many lunatics do you have to certify in the course of a year?—Sometimes fifteen in our own parish.

4392. So that the medical officers get seven guineas from that?—Yes.

4393. There are very few lunatics from other parishes?—Yes.

4394. *By Dr Mackenzie.*—Are these fifteen usually paupers?—No.

4395. *By the Chairman.*—Are the doctors employed for other lunacy work besides granting certificates in connection with lunatics?—Yes; there are quarterly visits, for which they are paid 5s. each.

4396. I suppose you would admit this, that if you paid your medical officers a guinea for a certificate for lunatics chargeable to your own parish, the £30 you now give would be proportionately reduced?—I would not say so. It was a special bargain made with the doctor that he should do it for 10s. 6d.

4397. Do you admit the hardship for other Parish Councils?—Yes; but it is for a Parish Council to make their own bargain.

4398. Is it not for this Board to see that the Medical Relief Grant is distributed fairly as between all the parishes?—Yes.

4399. Don't you think it would be a right thing to provide uniformity as regards the payment of the medical officer for his Poor Law work and Lunacy work throughout Scotland, so as to bring about a more equitable distribution of the grant?—Yes, I would say that.

Mr William Bennett, called and examined.

Mr W. Bennett.

4400. *By the Chairman.*—You are Governor of Craiglockhart Poorhouse, which is one of the two poorhouses in the Parish of Edinburgh?—Yes.

4401. For how long have you held that position?—For eighteen years.

4402. Had you any previous experience of Poor Law administration?—I was in Paisley for about three years before that.

4403. Had you any Poor Law experience before that?—No; I was in the Navy.

4404. In regard to the sufficiency of the accommodation provided for the sick poor, you are of opinion that the accommodation should be such as would allow patients to be retained until cured, and so prevent their being sent to the ordinary wards to make room for worse cases?—Yes.

4405. You also say that the hospital accommodation at Craiglockhart is insufficient?—Yes.

4406. I gather from that that the accommodation, being, as you say, insufficient, there is necessarily removal from the sick wards to the infirm wards, and sometimes to the ordinary wards, of sick paupers, who would be retained in the sick wards if it was not for this want of accommodation?—That is so.

4407. You are of opinion that in your case, and I suppose in all cases, there should be full provision for the accommodation of the sick inmates?—Yes, there should be full provision in every poorhouse.

4408. We have been given to understand by certain witnesses that there ought always to be in a poorhouse, and certainly in poorhouses the size of Craiglockhart, an empty ward which could be utilised in order to have the other wards, which are presumably full, cleaned and papered, whereas at present in Craiglockhart you are so crowded that that is almost an impossibility without removal which is not to the comfort or to the well-being of the paupers?—I may say that up to the last four or five years I have always had sufficient accommodation, and spare rooms in the summer time, so that I could shift about my patients from one ward to another without any inconvenience to them. In that way I was always able to have the wards papered and cleaned in a proper manner, but now it is utterly impossible to do that, owing to the great increase of inmates, more especially on the male side of the house.

4409. How do you account for that increase?—I cannot account for it.

4410. Is it due to an increase in the population?—I don't think that that has to do with it at all. There are a great many things that may tend to bring it about. I think that the application of the test is one thing,—the test not being applied is certainly a great drawback to the numbers of men in the house.

4411. You mean that the test is not so thoroughly applied as it used to be?—That is so. I have not the accommodation out there at present, and I think there is a plan before the Local Government Board just now to bring on test wards. The alteration we seek to make now is better than having no place at all, but my own impression is that there should be a separate place where they would have a proper airing

yard. There is no airing yard with this alteration. There should be a proper airing yard, and then they should be so confined as to prevent their mingling with the other people in the house. But then, I think that half a loaf is better than none, and it is better than having no place at all. I sometimes find when I punish a man by putting him into the cell and depriving him of some of his food, that when I let him go back to the ordinary ward there are men ready to give him bread, and so defeat what I have done. Of course some people may say that that is to be admired in them.

4412. How would you propose to remedy that?—By keeping them separate altogether. That would turn a great many men out of the house; I don't think I would be wrong when I say that there would be between fifty and one hundred fewer men in the house if a proper and thorough test were applied.

4413. Are you also of opinion that as regards sick wards there should be means of isolating certain diseases?—Yes. We are just completing a place for phthisical patients that the Board has sanctioned for us to go on with, and I am in hopes of getting a dozen patients into that almost immediately,—the Committee is at present purchasing the bedsteads. Patients suffering from tuberculosis should be treated quite separately from the other inmates, they should be in separate houses with separate airing yards and everything else away from the hospital wards. Malignant cases might be treated as we have done with some success in a small room off the main wards, but offensive cases, I think, should be separated from the hospital.

4414. They are not so separated now? We have the men at the gate, at the probationary wards, in a building upstairs which is not of the very best, neither for convenience nor for medical appliances nor anything else. If these cases are well attended to and the appliances are well used, and proper care is taken, I think that they would be cured much quicker than they are at present. That, at any rate, is my experience.

4415. *By Mr Barclay.*—You mean venereal cases?—Yes, and even itch. These eczema cases should be kept separate.

4416. *By the Chairman.*—Are any kept separate?—The men are kept separate at the gate, and the women and young children in the isolation wards. We have two wards with a passage between, that being the only division between the wards at the gate.

4417. That is one ward for the venereal diseases and another ward for skin diseases?—Yes, it is not very satisfactory.

4418. As regards the classification of inmates into sick, infirm and ordinary, you are of opinion that that should be entirely under the care of the medical officer?—Yes.

4419. I suppose that is the present practice?—Yes, with us, but I know that it is not the practice in some places.

4420. You are of opinion that the classification should always be in the hands of the medical officer, and when applications are made and the applicants appear, it should be his duty in the first instance to say to what wards the applicants should be sent?—Yes. Of course, if anyone comes to the house and is very ill, the medical officer is sent for immediately, and if he considers it to be necessary that that person should be removed to the hospital wards, he does so, without any entry through the probationary ward or anything of that description.

4421. The resident medical officer, in point of fact, sees the newcomers at Craiglockhart twice every day?—Yes, and oftener if necessary.

4422. Those whom he thinks fit to be sent to either the ordinary or the infirm wards he sends there?—Yes, and the others he sends to the sick wards.

4423. Does the medical officer, either the resident or the visiting medical officer, see the ordinary or the infirm paupers again, and if so, when does he see them?—If anyone in any part of the house requires the medical officer, then he is sent for immediately, if it is an immediate case.

4424. Who sends for him?—Every morning or night anyone requiring medicine comes to my office for it—there is no medicine about the house now—and if anyone is ill before 8.30 at night, in going round they make known that they wish to see the medical officer, and the medical officer is brought to them. We have a book in which the names are always entered. If it is not an urgent case, they are shown to the medical officer every morning, and then the medical officer goes round the wards and examines these patients.

4425. How often?—Every morning.

4426. Does he go round all the wards?—No, he only goes where there is anyone desiring to see him. Of course, by the time he makes his round all the other men are out at their work.

4427. *By Dr Mackenzie.*—Have you any way of bringing the medical officer into direct touch with the inmates without your reporting?—No.

4428. There is no means of his making an inspection or scrutiny of all the inmates from time to time?—No, and I don't know that that would serve any purpose. It would give him a tremendous lot of work to do; it would take him two or three hours to go round our wards.

4429. That is quite possible. We have had evidence before us that cases have been discovered by the medical officer in going round that would not have been reported by the Governor or warder?—That is neglect on the part of the officials.

4430. No, it is not a case of complaining at all. The medical officer may know that a particular inmate is suffering from heart disease, and in going round the workshops he is doubtful about him and examines him further, and discovers that he is not fit to work, and sends him to the hospital. The patient does not complain and your assistant does not report?—That does happen, because I have picked up cases myself in going round the workshops, where there was no complaint at all. I have gone up and spoken to a man, and have told the labour master to take him to the medical officer.

4431. You would admit that a medical man would probably do the same, but perhaps in a greater degree?—Yes, but it would entail a tremendous amount of work.

4432. *By the Chairman.*—On the resident medical officer?—Yes, especially in a house where we have two hundred patients to attend to, and where that, with the dispensing, takes up all his time.

4433. *By Dr Mackenzie.*—I am not saying that it can be done without some labour. The point we want to find out is this, have you any means of bringing your inmates directly into touch with your medical officer?—That is the only means we have.

4434. In some poorhouses we have found that they have a system whereby every person at some time of the day has direct access to the medical officer without any intermediate report?—That could easily be managed by the inmates passing in front of the medical officer.

4435. Everyone should be able to go direct to him without complaining through you?—That could easily be done.

4436. It would not involve very much?—No, they might go in front of him on their way down to their work in the morning, and he could see them as they passed.

4437. *By the Chairman.*—You have, I daresay, seen the letter which was written by Dr Carmichael, your medical officer, in answer to the circular issued last summer by this Board?—No, I have not seen it, but I expect it is on the same lines as my own, because he and I had a talk about it before I sent in my reply. I think that Dr Carmichael's views and my views coincide.

4438. I refer you to Rule 34 on page 38,[1] where it is stated, 'The house governor and matron shall fix, 'subject to the directions of the house committee, the 'hours of rising and going to bed for the *sick*, the 'infirm, and the young children.' Now what you

[1] Poorhouse Rules and Regulations.

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have told us, as to the sick being entirely under the care of the medical officer, conflicts, I suppose, with that rule, and you would leave it entirely to the medical officer to say what ought to be the hours of rising and going to bed for the sick?—Yes.

4439. How about the infirm?—They are under the Governor. We don't interfere with our infirm very much, we give them every privilege that we can. Some of them do not rise in the morning till nine or ten o'clock, and they have their breakfast in bed.

4440. Are the infirm seen by the resident medical officer every day?—Not every day, but he will see the whole of them perhaps five times a week.

4441. Not only those who ask, or those whose condition is such as to necessitate his seeing them, but all of them?—Yes, the old and infirm people are differently treated from the others; as I say, they can go to their beds when they feel inclined. We do not bother them with compelling them to remain up, nor do we fix an hour for them to get up in the morning.

4442. They are under your care as Governor, rather than under the care of the medical officer?—Yes.

4443. Are there any trained nurses in your infirm wards?—No.

4444. The trained nurses are exclusively in the hospital?—Yes.

4445. Your experience of our rules has led you, I suppose, to say that there are a great many of them that are now obsolete?—There is no doubt about that.

4446. I suppose there are a great many of them that you do not put in practice?—There are a lot of them that we do not put in practice.

4447. There is a rule on page 17, Rule 18 (25),[1] which provides that it is the duty of the Governor 'to 'visit all the wards of the male inmates at or before nine 'o'clock every night, and see that all the male inmates 'are in bed, and that all fires and lights are ex-'tinguished.' I don't suppose you carry out that rule?—As a matter of fact the rule is not carried out, because we put on a fire towards the evening, especially at this time of the year, before they go to their beds, and that fire is left burning until it burns down. The fire is therefore burning after the time mentioned in this rule. If we were to commence to go and rake the fires out, then I think there would be no end of mischief.

4448. This rule, accordingly, is quite obsolete?—Yes.

4449. *By Dr Mackenzie.*—Do you have pipes as well as fires?—We have them in the hospital, but not in the ordinary wards, and we have the boilers on all night just now.

4450. You have to leave a certain amount of light during the night?—Yes, in the lavatories and water-closets.

4451. Have you ever found any accident resulting from that?—No. Of course there will be accidents occurring that you cannot possibly foresee, as some people are very careless. I think there was one case that happened some years ago when I was away (and even if I had been at home I could not have prevented it), where a man went into the lavatory and lit his pipe to have a smoke, his shirt caught fire, and the fright caused his death. That is a thing you could not prevent.

4452. *By the Chairman.*—You are of the opinion that the sick should be under the care of the medical officer, both as regards medical treatment and also as regards diet?—Yes, the sick in the hospital wards should be entirely under the care of the medical officer as to classification, medical and dietary treatment, as referred to in Rule 48, paragraph 4,[1] and notes thereto of the rules and regulations for poorhouses.

4453. Have you anything further to suggest as regards Rule 48[1]?—There is a report to the chairman of any inmate of unsound mind whom he may deem to be dangerous. That is superfluous, because we do not do that. The latter part of the clause is quite unnecessary, because we do not report to the chairman or acting chairman.

4454. With regard to the infirm, you think that they should be allocated to the ordinary wards of the poorhouse?—Yes.

4455. Have you any special ward for the infirm at Craiglockhart?—No, we have just the ordinary wards. There is no doubt that there should be a ward easy of access, and supervised by a male official in the male department, and a female official in the female department. I think that a great many cases that are at present in the hospital wards would then be in the old men and old women's infirm wards.

4456. Do you think there should be a trained nurse in charge there?—There would be no objection to that. I would prefer it, because a trained nurse would have a better training for observing anything which might be of an acute nature.

4457. You are further of opinion that the ordinary inmates should be subject to the Governor only?—Yes, after the medical officer has passed them and pronounced them free from disease they should be classified by the Governor as is referred to in Rules 25, 26, and notes thereto of the rules and regulations for poorhouses. The test cases should be treated in isolation wards, and airing yards entirely separate from the other inmates of the poorhouse, taking their food in their own wards, and only going to the hall for morning and evening worship and divine service on Sundays, on which occasion they should be in charge of the labour master.

4458. You think that that is necessary for proper discipline in the house?—I consider it to be absolutely necessary for the proper carrying out of the test, what the Local Government Board desire themselves.

4459. If the test were applied in that way, do you think that the number of inmates would be reduced?—Yes, I think it would be reduced considerably. I may state that shortly after I came to Craiglockhart I got the House Committee to grant me one ward like that, and I put sheds up at the foot of the airing yard, and I worked them there. They had their diet in their own ward, and they were separated entirely from every other inmate in the house. Within three months after I applied that test 150 men had left the house, so that I have had proof of it to show that that has actually been the case. But then there is so much sentiment nowadays with Parish Councils. Sentiment came in, and they ordered these things away as being inhumane. Since the amalgamation of the parishes, the pauperism has increased very much. The daily numbers at Craiglockhart were something like 300 or 400 then, and now I am certainly over 500.

4460. *By Dr Mackenzie.*—What are the approximate ages of the men you speak of?—We have them from about twenty upwards.

4461. That is the class you would get rid of?—I would take them under fifty-five years of age. Of course there may be some at fifty-five that are quite fit for the test work, but I think that should be left entirely to the medical officer and the Governor, as they are best able to know whether they are fit for the test being applied or not.

4462. Do you think there is a predominance of the younger men now?—Yes. There is one very great source of evil in Craiglockhart at present, and that is the taking of firewood into the town in barrows. That is the worst feature I have in Craiglockhart, and I was opposed to it when it was first introduced. The firewood is prepared in Craiglockhart in order to give the men work, and then the wood is taken into the town and sold by the paupers.

4463. *By the Chairman.*—Is that practice confined to Craiglockhart?—I don't know whether it is done in other poorhouses or not.

4464. *By Dr Mackenzie.*—What does it result in?—These men often come back drunk, and they often bring things in. Of course you may ask why we don't search them, but we cannot always be there to search these men, and we cannot always have the porter standing at the door waiting for them. Even suppose we are there to search these people, they have ample means of planting the things out about the grounds, especially at Craiglockhart, where they can hide things and put a mark so as to get at them again.

4465. *By the Chairman.*—You say that they take

[1] Poorhouse Rules and Regulations.

the wood into the town Of course they do not get the proceeds of the sale of the wood?—No.

4466. Are the bills paid to them?—They used to be, but on account of some of the men running away with the money I put a stop to that. I now send out the labour master or my assistant to collect the money, and that involves labour that should not be.[1]

4467. How often do the men get out with this wood?—They are out every day.

4468. These are test cases in the poorhouse?—These are the very people that would be tested.

4469. That is not poorhouse life at all?—I don't think so.

4470. *By Dr Mackenzie.*—How long has that been going on?—Since the amalgamation of the parishes. It was in Craigleith before.

4471. *By the Chairman.*—How many men are sent out with each barrow?—Three, and in this weather four are sent out. There are 700 or 800 bundles in the barrow, and it is a very heavy weight, coming to about 3 cwts., with the barrow over and above.

4472. They must be able-bodied in order to do this work?—Yes.

4473. *By Dr Mackenzie.*—Are these selected men?—Yes.

4474. Do they pass through the medical officer's hands to secure that they are able to do this work?—No. I pick out the strongest men because it is a very heavy load to draw. Sometimes in heavy weather like this I have sent an extra man to give them a push up the hills.

4475. If they are able to take the barrow, are they not able to do ordinary outside work?—It is an old saying, I suppose, that paupers know the rules and regulations better than the Governor does, and they know how they can defeat the doctor also. They get complaints that puzzle all the doctors in the kingdom when trying to find out whether they have got them or not, and what these young men complain of is usually rheumatism or lumbago, or something like that.

4476. They are certified by the officers of the Parish Council?—Yes, these are the prevailing diseases.

4477. Do you take any means to discover when these ailments pass away, whether they are fit to be discharged?—I sometimes have them examined by the medical officer, and then they are dismissed; but there again, they are dismissed to-day and in to-morrow. I had two cases last week, a man and a woman, who were dismissed as able-bodied, and the woman came back the same day, and the man three days after. They were certified by our medical officer, and then the certificate was sent in to the inspector, and the dismissal order sent out from the inspector (it is a roundabout way), and then the medical officer in Castle Terrace certified them, and they were back the same day.

4478. *By the Chairman.*—The medical officer in Castle Terrace not knowing what had happened?—He would know, because there would be on the top of the certificate 'left poorhouse this morning.'

4479. The man was dismissed as able-bodied in the morning, he goes out of the poorhouse, and no doubt he fails to get work?—He does not try. The woman came back drunk that evening.

4480. That is just a typical case of your 'ins and 'outs'?—Yes. As I say, the woman came back drunk, and most abusive, but in such cold weather I had to admit her. If it had been fine weather I would have run the risk of keeping her outside.

4481. *By Dr Mackenzie.*—When these people are sent out have they any means to come and go upon for the day, or have they to rely on the inspector of poor?—They are not supposed to have anything.

4482. How are they to be expected to get food or lodging? Do they have to find work?—That is a class of people that don't want work.

4483. But if a man is sent out with nothing for food and very little clothing, you cannot expect him to go and pawn his clothes to get something to eat, and I don't think there is anything in his coming back to the poorhouse, even if he comes back drunk. He cannot have got the drink himself. Able-bodied or not, he cannot fill his stomach if he does not get anything to eat. A man that is starving is not able-bodied?—I am afraid that if we gave them anything when they left the poorhouse we should get a great many of them going out every day, which would increase our 'ins 'and outs.'

4484. *By the Chairman.*—And these would be back in a very much shorter time than they are now?—Yes. Any man can get work if he likes, and he can get lodgings quite easily; there is no reason why any of them should sleep outside, because they may sleep one night at the House of Refuge, and surely they could get work in two days. There are a number of places going seeking for men. The curse is that they will not keep sober.

4484A. *By Dr Mackenzie.*—But if, from any cause, at the end of the day, the outdoor medical officer on examination found the man starving, he would be quite justified in certifying him for re-admission to the poorhouse?—Yes.

4485. *By the Chairman.*—In regard to the powers and duties of the medical officer with respect to the infirm, you are of opinion that an infirm book should be kept?—Yes, an infirm book called the 'medical 'officer's infirm book' should be kept by the official in charge, and the names of any infirm inmate desiring to see the medical officer should be entered therein. The medical officer should then visit them and write on the page opposite or under the name, the treatment, etc., he wishes administered. These instructions should be rigidly adhered to

4486. You have supplemented that by telling us that, as a matter of fact, the resident medical officer sees the infirm patients about five times a week?—Yes.

4487. You are of opinion that the infirm inmates should be in a separate ward by themselves, and should have a trained nurse there?—Yes.

4488. *By Mr Barclay.*—Have you any experience of male trained nurses?—No. Of course I have attendants with the lunatics, which is nearly the same.

4489. *By the Chairman.*—If you had a trained nurse, the services of the male and female officials might be dispensed with?—Yes, because she would take the place of the officials.

4490. As regards the children, you are of opinion that the matron or children's nurse should inform the medical officer of any sickness amongst them, and that he should attend to them accordingly?—Yes.

4491. Does the medical officer not see the children from time to time as a matter of fact?—He is in the children's wards every morning.

4492. I suppose your children are boarded out, as a rule?—Some. I have over 100 children in Craiglockhart just now.

4493. If these are remaining over the spring months, you will probably arrange to have them boarded out?—No, I don't think so. Our numbers have increased in regard to children. They should be in a distinct place from the house—they should all be separated from the house.

4494. They should be in a separate building by themselves?—Yes, away from the main part of the house altogether.

4495. Where do your children go to school?—They go to Slateford Board School.

4496. How far away is that?—About a mile.

4497. Are they fed there?—We give them a piece with them in the morning, and they come back and have dinner about four o'clock. We had them taught in the poorhouse when I went there first.

4498. Do you find that this system works better?—Yes, much better.

4499. In what way?—I think it takes the roughness off the children, and not only that, but I think it is

[1] In a letter dated 28th February 1903, Mr Bennett explains that the paupers are still allowed to collect the money from a few private customers.

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good for the children to rub against other children of their own age. Altogether, the children are healthier and better through the run out in the morning and home at night.

4500. They are not in any way stigmatised from the fact of their being pauper children, nor are they tabooed in school?—No, in fact I have had it reported that they can always tell the poorhouse children because they are better clothed and cleaner and tidier than the other children.

4501. Your experience is in favour of being taught outside in an ordinary Board School?—Yes.

4502. Of course from the point of view of the ratepayers it is infinitely better?—Yes.

4503. You say with regard to the other inmates that these should be treated in a similar manner to the infirm. That is the ordinary inmates?—Yes.

4504. That means that you should have one official to look after the male side, and another to look after the female side?—Yes; and then the medical officer could visit them. Of course, as I have already said, it would be quite easy for the men to march down before the medical officer.

4505. You mean to have a parade?—Yes; it is very simply done.

4506. You do not suggest that the powers and duties of the medical officer should be directed to the cleanliness of the persons of the inmates, and of their beds and bedding, except when his attention is called to it? You think that this matter should remain with the Governor and matron?—Yes, I think so.

4507. What have you to say as to the powers and duties of the medical officer in regard to the food?—Should the health of the inmates be affected by the food, or otherwise, the medical officer should at once report to the Governor, and, after consultation, give such instructions in writing as he considers necessary—which should be carried out by the Governor. This is fully explained in Rule LXVII. and notes thereto in the Rules and Regulations, etc.[1]

4508. Everything relating to the food should be supervised, as at present, by the Governor and the matron—subject, of course, to their attention being called by the medical officer to anything that may be matter for complaint?—Yes. In summer time we sometimes have diarrhœa among some of the inmates, and then the medical officer's attention is called to that. We take his advice as to what would be the best means of preventing that, and it is often done by giving them a diet of milk and rice, and things of that description.

4509. Have you had any complaints as regards the diet?—Very few.

4510. Have you any suggestion to make as regards the dietary now in operation?—We carry it out as near as we can according to the rules and regulations, with the exception of the sick, infirm, and children.

4511. In Craiglockhart Poorhouse the diet of the children, infirm, and sick is regulated by the medical officer?—Yes. There was a diet drawn up some years ago, but it is utterly impossible to carry out a diet like that.

4512. You mean the diet which was suggested by the Board in 1898?—Yes; it is impossible to carry it out.

4513. Why?—There is too much machinery attached to it.

4514. Is that as regards variety?—No; on the number of days that a man should be in before he can get a change; and then these different accounts would have to be kept, and the number of times that they had been in and out of the house.

4515. *By Mr Barclay.*—That means that you have no Class A diet?—We have no Class A diet, and I would do away with Class A altogether.

4516. *By the Chairman.*—I refer you to page 52 of the rules,[1] where you will see Classes A, B, C, D, E, F, and G, with diets for each class. Class D is for infirm persons of either sex, Class E is for children above five and not above eight years of age, and Class F is for children above two and not above five years of age. That, you see, does not leave the diets for the infirm and children entirely to the medical officer?—No; but if you look over to the report by Drs Bell and Littlejohn with regard to the children, you will find that that has superseded the rules.

4517. This Rule 67 (2)[1] is modified by that report of Drs Bell and Littlejohn, and also by the fact that now in Craiglockhart the infirm inmates' diet is prescribed by the doctor?—Yes; that practically does away with D, E, F, and G, and then A has just simply to drop into abeyance.

4518. *By Dr Mackenzie.*—Are there any means taken in your poorhouse to test the sufficiency of the diet by weighing the patients or the children?—No.

4519. Would it be a great labour to do it from time to time?—No; it could be very easily done.

4520. And a record could be kept?—Yes.

4521. It would be a complete check on the sufficiency of the diet?—They all gain when they come to us. I don't know so much about the hospital inmates.

4522. Your infirm inmates will reach a point at which they will remain practically stationary for a long time?—Yes.

4523. Without any special illness, some of them might lose weight imperceptibly?—Yes, that is so.

4524. That would be natural with people whose nutrition is failing?—Yes, a number of the women in the infirm wards have been there for twenty years.

4525. *By the Chairman.*—What have you to say as to the powers and duties of the medical officer in regard to the admission and discharge of inmates?—When any inmates are admitted, the medical officer should examine them at a stated hour in the evening, and again the following morning. The diseases from which they may be suffering should be entered by him in the admission book, and any requiring treatment should be sent to the hospital wards—the remainder sent to the Governor and matron. After consultation with the Governor, the medical officer should have the power to detain patients under treatment in the hospital until they are cured.

4526. You say that the diseases from which they may be suffering should be entered by the medical officer in the admission book. Does that mean that the medical officer should examine all the inmates?—Yes, when they come in.

4527. He should examine those going to the ordinary wards, as well as the others?—Yes; that is the way we carry it out. The medical officer visits the probationary wards at six o'clock every night, and if there are any then so ill that they require to be sent to the hospital, they are sent by him. He visits them again at ten o'clock in the morning.

4528. He visits the same inmates that he visited the night before?—Yes. Possibly there may be some others who have come in after six o'clock, and he will see those in the morning as well. He enters in the admission book the complaints that they are suffering from. Some of them say, 'There is nothing wrong with me,' and he marks them in as well. If any of them have any complaints, or if he himself sees that they are suffering from anything after a thorough examination, then the complaints are recorded in this book. Those inmates that are not sufficiently ill to be taken into the hospital are passed into the house, and then the matron allocates the women, and I allocate the men.

4529. *By Mr Barclay.*—The medical officer in this book does not say whether they are to go to the infirm or to the ordinary wards?—No.

4530. That is done by you and the matron?—Yes.

4531. He simply classifies them as between the hospital and the poorhouse?—Yes, of course he could divide them into infirm, sick and ordinary.

4532. *By the Chairman.*—Do you think that that would be advisable?—Yes. He sees them when they come into the house, and he knows whether they are fit for the ordinary part of the house. There might be something the matter with an inmate, and he might send him into the infirm ward.

4533. He might send him to the infirm ward, while you, not knowing of his complaint, might send him to the ordinary ward?—Yes.

[1] Poorhouse Rules and Regulations.

4534. And that inmate might then be put to work for which he was not fit?—Yes; but we never do that.

4535. Do you think it would be advisable that the medical officer should himself say which cases are fit for the infirm wards and not for the ordinary wards?—Yes, I think so.

4536. You also think that the medical officer should have power to detain patients under treatment in the hospital until they are cured?—Yes, I think he should have that power.

4537. Do you have cases of people going out before they are cured?—Yes, they are cured a certain length, they are nearly well, but they don't want to get well, and they go out of the house and they come back with all the work that the medical officer has done for them undone, and all the months that the medical officer has been giving up to them are thrown to the winds.

4538. Of course that would require legislative sanction?—I am afraid so.

4539. It is not a power that the Board can exercise?—The Board can keep them for three days. Could that power not be extended?

4540. What would you propose to do in this case? It is to the Parish Council you would apply in the first instance to prevent an inmate dismissing himself from the sick wards, and you would give them power to say that they are not to go, and then you would give the inmate power to appeal to this Board?—Yes, that would be the best way.

4541. Would that not require legislative enactment?—I am afraid it would.

4542. Supposing the legislature gave effect to that view, that is the way you think it ought to be done?—Yes, so that they could have power to appeal if they thought they were being ill-treated.

4543. Have you many cases of that kind, where such power would have been of service both to the inmates themselves, and naturally, of course, to the ratepayers?—Yes, a great number of cases.

4544. Can you tell us how many, on an average?—I would say about twenty or thirty. The medical officer has repeatedly come to me and asked if we could not detain such and such a person because he was nearly well, and I have said no, that we had no power to detain. I have gone to advise the patients to stay, but their minds are made up to go, and they go.

4545. What proportion of these do you think will return to the poorhouse?—Fully fifteen out of the twenty, and the other five will probably drop into some other poorhouse or hospital. It handicaps the medical officer very much, because he had spent his time and care on these patients, and they get nearly well, and then all at once they go out and undo all the work that the medical officer has done.

4546. And, of course, it very largely swells the pauperism?—Yes.

4547. Does that system prevail everywhere?—Yes, I think it does.

4548. Do you think there ought to be power for the compulsory detention of patients in the sick wards until they are completely cured?—Yes, I think so. I think that the detention power that is in the bill that has been prepared is to detain people after so many times in the poorhouse during the twelve months, but that does not refer to the sick wards.

4549. We come now to the bathing of inmates?—When necessary the medical officer should give written instructions as to this. Inmates too weak or frail for bathing should be sent direct to the hospital for sponging or cleaning, but on no account should this be done in the probationary wards.

4550. Are there cases of sick paupers brought to you without a medical certificate?—Yes, I often get them.

4551. Do you think that that is essential?—Sometimes you cannot get the medical officer in the town, and then our medical officer is nearly always on the premises. I think it is absolutely necessary that patients should be removed to the hospital as quickly as possible.

4552. From your experience of Craiglockhart, you think that that is a power that should be exercised everywhere, and for which provision should be made in all poorhouses?—Yes, I know that there was a case some years ago. I don't think that a Governor should refuse anybody coming to the poorhouse very ill. If any persons were brought to Craiglockhart who were ill, then I would at once have the medical officer to examine them and see what could be done. I would act on the medical officer's instructions.

4553. You frequently have cases of serious illness, where you send them to the hospital without going to the probationary ward at all?—Yes.

4554. And without bathing?—Yes I think it is absolutely necessary that the rule should be very stringent that no sponging down of patients should be done at the probationary wards. The probationary wards, as a rule, are cold places, and to lay a person down on the floor and sponge him or her down there is, I think, a very unwise thing to do, because, if he or she is in the least weak state, so as to require only sponging down, that should be done in the hospital, where it is warm, and where the nurse can attend to the patient.

4555. *By Dr Mackenzie.*—Would you suggest an amendment to the entry certificate, where the doctor that signs should be requested to say whether the case should go straight to the hospital without being kept at the probationary wards?—That would depend in a great measure on where it was. For instance, I get certificates marked 'hospital direct,' and when they come out the medical officer does not send them direct to the hospital. I had a case once marked by the medical officer 'hospital direct,' and when the 'bus came the woman jumped out and went off, there being, apparently, nothing wrong with her; she had been feigning something wrong. Where we have a resident medical officer, I think it should lie principally with him, and not with the outside medical officer, because the outside medical officer has not the same opportunities for closely examining the patient that the resident medical officer in the poorhouse has. When they come out to the poorhouse they are generally stripped, and the medical officer examines them thoroughly, and he should therefore be the best one to say whether they are to go to the hospital or not.

4556. But might there not be a risk in leaving certain cases in the probationary wards over the night till the next morning?—But serious cases are not left overnight in the probationary wards without the medical officer seeing them.

4557. Your practice really is that serious cases go direct to the hospital?—Yes. The only thing I would like to see altered there is that the medical officer should not be empowered to say that a certain patient shall be sponged in the probationary ward.

4558. Do you mean the outside or the resident medical officer?—The resident medical officer. In my experience young medical men are sometimes swayed by the nurses, and the nurses will say that the sponging should be done at the probationary ward, and the medical officer will give instructions for it being done there instead of sending it to the hospital. It saves the nurses trouble, as nurses do not like these dirty jobs. I have had several cases like that, where I have had to step in and say, 'No, that patient must go 'direct to the hospital.' I don't like doing that, because I don't like going against the medical officer, as he should know better.

4559. *By the Chairman.*—With regard to the treatment of infectious diseases, you think that the medical officer should report to the Governor every such case, and the patient should be removed to the hospital for infectious diseases, or to the isolation wards of the poorhouse?—Yes.

4560. That causes no difficulty?—No, that is what we are doing now.

4561. In regard to the calling in of extra nurses or of another medical practitioner, for purposes of consultation or assistance, when required, you think that a medical officer should inform the Governor or head nurse when these are required, and an extra nurse should be engaged?—Yes, that is what we carry out.

4562. You have never had any difficulty?—No. In the second place the medical officer should be em-

powered to call in a medical practitioner should he consider such to be necessary.

4563. That is in the case of an operation?—We have never had a case arising like that, because we have a resident and a visiting medical officer. If there is any serious case, the visiting medical officer generally gets a friend to come out with him.

4564. Do you have an operating room in the hospital?—Any operations that take place are done in the side room. We have no proper operating room.

4565. The operations are done in a separate room, however?—Yes, but I think there should be a proper operating room in each hospital.

4566. Do you think that the number of cases you have to treat is sufficient to make it necessary that you should have a proper operating room?—Yes.

4567. Do you have all the necessary surgical appliances?—Yes.

4568. Have you ever had to send a case out of the poorhouse to the infirmary for operation?—No.

4569. No operation has been so serious that you were not able to undertake it?—No. We have done all the operations that were necessary.

4570. Do you find any cases of people coming to your poorhouse for treatment, medical or surgical?—We get a great many applications.

4571. Applications from non-proper pauper cases?—Yes, wanting to bring them in and pay for them.

4572. What do you do with these cases?—I just send them to the inspector. I could not admit them.

4573. You have no accommodation for them?—No.

4574. *By Dr Mackenzie.*—Are such cases really admitted?—We don't admit them.

4575. *By the Chairman.*—They have no objection to go to the poorhouse, and that means this, that they are aware now that such cases can be treated both medically and surgically, I don't say as well, but sufficiently well, as in the infirmary?—Yes.

4576. Is that a belief that is growing?—Yes. It is growing very fast in regard to Craiglockhart, at all events.

4577. To what do you attribute that?—To the greater expanse of knowledge.

4578. Is it connected with this, that they know that they will be treated in your hospital without having students overlooking them?—That has something to do with it. I have heard inmates of the hospital say that they would rather have anything done to them at Craiglockhart, because the students do not come bothering them there.

4579. Is it due to this, that these may be overflow cases from the infirmary,—cases that the infirmary do not treat?—We get cases like that, but they are pauper cases.

4580. But besides the pauper cases, you have many others applying for admission who are willing to pay?—Yes, but they are not treated.

4581. Why is it that they come to you?—Because they know that they will be treated as well with us as in the infirmary, and even better. I had a case, about two months ago, of a woman whose friends wanted to bring her to our hospital to be treated there, and I said that we could not take in cases like that. They said that they wanted to pay for her, and I replied that I could not admit any person like that; that they would have to go to the inspector. I asked them why they wanted to come here, and they said that it was because they thought she would be better treated in our hospital than in the infirmary. After that I said that there were no students came about us, but that we used to have them, and we did not know when they might come again; but they said that there would not be so many as there were in the infirmary. Now, that is a case which occurred only two or three months ago, and I have had several other cases like that. I think that the idea about the students is merely an idea.

4582. With regard to the death of inmates, you say that the medical officer should fill in all certificates of death, and report to the House Committee monthly those who have died, with the apparent cause thereof?—Yes, every assistance should be given to the medical officer in the matter of post-mortem examinations, but no post-mortem should be performed without the Governor's permission and the consent of the friends.

4583. What do you define at Craiglockhart as a sudden death in terms of our rule?—Any one that has died away from medical treatment.

4584. Outside the sick wards?—Not necessarily. I may have a person in the infirm ward who is being attended daily by the medical officer. If that person died, I would not say that it was a sudden death. If, however, there is a person going about his daily work in the ordinary house, and he drops dead, then I should certainly define that as a sudden death.

4585. Any case under the treatment of the medical officer, and dying when under such treatment, you would not consider to be a sudden death within our rules?—No.

4586. Are there many cases of sudden death?—Very few. I have about one in a year, and, strange to say, they generally occur about the end of the year. I have been clear for this past year.

4587. Are the people in the infirm wards, who are under the care of the medical officer, classified as sick?—Not all of them. I think the last case I had of a sudden death was in the infirm ward, but then she was well and going about. That is different from a person who is being visited, perhaps daily, by the medical officer, and lying in her bed with apparently nothing the matter with her. If she is lying in her bed, and being treated by the medical officer, and dies, then I would not call that a sudden death. If, however, a person is going about regularly and dies suddenly, not having any treatment from the medical officer, then I would call that a sudden death.

4588. If an inmate is in bed all day and treated by the medical officer, is she not sick?—She may not be in her bed all day.

4589. But assume that she is, is she not classified as sick?—No; we call these infirm.

4590. Anyone who is in the infirm ward is infirm?—Yes. We have a number of cases that are obliged to lie in bed all day, because they cannot stand on their feet and cannot go about, and yet there is nothing physically the matter with them except some spinal disease or paralysis of the legs. These are not cases for the ordinary hospital wards.

4591. *By Mr Barclay.*—Have you any rule to the effect that no person is allowed to lie in bed in the ordinary wards more than two days if complaining of illness?—There is a rule to that effect, but I don't think I have come across it.

4592. *By the Chairman.*—Do you have people remaining in bed in the ordinary wards?—Yes.

4593. Is that where they have colds and things like that, where there is no very pronounced illness?—Yes; but we don't like them to lie in their beds in the ordinary part of the house. If the medical officer has room in the hospital, I generally insist upon their being removed as quickly as possible; but at present, with the overcrowded state that there is, I allow them to lie there for several days, for a week.

4594. In the ordinary wards?—Yes.

4595. *By Dr Mackenzie.*—Of course they will be attended to by the medical officer?—Yes; and I have a fire put on. It is just on account of the hospital wards being full that they are allowed to remain in the ordinary wards.

4596. Would these be returned as sick?—Yes, even although they are in the house.

4597. They are kept out of the hospital just through overcrowding?—Yes.

4598. You prefer to remove any person that is sick to the hospital?—Yes; they should not be allowed to lie in their beds in the ordinary wards for more than a day.

4599. I understand that all the deaths in Craiglockhart occur in the sick wards?—Yes, in the hospital. As I have said, there may be one or two cases in a year which might die in the infirm wards, but these are all put into the list as dying in the sick wards, because they are under the medical officer's care.

4600. They are actually sick, although they are not actually in the hospital wards?—That is so.

4601. *By the Chairman.*—As I understand it, there are no sudden deaths. Here is a return for the half-year ending 30th June 1902, which states that you had 108 deaths in the poorhouse during that time. These were all on the sick list, which meant not that they were all in the hospital, as I understand, but that they were all under the treatment of the medical officer?—Yes.

4602. There was no sudden death in this sense, that there was no death of anyone not in the hospital, or not under medical treatment at the time?—If a sudden death took place, it would be counted in that number. There is no column there for distinguishing sudden deaths; there is just simply 'deaths.'

4603. Your explanation is that you have no column in which to put the sudden deaths. There may be sudden deaths, but there is no provision for an entry there?—That is so. If there was a column for that, then they would come under that.

4604. With regard to the punishment of inmates, you are of opinion that the present rules and regulations are sufficient, but that Rule 32[1] should be deleted?—Yes.

4605. Have you much punishment in Craiglockhart?—The only thing I do is to lock them up. I think all the other rules should be swept away. If a man refuses to work, he is generally brought before me, and I give him an opportunity of refusing to me or of going to his work. If he won't go, then I have no other alternative but to lock him up. If he says he is not able for the work, then I have a medical certificate made out for him, and I send him to the medical officer, who certifies whether he is fit for the work or not; and if he is fit for the work, I again give him an opportunity of going to it. I will say to him, 'Now 'you are certified as fit for your work; are you going?' If he goes, then all is well; and if he won't go, then I lock him up.

4606. Is that efficacious?—Yes; they don't like being locked up a second time.

4607. *By Mr Barclay.*—Do you get the medical officer to certify him as able for the punishment you are to give him?—He would not certify him as able for the work if he was not able to be locked up.

4608. *By the Chairman.*—Do you confine that to ordinary inmates?—Yes.

4609. You don't punish any who are under medical treatment?—No, I never lock up anyone under medical treatment without the medical officer bringing him to me, and signing a certificate that he is fit for punishment. That is a different certificate altogether: it is not a certificate as to whether he is fit for work, but whether his health is such as to justify me in locking him up.

4610. You would not lock up a very old man?—No. I have always advocated a ward in the hospital where they might be put, and treated differently with regard to diet by the medical officer.

4611. As a punishment?—I would not call it a punishment; I would call it a withholding of delicacies.

4612. For what offences would you do that?—They are perhaps impertinent to the medical officer or to the nurses, and they won't carry out the instructions of the medical officer or the nurses. These are offences that we really have no control over. Now, if you had a ward where you could treat them with a different diet, then you could have them separated from the others, and it would be very advantageous for the discipline of the hospital, without injuring their health in any way.

4613. Do you have any corporal punishment in Craiglockhart?—Yes, we have corporal punishment for the children.

4614. For the boys?—The boys and the girls, but the girls never get much, as Miss Laurie is very tender-hearted. Our children are very good, and there is very little whipping indeed. I generally stop some privilege from them.

4615. How do you inflict the punishment?—We just have the tawse.

4616. You have no birching?—No, I would not introduce the birch.

4617. Do you strip them for the tawse?—We just pull their trousers down and give it them across the buttocks.

4618. With regard to operations such as amputations, you say that the medical officer should perform all necessary operations, but not without the consent of the person to be operated upon?—That is so.

4619. If he wants assistance from outside he will get it.—Yes, he should get it.

4620. And you think it should be paid for?—Yes. As I have already said, we have never required such a thing, because Dr Carmichael generally brings a friend in if he wants anything in that way. I think that there should be a proper operating-room in connection with every poorhouse.

4621. We come now to the duties of the Governor, matron, and subordinate officials in regard to the health, cleanliness, clothing, etc., of the inmates. You are of opinion that these are fully laid down in the present rules and regulations for poorhouses?—Yes.

4622. Is there anything further you could suggest?—No.

4623. You have said that the medical officer should be absolutely in charge, and should have absolute power as regards the sick inmates?—Yes.

4624. I suppose that as regards discipline you would be of opinion that the Governor should be supreme?—Yes, he should be supreme in all matters of discipline.

4625. In the hospital just as in the other parts of the house?—Yes. With regard to the health and cleanliness, the rule speaks as to the hair being cut to the length of not less than two inches. Now, in some cases you have to cut it very close, and I know that in some poorhouses there has been great difficulty in people coming in with their heads dirty, and with vermin. There has been difficulty in getting their hair cut. I have in my mind's eye a case in Dundee where they threatened to take a Governor to law; I don't know how the case ended, but I suppose it was in his favour. But it caused a great amount of worry and annoyance. I have always worked on this principle, 'You are dirty; 'we must have you clean or else you cannot stay here.' They may say, 'I will rather leave the house than have 'my hair cut,' and then they go out of the house. That is how I have worked it, but there is no legal power to do that. By doing that I throw the onus on themselves, because they give me permission to cut it if they remain in the house. That is how I have got over the difficulty.

4626. There are lots of cases like that?—Yes, and that is what I always do,—'You must have your hair 'taken off or else you must leave the house'; but, as I say, I have no rule for it.

4627. As regards the discipline and punishment of the inmates, you say that these are fully laid down in the present rules and regulations for poorhouses, and you think that Rule 32[1] should be deleted?—Yes, it is not acted on.

4628. What would you substitute for that rule?—I don't know that I would substitute anything for it. It is brought out on page 16.[1]

4629. With what there is on page 16[1] there is no need for Rule 32[1]?—That is so.

4630. It is not acted upon?—No.

4631. As regards trained sick nursing, you have told us already that you approve of it, and would approve of there being a trained sick nurse in the infirm wards, which is not the case at present?—That is so.

4632. Do you think that the standard of training should be allowed to remain as at present?—Yes, with this addition. All nurses having twelve months' training in infirmaries such as Edinburgh, Glasgow Western, or similar institutions, and who have had constant nursing in hospitals (district or otherwise) should be eligible subject to the approval of the Local Government Board, who should have power to relax the rule of two years' constant training.

[1] Poorhouse Rules and Regulations.

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4633. Do you think the two years are too much?—In some cases I think it is, while in others I think it is not. I think the Local Government Board should be arbiters only. Our present standard should not be lowered or raised; it should not be lowered, because we would have an inferior class of nurses, while if it were raised we would not be able to get the nurses that we would require. A nurse who has had twelve months' training in such a hospital as Edinburgh Infirmary, and who may have gone out to district nursing or to some similar hospital, is debarred by our present rules from being taken on as a nurse in our hospitals, although she may have had as high-class a training as is to be got in the Royal Infirmary and the Glasgow Western. I therefore think that the Local Government Board should have power to say whether such nurses may be appointed or not.

4634. Have you any probationers in Craiglockhart?—No.

4635. Do you approve of probationers?—Yes, but I have not been able to carry out a system for probationers yet.

4636. What is the objection?—Not getting the grant for the probationers as well as the nurses. I would have carried it out the last time if that could have been done.

4637. It would be carried out if the grant was extended to cover probationers?—Yes.

4638. Have you any difficulty in getting a supply of nurses?—The only time I had any difficulty was when there was a great rush at the time of the African war. I lost two nurses through their going to the war, but at all other times I have been well provided with nurses, and have got plenty of applicants.

4639. You don't find a disinclination to poorhouse work on the part of the nurses?—No.

4640. I understand the obstacle which you think we should have power to relax is this, that you know of cases where there have been nurses who have had the requisite two years' training, but that training has not been continuous in a hospital where there has been a resident medical man?—That is so. The last two nurses I got were very excellent nurses although trained in this manner.

4641. They may possibly have had four years' training, but not two years consecutively under resident medical officers, and you think that the rule should be relaxed so as to meet occasional cases of that sort?—Yes.

4642. You think generally as regards probationers that provision should be made for their being trained in Scottish poorhouses where there is a resident medical officer?—Yes.

4643. You think that the Government grant should be given in the same way as to trained nurses?—Yes. I think there would be no difficulty then.

4644. As you have not had experience of probationers, it may not have occurred to you that sometimes probationers may not get very far. They may find that nursing is not their vocation, and they may give the whole thing up after four or five months. Do you think that the grant should be given in such cases?—I would give them three months' probation before they became probationers and entitled to rank. In these three months you would be able to know whether they were qualified to be proper nurses or not.

4645. As regards the proportion of nurses to sick, for efficient nursing you think that the number should be one to twenty for day duty and one to forty for night duty?—Yes.

4646. I suppose you are aware that our rule says that there shall be one nurse for twenty up to sixty, and after that one for thirty?—Yes.

4647. How have you interpreted that rule? It might be one for twenty up to sixty, that is three to begin with and one for every thirty beyond the sixty; or if there were over sixty, it might be interpreted as one for every thirty, so that if you had 120 altogether, it might be either four or five nurses that you would have. Which do you think the right interpretation?—I would make it five—I would take one in twenty up to sixty, making three, and then I would have two more for the other sixty, making five nurses in all. One in thirty only begins after sixty.

4648. You don't think that rules specifying the nurses' duties should be drawn up?—No, because you would only make machines of your nurses.

4649. Do you have any rules and regulations for the management of your hospital?—Yes, but they are not acted up to.

4650. They have not been approved of by the Local Government Board or the Board of Supervision?—No. The only thing we act on is what I hand in (*hands in time-table, vide* Appendix XXXV.). My objection is that we are apt to make machines of them, and they will only do what is in the rules. We have some subordinate rules which were never approved of by the Local Government Board, and I have had officials say to me, 'That is not in my rules, and I am not going to do 'it.' What can I do except to say to them, 'Very 'well, clear out of this.' There is no other alternative. I think, especially at the present time, we find people more inclined to become machines than ever.

4651. They will only do what is put down in front of them by rules?—Yes, my idea of nurses or other officials in a poorhouse is that they should do whatever their hands find to do, irrespective of whether it is their duty to do it or not.

4652. Do the House Committee visit your poorhouse regularly?—Yes, they are pretty regular with us.

4653. Have you anything to say as to the visitation of the poorhouses?—No.

4654. With regard to the salaries of medical officers of poorhouses, you think that these should be progressive, according to the length of service?—Yes, that is the way we work in Craiglockhart, but not with the medical officers. I don't know why they have been exempted. Dr Carmichael has the same salary as he had when he came, fourteen or fifteen years ago. The resident medical officer commences at £100 and stops there, but he only remains with us two years, as a rule.

4655. What have you to say as to the proper and sufficient dispensing and supplying of medicines to the sick poor in poorhouses?—Dispensers should be engaged to dispense the medicines, especially in our larger poorhouses. Medical officers should not be allowed to supply medicines to the poorhouse.

4656. Do they do that in Craiglockhart?—No.

4657. Do you get your medicines from large firms outside?—Yes.

4658. Have you any criticism to make upon that system?—No, I think it is the best system.

4659. Do you think that it ought to be the system in all poorhouses?—Yes. The medical officer supplied the medicines in the last poorhouse that I was in.

4660. Did that answer?—No.

4661. What was there that you objected to?—He did not send in the medicines in stock; he always sent them in dispensed, which I think is a mistake. I think the medical officer should send the stock into the house.

4662. Does it mean inferior medicine?—No, but then you pay more for the medicine than you would for stock. If you get stock in, then you dispense in the house, and you do not pay for the dispensing of the medicine.

4663. When you say that a dispenser should be engaged, do you mean that a dispenser should be engaged for Craiglockhart?—Yes.

4664. Do you think that you should have a resident dispenser there?—Not necessarily resident, but he should come up twice a day to dispense the medicines. There would be no difficulty in getting a chemist to come up and dispense medicines.

4665. Who dispenses them now?—The doctor.

4666. Is it not sometimes done by the nurses?—No; the nurses are not qualified to dispense.

4667. *By Dr Mackenzie.*—With your large number

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of patients, do you find it very difficult for the resident medical officer to dispense the medicines?—Yes. That is the foundation of my desire to have a dispenser coming in, because the medical officer's time is taken up with dispensing medicines instead of attending to the patients. We have over two hundred patients and only one medical officer. It might have done twenty years ago, but not now.

Mr W. Bennett. 16 Jan. 1903.

The Committee adjourned.

TWELFTH DAY.

FRIDAY, 30TH JANUARY 1903.

At the Local Government Board Offices, Edinburgh.

Present:

Mr J. Patten MacDougall, *Chairman.* | Dr W. Leslie Mackenzie.

Mr J. Jeffrey, *Secretary.*

Dr David Durran, called and examined.

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4668. *By the Chairman.*—You are Medical Officer of the Parish of Thurso, and also of the Thurso Combination Poorhouse?—Yes.

4669. How long have you occupied these two posts?—I have occupied both posts for about five years.

4670. Had you any previous experience of Poor Law administration?—Yes, in the county of Caithness I had the parishes of Olrig and Dunnet for four years.

4671. Do you still retain these parishes?—No; I gave them up when I went to Thurso.

4672. The poorhouse is situated some distance from Thurso?—Yes; it is six miles away.

4673. Is it accessible by rail?—Yes; I either drive or go by rail. The railway station is about a mile away from the poorhouse. I make a regular visit once a week, and then I visit at any other time that I may be sent for, or when it is necessary. In March and April 1892 I made a daily visit for four weeks.

4674. When paupers are sent there from the different parishes in the combination, it may be some time before the medical certificate is furnished, or do they come to you on their way to the poorhouse, or what do they do? According to our rules, a medical certificate is necessary before any pauper can be received in a poorhouse. Of course that is not always observed, and frequently paupers are received in the poorhouse without a medical certificate, that being got as soon as possible thereafter?—The medical certificate is got from the doctor who sees the pauper first, certifying that the pauper is unfit for work, and on that certificate the pauper is admitted into the poorhouse.

4675. Is that the practice in your combination?—Yes. If it is certified that the pauper requires immediate attention, then I am sent for at once; but if that is not certified, I see the pauper on my usual rounds.

4676. You are at the poorhouse regularly once a week, and on other occasions whenever your services are required?—Yes.

4677. I suppose these services are asked for by the Governor, who communicates with you?—Yes; he communicates with me either by wire or by letter, according to the urgency of the case.

4678. How many sick are there in the poorhouse as a rule?—At present there are four on the sick-list. The most of the inmates, however, being old, they occasionally require a little advice and medicine.

4679. I see the Thurso Combination is sanctioned for 149, but the number of inmates as at 1st January 1900 was only twenty-three?—Twenty-three is a large number.

4680. Of these, three were sick, and eight were children. You say that twenty-three is a large number?—Yes; I should say that the average number is about fourteen or fifteen. We have five children in just now. They might go out at any time.

Dr D Durran. 30 Jan. 1903.

4681. Is it the practice to board out children who come there?—I think we have only one boarded out. It is from the Parish of Thurso.

4682. In the parishes in your district the test is not applied in the same way as in the south, and there is considerable reluctance on the part of those who you think, in their own interest, ought to be in the poorhouse, to go there?—That is so.

4683. That is common knowledge?—Yes; there is great reluctance.

4684. Is there any separation in the poorhouse as between sick, infirm, and ordinary inmates?—No; we have no classification unless we have a very bad case of some suppurating or malignant disease, and then we put such cases into another ward outside.

4685. But you have no sick wards inside the poorhouse?—No.

4686. All the inmates—whether ordinary, infirm, or sick (because there is that classification in existence, according to our rules)—are in the same room?—As a rule. The ward was so large that it was divided, and occasionally the smaller of the two divisions is used as a sick ward, although it is practically the same ward.

4687. Is it the case that there are only two wards—one for the male inmates and one for the female inmates?—There are only two rooms occupied.

4688. One for the males and one for the females?—Yes.

4689. Is there not a separate room for the children?—At present the children are with the females.

4690. So that in your poorhouse there are really only two wards—one for the male inmates and one for the females and children?—That is so.

4691. It is only in a case of malignant disease that you think of separating them, and giving accommodation to the patient outside these two rooms?—That is so. We have no attendance unless we get a special attendant to look after them.

4692. You have no trained sick nurse?—No.

4693. Is it pauper nursing that you have?—We have nursing by the matron.

4694. Is the matron a trained sick nurse?—No.

4695. Has she had no training, no experience, as a sick nurse?—No, except what she has gathered where she is.

4696. I suppose you are aware that in the poorhouses in the south a system of trained sick nursing is in

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operation. Are you of opinion that that would be a benefit in your poorhouse?—I think it would be a great advantage. At present we do not have many sick on the list, but if we had a trained nurse and a specially-equipped sick ward, I do not think that there would be the same reluctance on the part of aged sick to go into the poorhouse as there is at present.

4697. That is a generalisation you have formed from your own experience; can you give any instance where you have found reluctance on the part of an outdoor sick pauper to go to the poorhouse, because of the lack of means to treat the case properly?—No, but I think that if it were known that there was a sick ward and trained sick nursing, then there would not be the same reluctance.

4698. From cases that you have known in the past, or that you know of at present, would you yourself have recommended that such cases should be treated in the poorhouse rather than in the homes of the paupers themselves?—Yes, there are numerous instances that come to my mind. In some cases we have exercised a good deal of pressure to get the sick poor into the poorhouse.

4699. Are those cases where you think that that pressure would have been successful if the poorhouse had been in possession of the appliances of which we have been speaking?—I have referred to cases where the pressure was successful. We got the patients removed, but it was after a good deal of feeling.

4700. *By Dr Mackenzie.*—But you think that that difficulty would be very much less if you had a properly-equipped sick ward and nursing?—Yes.

4701. There are cases within the parish that you would have removed if you had had proper accommodation for them?—Yes. We have many instances of aged sick poor who live alone in their rooms. When these sick poor become very ill, it is not always easy to get an attendant for them, and it is sometimes very expensive.

4702. *By the Chairman.*—It is not so much a reluctance which might be called a sentimental reluctance, as a feeling that life in the poorhouse would not be so satisfactory or comfortable as it is outside?—There is the sentimental feeling as well.

4703. To a certain extent?—Yes.

4704. In addition to the provision of trained sick nursing, are there other requirements which you would like to see in the poorhouse which don't exist now? Have you any appliances for operations in cases of severe illness?—No.

4705. Do you think these should be supplied, or what would you do? Suppose you had a pauper in the poorhouse whose condition required a surgical operation of a serious nature, what would you do?—You mean with regard to assistance?

4706. No. Would you treat it in the poorhouse, or would you send it out?—I would treat it in the poorhouse. I have had to treat such cases. There was a case sent in with cellulitis, suppurations, and it was a question whether the arm should be taken off or not, but, with the help of an ordinary male attendant, I was able to save it.

4707. You say that you had the assistance of an ordinary male attendant. Do you mean a pauper?—No, it was a man from outside. We had to remove this case to another room, because the arm was so bad and was smelling. One day it was impossible for me to get out to the poorhouse. I had told the matron distinctly to dress it, if by any chance I was not there, but she was afraid to touch it. The next day I got out the arm was not any better. There was no ultimate harm done, but if there had been a trained nurse there that arm would have been dressed. Of course it was quite an unusual thing for me not to get there.

4708. I suppose that in your work as outdoor medical officer serious cases of that nature are not uncommon?—I think they are.

4709. Then it comes to this, there are not very many sick paupers in your district? The average in your poorhouse seems to be very small?—I suppose we have the average number of outdoor, but we don't have many surgical cases, as a rule.

4710. I see that the number of cubic feet in the occupied wards of your poorhouse is 485 per bed. That, of course, is very small?—Yes. That is the cubic space when the ward is full; the beds are not always occupied.

4711. There are only 485 cubic feet per bed in the two wards which are occupied, irrespective of whether the inmates are sick, infirm, or ordinary?—Yes.

4712. The beds in these wards might be occupied?—Yes.

4713. *By Dr Mackenzie.*—Have they ever been fully occupied in your time?—I don't think they have all been occupied, because we have this smaller apartment that we can put four beds into. I should say that that smaller apartment is about one-third of the size of the rest of the room. The partition was put up because the room was too large and too cold for the number of inmates.

4714. *By the Chairman.*—This 485, which is the measurement given here, is exclusive of that part of the ward which is boarded off?—Yes, I should think so.

4715. This return is signed by yourself and by the Governor?—Yes. I don't remember of the beds ever being fully occupied.

4716. Is there no other occupation of the poorhouse of any sort except these two wards?—Yes, we have other vacant rooms which are never occupied.

4717. We may take it that if a trained sick nurse were introduced into your poorhouse, there is lots of accommodation for her and for many other paupers?—Yes.

4718. As has been already mentioned, your poorhouse is licensed for 149?—Yes.

4719. There must therefore be other rooms?—Yes. There are two storeys with four large rooms. The inmates are very old, and we have very cold winds. Perhaps the old inmates don't require the same number of cubic feet as the young ones.

4720. *By Dr Mackenzie.*—Perhaps you will show us on the plan what special rooms are occupied?—Yes. (*Describes the rooms on the Plan.*)

4721. What was the idea of dividing the large room?—It was too large, and I suppose the inmates suffered from cold.

4722. There is no distinction between day-room and dormitory; they are practically sitting in their bedroom?—Yes, but the room is very large.

4723. It contains only 485 cubic feet per bed, if the beds are all full?—Yes, but they never are full.

4724. *By the Chairman.*—In event of rules as regards classification being given effect to, making a separation between ordinary, sick, and infirm, I suppose there is lots of room in your poorhouse for carrying out that separation?—Yes.

4725. I suppose you have inmates whom you would classify as sick, and others you would classify as infirm?—Yes.

4726. The interpretation of sick being, for our purposes, those who require constant medical attention?—Yes.

4727. When you make your weekly visits do you see all the inmates in the poorhouse?—Yes.

4728. Do you examine them all?—I go round and talk to them, and ask if any of them wish to see me. Those that are sick see me.

4729. But you see them all each time you go there?—Yes.

4730. What generally are the ailments that you find?—With the old people we have bronchitis, and then we have cases of paralysis, heart troubles, dropsy, and rheumatism.

4731. Your patients are mainly old people?—Yes. The children don't very often get ill. They thrive very well in the poorhouse.

4732. Do they attend the Board School?—Yes.

4733. Is that school close by?—Yes.

4734. Is there any work done in the poorhouse?—No. There is a pump that is worked by the paupers.

4735. What kind of pump?—A force pump.

4736. Is that in order to get water for the wants of the poorhouse?—Yes.

4737. You suggest that one of the two poorhouses in the county of Caithness should be closed. Will you please tell us your views in regard to that, and why it is you suggest that that should be done?—I suggest it on the ground of economy, and also because we would have more sick poor, and therefore more need for a sick ward.

4738. Where would you suggest that all the poor should be accommodated?—I think they should be accommodated in Halkirk, because of its position and size.

4739. Is it the best situated poorhouse for the purposes of the whole county?—Yes.

4740. Do you know the Latheron and Wick Combination Poorhouse?—I have not been inside it, but I know that it is a small poorhouse.

4741. Is it of the same nature as the Thurso Combination Poorhouse: are all the paupers there housed in the same ward?—I cannot speak to the details.

4742. Is there any trained sick nurse there?—No.

4743. Your view is that in the interests of the paupers themselves, and also of the ratepayers, it would be better that one of these two poorhouses should be closed, and that the other should be better equipped, provided with trained sick nursing, and also with other appliances which are thought necessary in these times to bring a poorhouse up to the highest standard?—Yes.

4744. Do you think that if that were done, the objections which some people have to being taken to the poorhouse, and being treated there in their old age, or when suffering from some physical infirmity, would be removed?—Yes, I think so.

4745. Does it not occur to you that one of these two poorhouses might be used as an hospital, and the other as a house for ordinary inmates?—Yes, that has occurred to me. Latheron Poorhouse is so situated that I don't know if it would do so well as a fever hospital.

4746. I am talking of a poorhouse hospital, as we have nothing to do with fever hospitals here. If any cases of infectious disease occurred in your poorhouse, they would be treated by the local authority, and removed to the infectious diseases hospital?—They would be isolated in the poorhouse, because we don't have any proper fever hospitals.

4747. Are they not being erected now?—They are being erected.

4748. Leaving the treatment of infectious diseases out of view, would you suggest that one of these two poorhouses should be used for the treatment of pauper cases which require constant medical attention, and which would be classified as 'sick' in the ordinary case; and that the other poorhouse should be used for ordinary paupers, who don't require such medical or other attendance?—I don't know that that would work, because very often it is an ordinary inmate that gets sick, and he would be put into the sick ward for a week or two, and then taken back again.

4749. I suppose your view is that all the indoor pauperism in Caithness could be treated in the one poorhouse, whether they are sick or not?—I think so.

4750. What is your present system as regards the supply and dispensing of medicines?—At present the medicines are dispensed by the Thurso chemists on my prescriptions.

4751. You think that that is not satisfactory?—In this way. Suppose I visit the poorhouse one day, I get into Thurso, and leave the prescriptions there. They are sent by post, and reach the poorhouse next day. Of course in a very urgent case I should see that the medicine reached the poorhouse sooner.

4752. *By Dr Mackenzie.*—You have no medicines at the poorhouse?—No.

4753. Not even medicines for emergency cases?—No. I usually carry such medicines out with me.

4754. *By the Chairman.*—You think that there ought to be in the poorhouse a supply of certain medicines to provide for emergencies, and to be available on your weekly visits?—Yes, I think so. I think it would be a great advantage. It would be a little more trouble for the medical officer, but it would not take very much time; a few minutes would do.

4755. That is a matter which you might get arranged at once if you brought it before your House Committee?—I don't know.

4756. The Statute provides that the poorhouse committee ought to make rules for the dispensing of medicines in the poorhouse?—Yes.

4757. Have you brought that before your committee at all?—No. I thought it would come with greater effect from the Local Government Board.

4758. Have you many cases of phthisis?—Not in the poorhouse.

4759. *By Dr Mackenzie.*—Have you many cases among the outdoor poor?—We have cases, but I would not say that we had a great number. It is more among young people, widows being left with children, and it is only in these cases that we have young people on the list.

4760. You mean cases of phthisis?—Yes.

4761. *By the Chairman.*—Have you had to treat them in the poorhouse?—Not as yet.

4762. You have no cases of phthisis in the poor house?—No. They could be treated very well in some of the wards of the poorhouse.

4763. You would isolate them there?—Yes.

4764. *By Dr Mackenzie.*—You have no idea what proportion there would be at this moment of cases of actual consumption among the poor in your parish?—No, I don't think I could give that figure.

4765. *By the Chairman.*—Have you baths in your poorhouse?—We have a fixed bath.

4766. You have two fixed baths—one for each ward?—Yes.

4767. We are told that in some poorhouses there is an objection now to the oatmeal diet, and tea is very much preferred by the inmates. Have you experience of that?—In one or two cases, but not as a rule. I think the oatmeal diet is taken.

4768. And is not unpopular?—I would not say that it was unpopular unless among one or two of the discontented, who might wish to make a little grievance about it. The complaint is more against the way in which it is cooked than against the oatmeal itself.

4769. How is the cooking done?—It is very good.

4770. Is it pauper cooking?—No; there is a cook.

4771. In one poorhouse we found that the cook was a pauper inmate?—That is not the case with us; we have a regular cook.

4772. We come now to the outdoor poor. I see that on 15th January 1903 there were 130 paupers and 50 dependents in Thurso Parish?—Yes.

4773. Are these mostly cases of old and infirm paupers?—They are of all ages.

4774. You are not the only medical officer in the parish?—No; I have only half the parish.

4775. The parish is a very extensive one, with a population of 5800?—Yes.

4776. Do you visit regularly in the parish?—Only when called on, or when I think it is necessary.

4777. How much time does your visiting of the outdoor paupers take up?—I don't know that I could say.

4778. Is there much sickness?—No, there is not much sickness.

4779. *By Dr Mackenzie.*—How many cases would you visit in a week?—Perhaps about a dozen.

4780. *By the Chairman.*—You suggest there ought to be a supply of medicines in some of the further away parts of the parish?—Yes, that is in connection with some of the larger parishes further west in the county of Sutherland, where I sometimes have to go.

4781. You are speaking generally of the Highland counties?—Yes, but more particularly with regard to Sutherlandshire.

4782. You think it would be of use there that there should be medicines provided at some of the outlying parts?—Yes, I think it would be an advantage—that is where long distances have to be traversed, from twelve to twenty miles.

4783. Have you a trained nurse, a jubilee nurse, or

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other nurse in Thurso?—Yes, we have one trained jubilee nurse in Thurso.

4784. Does she visit in the country?—She is supposed to visit in the country districts and in the burgh.

4785. Do the Parish Council contribute anything towards her maintenance?—Yes, they pay £10 annually.

4786. Does she visit the outdoor sick paupers?—Yes.

4787. I suppose her services are of great use?—Yes; and they are greatly appreciated.

4788. Has it ever occurred to you whether her services might be extended to the poorhouse in any way?—When I have to remove paupers to the poorhouse, she generally goes along with them.

4789. Is there an ambulance waggon?—No; it is an ordinary conveyance, covered or open, as the case requires, and hired for the purpose.

4790. In serious cases you often get the nurse to accompany the patient to the poorhouse?—Yes

4791. Is she a native of the district?—No; she is from Aberdeen; but she has been with us for several years.

4792. You are of opinion that subscriptions from Parish Councils to nurses of that kind, with a view to their attending the sick, are to be encouraged?—Yes, I think it is a saving.

4793. Are you of opinion that the fact of there being a jubilee nurse in the parish available for the nursing of pauper cases acts as a deterrent to these cases consenting to go to the poorhouse when that would be advisable?—It might act in this way, that we might have to put more pressure if we had no trained nurse to look after those cases.

4794. *By Dr Mackenzie.*—Do you think that the services of a jubilee nurse outside are a complete equivalent of the nursing in the poorhouse?—I don't think so, because in the poorhouse the sick would be under the constant supervision of the trained nurse. The jubilee nurse has only a certain amount of time to spare each day.

4795. Have you had any cases of illness where you thought that compulsory powers should be used to make them go to the poorhouse?—Yes, very often.

4796. Could you give details of any instance?—We have had to provide attendance for those cases.

4797. But have you had cases where it was impossible to provide attendance?—We had to get attendance, but it was very expensive.

4798. It would be simply a matter of expense?—And efficiency. We might not be able to get efficient attendance.

4799. Have you had any cases where you have not been able to get efficient attendance?—It would not be so efficient as in the poorhouse.

4800. But can you give us some details where, when you get attendance, you think that it is not proper treatment for the pauper? If you can get proper nursing outside the poorhouse, it removes the ground on which you say they ought to be removed compulsorily to the poorhouse?—We don't get trained attendance.

4801. But you don't have trained nursing in your poorhouse?—I suggest that we should have that. We can have more cleanliness in the poorhouse than they can have in their homes.

4802. Do you suggest that the pauper nursing, which is all you are able to provide in the poorhouse, is as good as the attention that the jubilee nurse is able to give to the paupers outside?—I don't think it is as good, but then in the poorhouse there is cleanliness, and there is also the constant supervision.

4803. How often do you see those paupers that are being attended by the jubilee nurse?—I may see them once a day or twice a day, or once a week.

4804. Can you give details of some case where you think it ought to have been removed to the poorhouse, compulsorily if necessary?—I had a case of paralysis, a woman over seventy, who was living with a sister over eighty, this sister being the attendant. The house was not all that could be desired; they were both Highland women, and they did not believe much in fresh air.

4805. When you say that they were Highland, you mean that they were not Caithness people?—That is so; they came from Sutherlandshire. I tried to persuade the sister to get the invalid away to the poorhouse, but she would not hear of it. After the jubilee nurse came, matters improved, but ultimately things got so bad that we had to exercise a great deal of pressure, and got the invalid to the poorhouse.

4806. You think that that is a case where compulsory powers could be justifiably applied in the interests of the pauper?—Yes.

4807. *By the Chairman.*—I suppose you have also had cases where there was no sister of over eighty—a case of a man or woman living by himself or herself in a croft or otherwise—where the poorhouse was really the only place where they could be satisfactorily looked after, and also where, if you did find someone willing to look after them, that someone did not care to remain owing to the condition of things in the house?—That is so. We have the worst cases in the town.

4808. We should like to hear about these?—I attended a case about a month ago of a woman with cardiac weakness. She lived alone in a large house where several other women lived alone, having a room each. A number of these women were on the poor list. This patient had been under my care for some time as a chronic case. She got much worse and weaker. Her only attendant was a young girl about ten or twelve, who came in occasionally and did up the room and made some tea for her.

4809. Was she paid for that?—No, she was a relation. This patient got worse, and I saw the inspector of poor, and said that some special attendant would have to be sent in. At the same time I said, 'If you could get her removed to the poorhouse it 'would be very much better.' An attendant was put in. The patient died after two or three days.

4810. *By Dr Mackenzie.*—Did the attendant stay in the house?—No, not until the last two days, when I saw she was very much worse.

4811. *By the Chairman.*—And she died?—Yes.

4812. *By Dr Mackenzie.*—Was there any skilled nurse in attendance?—There was the jubilee nurse who went in every morning.

4813. *By the Chairman.*—She could not remain over-night?—Not unless in very special cases.

4814. You told us that the two old women you spoke of before were Highland women?—That is so.

4815. Are we to draw the inference from what you say that the aversion to go to the poorhouse is greater on the part of those you describe as Highland women than on the part of those who are from Caithness proper?—The aversion was more on the part of the older woman.

4816. Was that the Highland instinct?—I think they are more attached to their homes.

4817. Is it more an aversion to the poorhouse or to the taint of pauperism, which they think is not so bad so long as it is outdoor?—It is a sentiment.

4818. Do you find that more among the Highlanders than among others?—I don't think so.

4819. Have you ever in your experience, when you ordered, and thought it was right to order, nutritious diet or other things for a sick pauper, found the inspector interfering and preventing that being given?—No, I cannot remember an instance in which that has been done. My suggestions have always been carried out.

4820. Your recommendations have always been given effect to by the inspectors of the parishes included in the Combination?—You mean indoor relief?

4821. Both outdoor and indoor?—Yes.

4822. Have you accommodation for casual sick poor?—Yes, we have a casual sick house inside the burgh.

4823. Do you think that that is necessary?—Yes.

4824. Are there many housed there?—Occasionally one.

4825. Is there an attendant?—Yes.

4826. Is the attendant always there?—Yes.

4827. Is he the caretaker?—Yes, the caretaker acts as attendant unless it is a special case.

4828. What is the accommodation in this house?—Three beds. I have never seen more than one person in at a time. A lunatic is sometimes put in there to be watched for a day until certified.

4829. Where do you send your lunatics?—To Montrose.

4830. What have you to say about the tenure of office of medical officers?—I don't know that that is such a burning question with us in the town as it is in the country districts.

4831. The question, as we put it, is the tenure of medical officers, as affecting the efficiency of the Poor Law medical relief system. Are you of opinion that the present tenure, under which the medical officer may be dismissed by his Parish Council, is of such a kind as to affect the efficiency of the medical relief system?—I think there should be an appeal to the Local Government Board.

4832. Have you any cases where fear of the consequences has deterred a medical officer from doing what he otherwise would have done in looking after the pauper sick?—I cannot say that I do know of any case.

4833. A medical officer cannot be dismissed by his Parish Council between the terms without good ground?—That is so.

4834. Can you give any instance where the fact that the medical officer's tenure is a yearly tenure, and that he is liable to be dismissed or have his services dispensed with by the Parish Council from year to year, has prevented him from performing his duties as thoroughly and efficiently as he would have done had he known that the Parish Council were not omnipotent?—No, but it might be a disturbing element in a case of friction between the medical officer and the members of the Parish Council if he thought that he might be dismissed without sufficient reason.

4835. What we want is a concrete case. Do you know of any such case?—I don't think I would suggest that the medical officer should sit there entirely free of control.

4836. *By Dr Mackenzie.*—Would you have him put on the same footing as the medical officer of health under the Public Health Act? Would that meet your suggestion?—I think so, because if a medical officer of health does not perform his duties, the Local Government Board would have something to say.

4837. *By the Chairman.*—He has an appeal against the action of the local authority to the Local Government Board before his services can be dispensed with?—I think that would be sufficient.

4838. *By Dr Mackenzie.*—Do you think that the duties of the parish attendant on the parish poor are of such a nature that they are parallel to the actions of a medical officer of health in a county like Caithness? Does he need the same protection in case that the Parish Council should be against him for carrying out his duties?—No, I would not say that.

4839. Can you give us anything in the activities and duties of a parish medical officer that would be parallel to what are admitted to be the duties of the medical officer of health? What is there that might stand in your way with the Parish Council?—It is more cases of personal friction arising between the medical officer and the members of the Parish Council.

4840. On what points would the friction arise? They would not object to your treating a pauper according to the strict medical rules?—I don't think so.

4841. Then what would there be to give rise to friction?—It would be more in this way—that where a medical officer takes a good deal to do with local politics, and becomes a member of the School Board, then friction would arise. I am not speaking of my own personal knowledge now, but I think such things might happen.

4842. And give occasion for motions of dismissal, or blocking the medical officer in the discharge of his duties?—That might be so.

4843. Do you know of any such cases?—Would there be any objection to putting the medical officers of parishes on the same footing as medical officers of health?

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4844. What we want to find out is whether the absence of such an appeal does interfere with the efficiency of the medical relief in the parishes. That is all we are concerned with. Is there anything in the actual discharge of your duty as the parish medical attendant that would lead to a difficulty? Of course we know that in the administration of public health it may, for example, be necessary to declare as uninhabitable a house belonging to a member of the local authority. Is there any such thing in the discharge of the duties of the medical attendant of the parish?—No.

4845. *By the Chairman.*—Are you medical officer of health for the burgh?—Yes, I am medical officer of health for Thurso.

4846. So you can speak from experience?—I have been medical officer for only a few months. I have had no difficulty myself.

4847. Is there anything else you desire to tell us with regard to the Poor Law administration in the north?—The work seems to go on smoothly enough in the north, so far as I am concerned.

4848. Do you know whether the poorhouse committee visit the poorhouse regularly?—Yes. They sign my visiting book, and they have their regular meetings. They visit individually.

4849. Let me draw your attention to this statement which has been made to us:—'In some parishes where 'the councillors are related in some way or other to 'those on the roll, it has been represented to me, 'although I have not been able to substantiate the 'statements, that any trifling offence or supposed failure 'on the part of the medical officer to attend may be 'greatly exaggerated, and the Parish Council may support their members, with the result that things are made 'uncomfortable for the medical officer. It has been 'stated to me that if the medical officer endeavours to 'press a patient for payment of his account, a trumpery 'case is raised against him, and brought under the 'notice of the Parish Council.' Do you know of any cases which go to support that statement?—No, I have had no personal experience of that. Perhaps I may say that I have been told that the parochial medical officer sometimes refuses to attend other than sick poor.

4850. Why?—He will not attend unless his fee is paid down beforehand. He is independent of the outside, because the Parish Council give him a large salary in order to attract a medical man to the district.

4851. *By Dr Mackenzie.*—Their intention is that he should attend everybody, whether paupers or not, for nothing?—No; their intention, however, is, that he should not charge too much. In some districts they form large clubs, and the medical officer attends once a week or once a fortnight, and gives a free visit for the subscriptions, as they are called. Any special visit is charged a special sum.

4852. That is entirely outside his parochial duties?—Yes. It seems to work well. He can count on a certain salary each year from the Parish Council and from these various societies, and that seems to answer well in the large Highland parishes. It is in these districts that I would suggest a supply of medicine to be kept for the paupers or for any other sick persons.

4853. Do you have any such clubs in Caithness?—The parish of Canisbay is almost entirely a club.

4854. How many districts are there there?—Only one district. It is not a large parish.

4855. There is one district there, and they have clubbed together, and made an arrangement by which the medical officer goes to a certain centre?—No; not there. It is a smallish parish. They club together, and give a certain salary, inclusive of what the Parish Council gives.

4856. In respect of that salary he is bound to attend anybody who requires attendance, and who has contributed?—Yes.

4857. It is as a matter of course that the parish medical officer attends these clubs?—Yes. I suppose the whole salary will come to £300 a year. Of course

if friction arose, it is possible that an outside man might be taken in.

4858. *By the Chairman.*—You say that there ought to be a supply of medicine in these centres both for paupers and for other patients. How are you to distinguish between pauper medicine and the medicine for others?—In this way. The medical officer would receive a certain sum for supplying medicines to the paupers. He furnishes the medicine, and can do as he likes. It is more for his own convenience, and also for the sick poor and others.

4859. You think that the salary of the medical officer ought to be exclusive of medicines?—Yes; but I think, on the whole, that a certain sum should be given for medicines, instead of medicines being paid for as ordered.

4860. Why do you think so?—I think it works better.

4861. *By Dr Mackenzie.*—What is the advantage? Is it cheaper, or more convenient, or what?—I think it works better on the whole.

4862. *By the Chairman.*—Don't you think it would tend to efficiency, and probably to better medicines, that the medical officer should, irrespective of the cost of the medicine, supply what is required, rather than that he should be bound for a fixed sum to give all the medicines necessary during the year? He might be a considerable sufferer by that system, and it might operate in this way—that the quality of the drugs might not be what it ought to be. You can get cheap medicines as well as cheap other things?—Yes, he may use medicines that are cheaper; but it might tell in the other way—that the paupers would be getting too much medicine.

4863. He would not increase the medicine?—Not unless he was paid for the medicines. In those places there are no chemists: the medical officer supplies the medicines.

4864. *By Dr Mackenzie.*—So you think that this slump sum would be quite as much a check on extravagance in providing medicine if the medical officer himself was chemist?—Yes, I think so. In the case of chronic patients I find that they will always take medicine if they can get it.

4865. *By the Chairman.*—I understand you have some views about powers of detention, which, of course, don't at present exist in poorhouses, and I understand you are able to tell us of cases in your experience where a pauper has applied to leave the poorhouse, and has left it, when it would have been better in his interests to have remained until he was either cured of such ailment as he had, or for other reasons?—There is one case specially where a man came in in a generally broken-down condition, his nervous system quite shattered. He went out about two months after and went round about his friends in the country.

4866. Was he improved?—He was very much improved, but he was only able to walk in a very feeble way. He went round some of his relations about twelve miles away. I did not know he was out until I met him on the road and spoke to him, and he said he was going to his friends, who were to support him. About a week or two after that I met him again, and he told me he was on his way back to the poorhouse. He was very much broken down, and could hardly walk. He came into the poorhouse and improved very much, and he went out again after being in about two months.

4867. Was he under constant medical care?—Yes. He went out again after about two months, and in another fortnight he came back again very much broken down. His friends would have nothing to do with him. That was three times that he went out of the poorhouse.

4868. How did he subsist in the interval?—He begged from door to door. I think he was really starving, and had to return. Then there is another case in the poorhouse just now which used to go out only once in six or eight months.

4869. What does he suffer from?—A little bronchitis, but nothing special. He was not on the sick list, but he was an oldish man, past seventy.

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4870. Past work?—Yes. He found himself in the police station for being drunk and incapable, and he came back again; the next time he went out about six or eight months after he came to me with a dislocated shoulder.

4871. That was a case, I suppose, where he simply went out in order to satisfy his craving for drink?—Yes. The first case I mentioned went out because he felt better and was not inclined to remain in.

4872. He thought himself fit for work?—No, but he thought he would go to his friends, who would support him. We have in the poorhouse an old tinker woman over ninety years of age (she says she is over a hundred), who used to go out every summer for some weeks, and was usually to be found in a very helpless condition on the streets of Thurso, lying out all night.

4873. Was that through drink?—Yes. We have been able to keep her in now for nearly two years, but I should say it is by a kind of persuasion.

4874. Suppose you had power to detain these people in the poorhouse, on what ground would you put it? It is a very difficult thing, as you know, to detain a person simply because you think that it may be prejudicial to his or her interests to go out. Of course I see there are two different cases there. There is one case where the man goes out, and you are quite certain, from previous experience, that he goes out to satisfy his craving for drink; in the other case, the man goes out because he thinks his relations will support him. On what ground do you think that power should be given to detain paupers in poorhouses?—They might satisfy the medical officer that they are in a condition to go out. The case I mentioned was not really in a condition to go out, but the other case could not be kept in on that ground.

4875. You think that in every case where there is doubt the Governor should be empowered to detain them until the medical certificate is got; the medical officer would have to certify that it was a case which might be allowed to go?—Yes, that would answer so far, and then if a pauper went out and came back within a certain time, I would suggest that he should have to give a longer notice the next time he went out, a week or a certain number of days, according to the circumstances.

4876. Have you seen the provisions of the bill called the 'Ins and Outs' Bill, which has been promoted by certain Parish Councils?—No.

4877. There is in Parliament a bill which may possibly result in Parish Councils getting powers of that kind to detain paupers in poorhouses, where they have been in and out more than once. This bill you would approve of, and you think that in the interests of the paupers themselves a bill of that kind should receive the sanction of Parliament?—I think so, because they really do not go out in order to get work.

4878. The distinction you would draw would be between cases that really go out for work and cases that go out for any other reason?—Yes. At certain times of the year they may get work.

4879. In the case of those who go out to get work, you would certify that they are able-bodied and able to go?—Yes.

4880. They are not allowed to remain. If a Parish Council finds that a pauper who is chargeable to their parish is improving in health and is really getting into a condition that he is fit for work, then there is no reason why he should remain in the poorhouse, and you are called upon to certify whether that is so or not?—Yes. The case I was thinking about was one that we have, a case called a test case, who goes out to get work in summer, but I don't know if he gets work. He comes back after a bit. Of course we do not have many of that sort who come in and go out for work.

4881. A man who goes out and comes back not able to get work ceases to be able-bodied from the way he has conducted himself when he has been out?—This case I am thinking of is sent in as a test case—the

only one we have had for a while. He does not get any tobacco; that is the only test we have.

4882. You don't put him to work of any sort?—We have no work but the pump.

4883. If you give him enough of that it will test him?—Yes, but that is a limited amount. We have very few casual tramps for the night.

4884. There must be many in Thurso?—Yes, some pass through.

4885. At the present moment there is a very big fishing going on at Scrabster?—Yes, the herring fishing.

4886. That is most unusual?—Yes.

4887. Are there many paupers among the fishermen?—That fishing does not affect the town much. We have very few of these fishermen belonging to the town; they come from other quarters. We have a good many paupers among our own fishing population. We have a permanent fisher population, but they have small boats and don't go out far; they are not so enterprising as those that come round at this time.

Dr D. Durran. 30 Jan. 1903

4888. Your paupers are mainly Caithness paupers?—Yes, mainly. We have one or two chargeable to the parish from Edinburgh.

4889. Are they chargeable to your parish because of their birth?—No, they have acquired a residence in Edinburgh, and they come back again. They are on the poor list before they have acquired a settlement in Thurso again. As a rule, however, they all belong to the County or to Sutherlandshire.

Mr Alexander B. Millar, called and examined.

4890. *By the Chairman.*—You are one of the General Superintendents of the Local Government Board?—Yes.

4891. For how long have you held that position?—Since April 1900.

4892. Your district is the Highland district?—Yes, the Northern Highland district, comprising Banff, Elgin, Nairn, Inverness, Ross and Cromarty, Sutherland, Caithness, Orkney and Shetland, and the Western Isles.

4893. In the execution of your duty you have been over all that ground at any rate once each year since 1900?—Yes, I have been in every parish since I was appointed, and in some cases I have paid a visit two or three times.

4894. Previous to your appointment as Superintendent of the Northern Highland district you were on the staff of the Local Government Board since its institution in 1894, and prior to that you were with the Board of Supervision?—Yes, I was with the Board of Supervision from January 1882 onwards.

4895. Accordingly, you have had a very extensive experience of the administrative working of the Board, both in Poor Law and in the other matters which come under its supervision?—Yes, but particularly in the Poor Law department.

4896. What have you to say as regards the adequacy of the present medical relief system in force for outdoor relief?—The present medical relief arrangements, so far as I have been able to ascertain during my short experience as a general superintendent, appear to be satisfactory. It must, however, be kept in view that medical officers in large and remote Highland parishes carry on their work under great difficulty. There are no means of communication; the population is scattered and very poor—in fact, many of the inhabitants are almost on the verge of pauperism. Medical attendance cannot be provided in the same way as in a small and compact parish in the south with a large population and every means of communication at hand. When the medical officer, Parish Council, and inspector, pull together, I have never yet heard of any complaint. The chief difficulty seems to arise where the medical officer dispenses the medicines, for which he receives a lump sum from the Parish Council. In a few cases I have had complaints on this subject from medical officers. They consider this is in direct contravention of the Board's rules for medical relief. In one parish lately the Parish Council agreed to pay the medical officer for each prescription,—this might work well enough if the Board could fix a scale for say a 2 or a 6 oz. mixture, etc., and allow only that sum to rank against the grant; reciprocal obligations might then be extended to medicines. In some parishes (where there is a town) the Parish Council contract with chemists in the above manner. In another parish, the Parish Council patronises the chemists by turn, and receives a discount of 55 per cent. off Edinburgh prices. I fail to see how this is done, unless it is laid on somewhere. There may be some difficulty in fixing a scale, but I understand that chemists' charges are practically the same all over.

Mr A. B. Millar.

4897. Your suggestion, I understand, would be that in all cases the medical officer's salary should be independent of the cost of medicines, and that the medicines should be paid for as required by the Parish Council?—Yes.

4898. And you think that chemists should be appointed to supply them?—Yes, where possible, but in Highland parishes you cannot always get a chemist.

4899. What would you suggest where you cannot get a chemist?—I thought if the Board could fix a rate for all parishes where there was no chemist available, the reciprocal obligations might be extended to medicines. When chemists supply medicines, their charge generally is 1s. 6d., and when they supply to the poor of another parish they charge 2s. or 2s. 6d.

4900. Is that your experience in the Highlands?—Yes.

4901. They charge the resident poor belonging to the parish less than the poor of other parishes?—They only get, say, £5 from the Parish Council for medicines, that is for probably fifty paupers and twenty or thirty dependants, but if there is a pauper belonging to another parish they will, in six months, run up an account for £5 at the rate of 2s. or 2s. 6d. for each prescription. Now the other parishes object to that, because they can get the prescriptions from their own chemist for 1s. 6d. I thought if the Board could fix a scale for medicine in these country parishes where the doctor has to provide medicine at so much per prescription, medicines might be made reciprocal, and there would be no charges on other parishes. That sum only might be allowed to rank against the grant.

4902. *By Dr Mackenzie.*—You would make the scale for the other parishes just the same as for any particular parish?—Yes, there is one parish gets 55 per cent. off the Edinburgh prices. They must be giving the medicine at a very low figure or else they are charging very high to start with.

4903. *By the Chairman.*—It is not inferior medicine?—No. Every chemist in the town is patronised; they go round all the chemists, and they are all quite willing to do that. Many inspectors have spoken to me about the heavy charge for the poor of other parishes. There was a case lately where the medical officer received £5 for medicine for all the poor and dependants belonging to his parish; a single pauper belonging to another parish in six months ran up a bill that was higher than the medical officer for the parish of settlement rendered for all the poor on the roll for the year. That shows that there is something wrong.

4904. Has it ever occurred to you that there might be a dispensary, say in each county?—I don't know. The distances are so great, and the carriage on the mail coaches is very heavy.

4905. I suppose if you had a dispensary things could be sent by post, or a sufficient supply could be kept in certain centres, and if a fresh supply was wanted all that would be done would be to communicate with the dispensary. Has that ever struck you?—No. The doctors have to keep a supply of medicines for their own private patients. I have occasionally had to get prescriptions dispensed in

various places, and the charge is practically the same, there being a difference of only 1d. or 2d. Surely some medium might be struck that could meet all cases. Of course, where there is a chemist in the town, the Parish Council would naturally go there.

4906. *By Dr Mackenzie.*—You would have to put an obligation on the medical officer to dispense. He might say, 'I am not going to do it except at that 'price'?—They must do it in some localities. Where they provide the medicine themselves, they lay it on for the poor of other parishes. I don't see why they should be entitled to charge higher for the poor of other parishes than for the poor of their own parish.

4907. *By the Chairman.*—What have you to say with regard to the duties of the medical officer and the inspector of poor in regard to the outdoor sick?—I have really only heard of two cases where the medical officer considered either the Parish Council or the inspector was interfering with his discretion in the way of supplying medicines or extra nourishment. In one case, I understand, the Parish Council complained to the Board of the amount of whisky and beef-tea ordered by the medical officer,—he very seldom prescribed anything else. In the other case the Parish Council requested the medical officer to use some discretion in granting medicine to a chronic case of long standing,—this was done after the Parish Council agreed to pay the medical officer for each prescription. Inspectors are not likely to interfere with the medical officers' discretion in the matter, as the whole responsibility would then rest on their shoulders. Besides, inspectors are required by the rules of 1845 to supply such articles as may seem necessary to every sick person in receipt of relief.

4908. You have not heard of many cases?—There are only two, one of which was, I think, in the days of the Board of Supervision. The inspector of Kilmorack wrote on the subject,—the doctor was ordering nothing but beef tea and whisky, and was giving little or no medicine.

4909. That was a case where he got so much per annum for medicines?—Yes.

4910. But he never ordered any medicines?—That is so. The other case cropped up the other day; the medical officer of Yell wrote about it. Since I wrote my *précis*, however, I have come across another case where the Parish Council decided that all orders for extra nourishment were to pass through the inspector of poor. In many cases the paupers get a line from the doctor and go to the merchant for what is wanted.

4911. Have you ever heard of any case where the inspector declined to do what the medical officer ordered?—No; they won't take that responsibilty.

4912. May it lead to this, that the inspector might put a veto on what is ordered by the medical officer?—In the case I have mentioned it was said that that would not come about, and the doctor knows perfectly well that there is no slight on him at all.

4913. I understand you to say that so far as your experience goes you have never heard of a case where the medical officer has been interfered with by the inspector as regards orders made by him for the supply of medicine or diet or clothing?—I have never heard of such a case.

4914. *By Dr Mackenzie.*—Do you think that Rule 4 on page 102[1] is a valuable enough rule to keep and retain as it is?—The only case where a doctor said he was being interfered with was that Yell case. It was simply a reminder to be cautious.

4915. You have found no case where this has really acted against the pauper?—No. Inspectors have told me that they would not interfere with any order given by the doctor. In many cases it must be recollected that they do not see the order until they get the account to pay.

4916. *By the Chairman.*—We have been told by the representative of the Poor Law Medical Officers' Association that repeated complaints have come from the outlying Highlands and other country parishes, that a threat is always held over the medical officers that they may order the things if they like, but if they do they will be dismissed. 'A considerable number of 'cases have been brought under our observation from 'Highland and other outlying parishes, where a 'medical officer has been, under threat of dismissal, 'found fault with ordering extra minor comforts. That 'is absolutely true' (Q. 1031). In your experience that has no foundation?—I don't think it has any foundation. I think the accounts for medicine and extra nourishment will bear that out, because they are going up every year.

4917. In your opinion it is not correct to say that it is quite common for the inspector in the smaller parishes to disallow medical comforts, more particularly in the matter of stimulants?—It is not correct to say that. I have never heard of cases where they interfered at all.

4918. Let me direct your attention to Rule 4 on page 102.[1] You see there that it is provided that the medical officer appointed by the Parish Council has to intimate in writing to the inspector the description and extent of the relief which he may consider necessary for the proper treatment of any poor person; 'and on 'receipt of such intimation, the inspector, on his own 'responsibility, shall forthwith furnish or refuse the 'relief so intimated to be necessary, until he shall have 'brought the case before the Parish Council, and 'received their instructions regarding it.' I understand your experience is (and we have also been told this to-day) that the medical officer very often simply orders the medical comforts, or gives a line to the pauper which he takes to the chemist or druggist or other shopkeeper, and there is no intimation made to the inspector at all about the matter?—That is so. He knows nothing about it until he receives the account.

4919. This rule is not observed in your district?—In many parishes it is not observed.

4920. Why is that?—Because in many cases the medical officer does not reside near the inspector, and to ask a poor person to walk ten or fifteen miles with an order to the inspector to get it initialled, and then to go other ten miles to a store, would be out of the question.

4921. What do you suggest that we should do with this rule? It is no use having a rule if it is not to be observed?—There are exceptions to every rule.

4922. What exception are we to make to it? It is an exception that would apply to most parishes in your district?—Yes. The doctor goes to visit a patient ten miles away, and it is necessary that that patient should get extra relief. He has to send a message to the inspector of poor. It must be delivered. Now, if the doctor gives the order while he is there, the pauper may get the extra relief within an hour or so; whereas if he has to wait until the inspector gets a message, it will be a couple of days before he gets the extra relief.

4923. We must make some reservation in this rule if it is to be continued: we must make some reservation that it shall not apply in certain specified parishes or class of parishes?—Yes, that will require to be done.

4924. You have not directed your attention to that?—No, it never struck me. I knew that many inspectors did not see these orders.

4925. *By Dr Mackenzie.*—Have you found any harm resulting from that action of the doctors in not carrying out this rule?—No. I should fancy that it benefits the paupers. The doctors and the inspectors do not always reside in the same district.

4926. There would be no objection to the doctor intimating to the inspector what he had done after it was done?—No.

4927. That would inform the inspector sufficiently to let him carry out his part of the duty?—Yes.

4928. Without making it necessary that the pauper cannot get the extra relief before the inspector is informed. By this rule it is the inspector who is really responsible for seeing that the pauper gets what the doctor has ordered?—Yes.

4929. By the other way the doctor could order what was necessary for the pauper, and intimate that to the inspector, and he would know about it?—Yes. The rule is inoperative in many parishes, but of course it

[1] Board's Rules, etc., to Parochial Authorities.

should not be inoperative where there is a town, or where it is a small parish.

4930. *By the Chairman.*—Even if operative, it is difficult to see what is the need for it?—Unless to give the inspector power to supervise the medical officer's extra allowance.

4931. He may supervise it in other ways, because he may report to the Parish Council that the medical officer is extremely extravagant in the relief he is giving, and that he is over-stepping his duty?—The paupers in the meantime would have got the extra relief. I only know of those three cases where they tried in any way to interfere.

4932. We come now to the expediency of establishing dispensary districts, as in England and Ireland. What have you to say with regard to that?—I am not conversant with dispensary districts in England. In some of the wide parishes in the Highlands I am aware that the Parish Council have requested their medical officer to attend certain districts at stated intervals. This was supposed to be for the benefit of the paupers, but the medical officers consider this is really an interference with their private practice, as they found that the ratepayers made a practice of always waiting till the doctor was in the district before they called him in. In one parish the medical officer stays over-night in a stated district—some seventeen miles from his residence—twice a month. In other cases the medical officers have complained to the Board, and the Parish Council have modified their requests to a certain extent. At present some difficulty seems to be experienced in transmitting medicine to a pauper. The rule on the subject should, I think, be made more definite.

4933. What rule is that?—Rule 7, on page 103[1]:—'But when it is necessary to send a messenger expressly 'for that purpose, the medical officer may call upon the 'inspector, in writing, to provide such messenger; and 'the inspector, when so called upon, will be held 'responsible that the medicines and appliances are 'duly and punctually delivered.' With the long distances in the Highlands the inspector won't undertake it. One medical officer told me that he simply intended to hand over the medicine, and let the inspector send it whatever way he could. First of all, the rule says that the medical officer is bound to afford every *reasonable* facility for sending or conveying the medicine. But what is *reasonable?* It may differ in many parishes. Then the rule goes on to say that the inspector is to do it when called upon by the doctor. Who is to decide whether it is reasonable?

4934. It seems to me that the medical officer can get over it, because it rests with him to say whether it is necessary to send a messenger for the purpose. I suppose what you would suggest is that the amendment there should be that it ought to be more possible than it is now to get medicines?—Yes.

4935. And that there should be medicines available at certain stated centres in each parish or district?—Yes, that would be more convenient.

4936. Who would you have there to dispense?—Could the doctor not dispense when he was in that district? As a rule, doctors are generally in certain districts at stated times, and if they kept a small stock in these districts, I don't see why they should not dispense the medicines while there. The whole thing is the tremendous distances in some parishes that the medicines require to be sent. Take a case where a doctor visits a district seventeen miles from his residence. If he has not a supply of medicines in the rooms he occupies while there, it will be necessary to send seventeen miles for any medicines he may require; and if he goes back to his own residence for the medicines, he will have to transmit them seventeen miles Now, it is said that he is bound to afford every facility for sending medicine, but the only facility is the mail coach, once or twice a week. In the interval, is he entitled to call on the inspector to send the medicine? It all depends on the interpretation of that rule.

4937. This is a case where the medical officer, once a fortnight say, stays over-night in a stated district. You would suggest that in that district there ought to be a dispensary?—There ought to be a supply of medicines there.

4938. At any rate you think better provision should be made for the supply of medicines, both to paupers and to others?—Yes, but it is only the paupers we have to deal with. If it was there for the paupers, the ratepayers would get the benefit of it also.

4939. What have you to say as to subscriptions to nursing associations and the appointment of nurses for the outdoor sick poor?—I think that subscriptions to nursing associations should be continued. Inspectors have spoken very highly of district nurses. They find them a great benefit during sickness and also in the removal of cases to poorhouse. Some of the small island parishes, which have difficulty in getting and retaining the services of a medical officer owing to the small practice, might be allowed to have a resident nurse, with a doctor from a neighbouring island attending at stated intervals. The cost of the nurse in such a case might be allowed to rank against the medical relief grant. One parish in my district retains the services of a nurse at 1s. per day, with an allowance of 2s. extra when engaged; she pays her own travelling expenses and provides her own food. This woman is not a properly-trained nurse, but acted as attendant to an old invalid gentleman for many years. It is a serious matter, in many cases, providing a nurse, and she is only obtained at great cost.

4940. In the parish you refer to, which retains the services of a nurse at 1s. per day, is there any medical officer?—Yes, there is a medical officer in the parish.

4941. There are a good many nurses throughout your district, both jubilee nurses and nursing associations?—Yes.

4942. Your experience is that their services are of great benefit to the districts in which they stay?—Yes.

4943. You find that most of the Parish Councils contribute to their maintenance, and in return for that they get the services of these nurses for the paupers in the parish?—Many contribute, but not liberally.

4944. What is the general contribution?—I could not say exactly, but it ranges from £3 to £10 per annum.

4945. In connection with that, do you think it would be well to subscribe more if the nurses were put on the same footing as the trained sick nurses in the poorhouse, in this respect, that the grant were given for both?—They would probably increase their subscriptions by the amount that they would obtain from the medical grant.

4946. To the minimum which the Board might see fit to fix, if they fixed any minimum as necessary before they gave the grant to those outdoor nurses?—Yes.

4947. And otherwise?—One or two might increase it, but I am afraid they would not go beyond the minimum.

4948. Do you approve of this arrangement by which the services of a nurse are retained at 1s. a day and 2s. extra while engaged?—In this parish it seems to work well enough, but the nurse, unfortunately, is not a trained nurse; she has had no experience beyond attending the invalid gentleman to whom I have referred.

4949. Is this a lady who has settled up there?—Yes, she keeps house for her two brothers.

4950. She is a native?—Yes.

4951. Is there no jubilee or other trained nurse in the parish?—There is no trained nurse in the parish, so far as I am aware.

4952. This is a wholly exceptional case?—Yes, it is the only parish that pays a nurse a certain salary. She draws that 1s. a day all the year round, whether engaged or not, and while engaged she draws 3s. a day, being the 1s. with 2s. extra. One parish paid £1 a week for attendance on an old woman.

4953. A parish paid a nurse £1 a week to attend an old woman?—Yes, she was three weeks there, and she would not stay any longer, as the house was in a filthy condition, and the pauper would not have it cleaned. They engaged another woman with no experience at

[1] Board's Rules, etc., to Parochial Authorities.

all, and gave her 10s. a week, and they had to increase it to 12s.

4954. Was that a case that would have been better treated in the poorhouse?—Yes, but she absolutely refused to go.

4955. Suppose Parliament were to pass a bill empowering Parish Councils to remove compulsorily cases to the poorhouse, is this a case that would be included?—Yes, this is a case that should be in the poorhouse. The woman could not keep herself or her house clean.

4956. Are there many cases like that?—Inspectors tell me that there are a good many. This was brought under my notice both by the doctor and the inspector.

4957. Have you been informed or led to understand that if the conditions and arrangements which are to be found in poorhouses for the attendance on and care of the sick paupers were improved and reformed, the prejudice which at present exists against going to the poorhouse would in any sense be removed?—I don't know about the treatment in poorhouses.

4958. Take the poorhouses in the north, which are not up to the highest standard as regards trained sick nursing and medical and surgical appliances and other conditions for the comfort of the inmates, and suppose they were brought up to the standard of some poorhouse in the south, do you think that that would remove the prejudice at all, or to what do you attribute the prejudice, which I suppose you know exists, against going to the poorhouse?—It is the name of the poorhouse, and nothing more. There are cases that you cannot treat in many of their hovels.

4959. It is not that the poorhouses are not better than their homes; it is the sentiment of being inside a poorhouse?—Yes.

4960. That is the main factor in inducing these people to refuse to go to the poorhouse, although it would be to their interest to go?—Yes.

4961. Do you find this sentiment to be more prevalent in some parts of your district than in others?—It is very similar all over the district with the exception of some parishes in Shetland, where we manage to get them into the poorhouse without any difficulty. The reason given for it in Shetland is that the people in the town were in the habit of going to the poorhouse and reading to the old women and sending up little extras.

4962. Are you speaking of the Lerwick poorhouse?—Yes.

4963. You don't mean that the temperament of the Shetlander is different from that of the Highlander?—It is different.

4964. Does that lead the Shetlander to have less prejudice against going to the poorhouse?—I don't think so.

4965. He is naturally as much averse to the poorhouse as the Highlander?—Yes.

4966. *By Dr Mackenzie.*—You would attribute the popularity of that particular poorhouse to the attempt to make it comfortable for the old people?—Yes.

4967. *By the Chairman.*—It is made popular by its conditions and surroundings?—Yes.

4968. The sentiment you are alluding to is not an aversion to being pauperised in the sense that there is a prejudice in accepting outdoor relief?—No, they will accept as much outdoor relief and extra nursing as the parish care to give them.

4969. It is an objection to enter the house?—Yes.

4970. In fact it is a sentiment which discriminates between receipt of money and relief and the receipt of medical relief treatment inside the poorhouse?—Yes. Some of these old people do not come on the roll until they are seventy or eighty years of age, and the inspector has to visit them and attend to them, and the medical officer has also to go to them, while it is far better that they should be in the poorhouse.

4971. *By Dr Mackenzie.*—Suppose you have a case where an old woman has a few decent neighbours, it is quite a natural thing that she should wish to preserve that good company and good fellowship, even although she is half starving?—Yes. That is a case I would not remove.

4972. There are inspectors who will wish to remove every case because each is an equal bother to them?—If there was compulsory removal there would require to be an appeal to the Board. I would not leave it with the inspector and the medical officer.

4973. You mean that no one should be removed compulsorily to the poorhouse without the sanction of this Board?—Yes. I would not leave it with the inspector or the medical officer.

4974. You would not leave it with the Parish Council officials?—No.

4975. *By the Chairman.*—I suppose you know the circular issued in October 1895 to all Parish Councils?—Yes.

4976. It deals with the question of the relief of orphans and deserted children, the relief of adult poor, the administration of outdoor relief, the administration of indoor relief, and the relief of vagrant poor. Is it your opinion that these recommendations are carried out to the letter in the Highlands, or is the tendency rather to overlook them?—The tendency is to consider them carefully, and adopt those views; but there are one or two exceptions. I believe that the tendency is all in their favour.

4977. Do you think that the administration as regards the distinction between indoor and outdoor relief is guided by the principles which you find in this circular?—Yes, in most of the parishes.

4978. At the foot of page 4 you will find it stated—'It is now admitted on all hands that it is hurtful in 'practice (as tending to encourage imposture and im-'morality) to grant relief otherwise than in the poor-'house to the following classes:—Mothers of illegiti-'mate children, including widows with legitimate 'families who may fall into immoral habits; deserted 'wives; wives of persons sentenced to penal servitude 'or any considerable term of imprisonment; generally, 'all persons of idle, immoral, or dissipated habits.'[1] Is that provision carried out?—Not in every case. There are many receiving outdoor relief; in fact, I think there are more women receiving outdoor relief on account of illegitimate children than are receiving relief in poorhouses. I shall hand in a statement for my district. There are, however, more parishes now offering the poorhouse than in former years. (*Subsequently sent, vide* Appendix No. XXXVI.)

4979. You are aware that this recommendation has had a very good effect?—Yes. All the inspectors of any standing in the north admit that, and they carry out those principles.

4980. We come now to the question as to the supervision of boarded-out children. What have you to say to that?—The inspector of the parish of residence should have a general charge of all boarded-out children, and should receive a small fee from the parish of settlement. Some parishes object to pay the fee, and instruct their own inspector to visit the children. In many instances this will be more costly, and the general supervision will not be so adequate. The schoolmaster might also be asked for a short report on their attendance and progress during the session.

4981. Have you seen many of those boarded-out children in these parishes which you have been in?—No. I have seen one or two which a small parish has boarded out, but I have never seen boarded-out children from large parishes.

4982. Have any cases of ill-treatment or otherwise of those children been brought under your notice?—No.

4983. So far as you are aware, there is nothing to say, and no instance has been brought under your notice where any complaint has been made as to the usage of these children?—No. The inspectors know them all by head-mark, and would hear of any ill-treatment at once.

4984. You think they ought to be brought more thoroughly under the care of the inspector of the parish of residence?—He ought to be allowed to have some charge over them.

4985. The view always has been that these children should not be identified with pauperism, or with the officials who administer the Poor Law in the parish in

[1] Circular of Local Government Board, dated 30th Oct. 1895.

which they reside, and that they should be treated as ordinary boarded-out people?—Yes; but I don't think that this would interfere with them. The inspector receives a list from the inspector of the parish of settlement, but further than that list he is supposed to take no interest in the children. Now, many act up to that, while others take an interest in them, and recognise the children when they see them. Some, however, say, 'We have no duty with regard to these children, and 'we won't do anything.'

4986. So far as you are aware, the interests of the children have not suffered?—They have not suffered.

4987. Can you tell us of any case where they have suffered?—No.

4988. What have you to say as to the accommodation and arrangements for casual sick poor in each parish?—Accommodation for casual sick poor should be provided in every parish, unless a poorhouse is at hand. In many parishes the Parish Council have failed to find a suitable house, and the only way would be to build a house, but they do not care to do so out of one year's assessment. Suitable bed and bedding should be provided, and a woman placed in charge—at a small allowance—to attend to the firing, etc. In many cases, the services of a pauper might be requisitioned. One house in some of the large Highland parishes would not be sufficient, but, failing a house, the Parish Council might enter into an agreement with a ratepayer to provide a room if it was required. In many remote parishes, I have been informed that no occasion has ever arisen for using such a house.

4989. Are there many parishes where there is no casual sick house?—In my district 44 parishes have provided a casual sick house, and 124 have not. I take that from my annual return of 15th January 1902.

4990. Does that apply generally all over, or is there any particular part of your district that is better supplied with casual sick houses than others? Take the counties—are there some counties which suffer from the absence of casual sick houses?—Some counties have no casual sick houses at all. Only one or two parishes in Orkney and Shetland have any such houses. Of course there are many parishes which have a poorhouse close at hand, and there is therefore no necessity for them to have a casual sick house.

4991. Do you think that we should require that all parishes should have a casual sick house?—I consider it necessary in almost every parish. One or two cases in outlying parishes have cropped up where it was absolutely necessary to have one.

4992. Are there casual sick houses in the crofter parishes in Wester Ross and the Isles?—I will put in a table showing the number in each county in my district. In Sutherland they have houses; they have three or four rooms in which they house paupers, and one of those rooms is always kept vacant for cases of accident, but they have scarcely had occasion to use it. One never knows, however, when cases may break down, and a difficulty might arise as to getting accommodation. (*Hands in table, vide* App. XXXVII.)

4993. Do you think that they should be entitled to borrow money for this purpose?—The cost would not be great. The room they provide at present is not suitable. In the case of a dying person it would be a scandal to treat him in some of these rooms. Then there is another difficulty that crops up, if you furnish the room nicely—you may get a filthy patient in, and everything must be burned before you can treat another patient, and the expense would be very heavy. The result is that the Parish Council do not furnish it; they keep those places vacant, and what they put into the room depends on the class of patient that they get.

4994. *By Dr Mackenzie.*—If you made your inspector responsible, could he not see to its being kept properly?—It is at present under the inspector, but he does not go there unless he has a patient to put into it. Those women that are in the other 'end,' as they call it, might be able to keep it clean, but it is locked up and they cannot get into it.

4995. *By the Chairman.*—There is no caretaker?—No.

4996. When a person comes, the room has been unoccupied for some time?—Yes, it is always unoccupied. It is just a room, and they have to get furniture and to provide a caretaker when there is a patient.

4997. Do you think that borrowing powers should be given for that purpose?—Yes, they ought to have three or four rooms in the house, and they could always have one vacant; one room is sufficient.

4998. We shall be glad to hear what you have to say as to the accommodation and provision for the treatment of sick poor in parochial lodging-houses?—Parochial lodging-houses might be provided in some of the remote parishes where the sick and infirm poor might be treated. This would only be required when the distance to the poorhouse is great. A serious responsibility attaches to a medical officer and inspector in sending infirm and sick paupers, say, forty or sixty miles by mail coach to the nearest station and thence by rail to the poorhouse. Many Parish Councils pay a large sum annually for repair of paupers' houses;—this charge would go a long way in repaying the loan required to build a parochial lodging-house. Old people living by themselves might be removed, and where several were together the charge for attendance would be little. Some parishes possess such houses, and they find them a saving;—each pauper is allowed a room and may go out and in as he or she chooses. The nurse only attends when required; she is not trained, but keeps the old people clean and attends to them.

4999. In what parishes have you got these parochial lodging-houses?—They are scattered over the various parishes in the Highlands. One parish has a row of houses with fourteen single rooms, a splendid house with wooden floors, and there old men and women are housed. They could not get houses in the parish in which to accommodate the paupers, and they were forced to build. There is one woman who takes charge of the lot practically, and attends in the case of sickness. They are allowed to do as they like.

5000. There is no discipline?—No.

5001. Practically they are outdoor paupers housed by the Parish Council?—Yes, and it works remarkably well. If they had not that house the Parish Council might have to pay £40 or £50 for rent.

5002. *By Dr Mackenzie.*—Have you traced any bad effect arising from that system?—No, it has benefited the parish to a great extent.

5003. It concentrates your outdoor paupers in such a way that you and the inspector can easily manage them?—Yes. The poorhouse would only be necessary then for the test cases. The Parish Council provide the bed and bedding, and everything. The paupers do their own washing just as if they were in their own houses. There is no supervision. The inspector pays his two statutory visits to them, and also visits them when he is passing. He pays them their outdoor aliment, and they can use it as they like. The woman I referred to as taking charge gets her room rent free and a few shillings a month.

5004. *By the Chairman.*—How long has this been in operation?—It was in operation in the days of the old Parochial Board. They could not get houses into which to put their paupers.

5005. Where did these paupers come from?—I suppose they had to give up their crofts, and that sort of thing, or perhaps they might be farm labourers who had been turned out when they were of no more use.

5006. *By Dr Mackenzie.*—Has that had the effect of increasing the pauperism in that parish?—No, the pauperism is not high in that parish.

5007. In fact you can trace no bad effect?—No. Of course, they are all old people.

5008. *By the Chairman.*—That is a development of the system which the Board has recognised from 1845 onwards, that they are entitled to repair a pauper's house. These are cases where the paupers' houses have been beyond repair and where they have built fresh ones?—I understand it was because they could not get houses at all.

5009. They must have been living somewhere?—

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They were turned out when they were no more use. The repair of paupers' houses is a very serious item.

5010. *By Dr Mackenzie.*—By this method you are bringing a number of outdoor paupers together and making the supervision easier; medicines and attention can be more easily given?—That is so.

5011. *By the Chairman.*—We come to the next question, which is, the expediency of obtaining compulsory powers of removal to a poorhouse or general hospital or other lodging when a sick pauper has no relatives to look after him or her, or when the case is obviously one for poorhouse or hospital treatment. What is your answer to that question?—I am in favour of compulsory powers of removal. Many inspectors have great difficulty in finding anyone to attend to the old men and women who refuse to go to the poorhouse. In some cases only a woman is required to clean the house and carry water, etc. (even this is only obtained at great cost); in other cases a nurse with a little experience is required, and then it must be recollected that there is no accommodation for a nurse. In one case to which I have already referred, the inspector paid £1 weekly to a nurse to attend a woman, who was supposed to be bed-ridden, but whom the doctor certified fit for removal. She absolutely refused to leave the house; her neighbours would not attend to her at any price.

5012. These are the cases you have been telling us about?—Yes. There was another case where the inspector of poor could get no one to attend to a poor woman. She was unable at that time to be removed, and the inspector's wife went and nursed her for a week. The inspector was a schoolmaster, and he sat up with the old woman every night till she died. That woman, when she was able to go to the poorhouse, would not go.

5013. Was there a poorhouse near at hand?—Yes. She had a filthy tongue, and the neighbours would not go near her.

5014. I suppose that is not an isolated case?—No; there are many other cases which could be brought up. In the case I have referred to, where £1 a week was paid for a nurse to attend a woman, that woman is still being attended to, and the attendant has been getting 12s. for a year now.

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5015. On what is her objection to go to the poorhouse founded?—Sentiment. The doctor told me lately that he is quite prepared to certify her as fit for removal to the poorhouse.

5016. Not only in the interest of the ratepayers, but in her own interest?—It is in the interest of public health, as the house gets into a filthy condition.

5017. What is your opinion as to the expediency of sending selected cases to seaside or other infirmaries or convalescent homes, and the cost of providing therefor?—Consumptive and cancer cases might be so treated. Parish Councils might combine to erect suitable accommodation, and the compulsory powers might be extended to such cases.

5018. That would be a new departure altogether—that is carrying the proposals a good deal further than has been suggested up till now?—Yes, much further, but there are probably no homes in some parts to which you can send them unless you remove them a very great distance away from their own parishes.

5019. You are speaking of consumptive and cancer cases?—Yes.

5020. Have you found many cases of phthisis in your district?—No, but I am afraid that the figures supplied to me by the inspectors are wrong, and the only way would be to get them from the medical officers.

5021. You mean that there are more cases of phthisis than the inspectors are aware of?—Yes.

5022. These are cases you propose to deal with by sending them away?—Yes, if they were removed at first it might cost the parish a fairly large sum, but then the cases might be cured, and they would be able to support themselves, and thus be a benefit to the parish afterwards. I tried to get the inspectors to give me a return of all the cases suffering from phthisis, but I saw that they were working on different lines, and I had to give it up. The only way would be to get the doctors to do it. I was very much struck by the small number of cases quoted by the inspectors. There must be an enormous number of cases, especially on the west coast and in Shetland, and I believe that there are also a great many cases among the fisher class.

The Committee adjourned.

THIRTEENTH DAY.

SATURDAY, 31st JANUARY 1903.

At the Local Government Board Offices, Edinburgh.

Present:

Mr J. Patten MacDougall, *Chairman.*
Dr W. Leslie Mackenzie.
Mr R. B. Barclay.

Mr J. Jeffrey, *Secretary.*

Mr A. B. Millar, recalled and examined.

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5023. *By the Chairman.*—We shall be glad to have your views as to the tenure of office of medical officers as affecting the efficiency of the Poor Law medical relief system?—At one time I was inclined to be greatly in favour of fixity of tenure, but I am not sure that the number of complaints received justifies this. There have been few cases in which Parish Councils have dismissed their medical officers without sufficient cause for so doing. There can be no doubt, however, that fixity of tenure would be beneficial to the medical

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officer in the performance of his duty. In some parishes where the councillors are related in some way or other to those on the roll, it has been represented to me, although I have not been able to substantiate the statements, that any trifling offence or supposed failure on the part of the medical officer to attend may be greatly exaggerated, and the Parish Council may support their members, with the result that things are made uncomfortable for the medical officer. It has been stated to me that if the medical officer endeavours to press a patient for payment of his account, a trumpery case is raised against him and brought under the notice of the Parish Council. The average sum expended on medical relief to the poor over the whole country is given in the Board's Report for last year as 11s. 2d. per head, while in four contiguous parishes in the North the medical officer is paid at the rate in the first case of nearly £3 per pauper, with an allowance for medicines, and in addition has a free house; in the second at £1, 15s. per pauper, with an allowance for medicines and also a free house; in the third at £1, 6s. per pauper, and an allowance for medicines; and in the fourth at 14s. per pauper, an allowance for medicines and a free house. It seems to me that the salaries should be more equally allocated before fixity of tenure is granted. I should be inclined to suggest that Parish Councils should be entitled to provide houses for their medical officers, with sufficient land for grazing a horse. In many parishes a house is not available, and in others a suitable house is not to be had. I have no doubt this is one cause of medical officers frequently leaving a certain parish. Some parishes have provided houses, but charge a rent, and bind the medical officer to occupy the house and keep it in repair as well as pay the taxes. The Board should have power to approve the plans, etc. I have seen a house provided for a doctor which was not fit for a labouring man, and over which the Parish Council had obtained a heavy bond. The house when exposed for sale would not bring sufficient to pay off the bond. One thing that has struck me in the event of the medical officers being granted fixity of tenure is that the ratepayers in the parish would have no guarantee that the doctor would attend ordinary cases when called on,—he might take up the position that he was only appointed as medical officer for the paupers. He could also fix a scale which would be prohibitive to the poorer ratepayers, who would be unable through poverty to obtain the services of the doctor from a neighbouring parish. Such unprofessional conduct could, of course, be brought under the notice of the Medical Council. I do not, for one moment, suggest that such a position would be taken, but only draw attention to the point.

5024. These are the views which you have been led to form from your experience in the Highland parishes?—Yes, and from conversation with the medical officers.

5025. That leads you to think that the medical officers should have an appeal to this Board against dismissal?—Yes.

5026. You say that you were at one time greatly in favour of fixity of tenure, but you have altered your views, and are not so strong on that now, because the complaints are not so numerous as they are represented to be?—Yes, and because many medical officers are not in favour of it themselves.

5027. How many complaints have you had brought under your notice?—Two.

5028. That is in your experience of nearly three years?—Yes.

5029. Did you find these cases to be well supported?—No. The doctors could not state any specific case; they merely said that they had been interfered with by their Parish Council.

5030. It did not amount to anything more than mere friction?—That is so.

5031. You say that sometimes—apparently owing to the fact that the medical officer gets a salary which is considerably larger than would be justified by the amount of pauperism in the parish—there is difficulty in getting him to attend to those who are other than paupers, and who require medical advice?—I would not say that there is difficulty, but the practice is so small.

5032. That they decline to be put to any trouble?—Yes. They will tell you themselves that they do not wish the private practice. I desire to put in a circular to private patients which has been issued in a parish in the north by the medical officer, who handed it to me. This indicates the position that some medical officers take up in regard to private patients. (*Hands in circular, vide* Appendix XXXVIII.)

5033. These are cases where the medical officer is paid by the Parish Council a salary over the average in Scotland?—Yes, they are very poor parishes, and the salaries are high. I would be inclined to make the salaries more equal. The parishes I have quoted are all adjoining.

5034. You are aware that the practice of the Local Government Board is not to give the grant for more than they consider a sum proportionate in some degree to the number of paupers?—Yes.

5035. How do you propose to limit Parish Councils in the salaries they are to give to their medical officers?—It is not an easy matter to find out how it is to be done.

5036. You don't suggest that the Board can do so now?—If there were new rules for the grant, then the Board could fix the scale.

5037. That would only regulate the distribution of the grant; it would not prevent any Parish Council giving a salary over and above?—No.

5038. *By Mr Barclay.*—Is there any parish in your district that would give a higher salary to the medical officer than what they are to participate on?—I don't think so.

5039. *By Dr Mackenzie.*—In equalising the salaries would you level them up or level them down?—Some are very high, and others are very low, although the parishes are practically similar.

5040. And the amount of private practice is very much the same also?—Yes. It struck me that in the case of those four parishes, which are all contiguous, there was something wrong in fixing the salaries, which vary from £3 per head to 14s.

5041. *By Mr Barclay.*—In estimating the amount per head, did you take the resident poor?—I took the poor on the roll.

5042. A number of them might be away in other parishes?—Yes; it might work out very much higher.

5043. It would be a fairer calculation if you had taken the number of poor resident in each parish?—Yes. I don't have these figures with me.

5044. *By the Chairman.*—I suppose if these salaries were reduced, or if this Board were to say, 'We won't 'give you a grant for more than a certain portion of 'this,' the difficulty would be to get medical officers at all for these parishes?—It is the high salary, of course, that takes them there.

5045. And if it was reduced, the difficulty would be to get people to fill these positions at all?—To a certain extent there would be difficulty.

5046. *By Dr Mackenzie.*—Does the amount of private practice that is available actually make much difference to the salary?—In some parishes it does not make much difference. One medical officer told me that his private practice brought in about £18, but there are others who have private practices bringing in between £150 and £200.

5047. Are you speaking of any of those four parishes?—In one of these parishes the private practice brings in £18.

5048. Is that the parish that gives the highest salary?—No, I don't think that that doctor has the highest salary from the Parish Council. The population is very scattered, and the people are very poor.

5049. *By the Chairman.*—Is he one of those who takes up the position that he is only appointed medical officer for the paupers, and declines to visit any others?—Yes, he is one of them.

5050. Then that may be why his income is so small?—I have no doubt it has some effect. The clerk of one of the Parish Councils in the North told me that the salary guaranteed by the proprietor to the doctor in a

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certain parish was £200; the salary paid by the Parish Council was £75, and then 2s. 6d. per head was levied on the crofters, the proprietor paying £10 to make the salary up to the £200. If, however, they get the levies well in, the proprietor will have nothing to pay—he may even be in pocket. Some doctors are in favour of the club system, while others are against it. One doctor told me that if it was not for the club system he would not get one penny.

5051. Is the club system carried on very largely?—I think it is carried on in six or eight parishes only.

5052. Is the doctor bound to attend at fixed times?—No, he attends just when called on. They pay whatever sum is fixed; in one parish it is 2s. 6d. for a man and wife, 1s. 6d. for a son over seventeen and 1s. 6d. for a daughter over twenty-one, and it works out about 5s. per family.

5053. I suppose the club system simply comes to this, that there is a voluntary assessment among those who are not paupers in the parish, and in respect of that assessment the medical officer is given a certain sum per annum in addition to his salary, and for that he attends to those who are members of the club?—Yes. If anyone refuses to join the club the doctor will call on him when required, but he charges a much higher fee.

5054. Do you find that system obtaining in some of the poorer parishes?—Yes.

5055. Is it in those poorer parishes where you find it most?—Yes. There are clubs in Skye, Inverness-shire, Sutherlandshire, Orkney and Caithness.

5056. Are you aware what amount is contributed by the clubs in these cases?—No, I cannot tell the amount. The inspectors don't know themselves, but it runs to about 5s. per family.

5057. As far as you know it works well?—Yes. I think there should be a slight distinction between the Highlands and the rest of Scotland, because the whole district is so very poor.

5058. *By Dr Mackenzie.*—Taking the total emoluments that a medical officer can get, including his salary, does it not come to this, that you cannot get a medical man unless you make it possible for him to receive that amount of money?—That is so. There is difficulty as it is in many parishes, especially in Orkney.

5059. Looking at it from the standpoint of supply and demand, you cannot say that it is an excessive salary?—No. There is one island in Orkney where they pay £20 per pauper, and they could not get a man last year.

5060. *By the Chairman.*—There is one island where they have a jubilee nurse and no doctor at all. That island is separated from the mainland by a very stormy sound?—I would be quite inclined to support that, having a nurse on the island and a doctor on a neighbouring island who could attend on stated days or when required. A wire could be sent to him, and you will always get someone ready to take the doctor across, no matter how bad the weather is. In a small island with a population of 400 or 500 there is not enough work for a doctor.

5061. The island of which I am speaking is North Ronaldshay. I think two years ago there was no medical attendance of any kind. The clergyman set to work to get a nurse, and they got one?—They had two nurses in the month of August when there was an epidemic. The doctor goes across from Sanday, but in the old days it was the doctor from Kirkwall who attended.

5062. The same thing obtains in the Fair Isle, which is part of the parish of Dunrossness?—Yes.

5063. If they want a doctor they get one from Kirkwall?—I don't know where they get their doctor from. I recollect that many years ago the Board suggested that there should be a nurse on Fair Isle and North Ronaldshay. Then there is Papa Westray, where there is no practice or house for a doctor.

5064. You are of opinion that if the medical grant were given not only towards the salary of the medical officer, but also towards such salaries as would secure the services of nurses, that might be the way in which the wants of these remote parishes might be met?—Yes, it would be better than nothing; it would be better than advertising continually and getting no doctor. Of course they would prefer to have a doctor if possible.

5065. You say that there can be no doubt that fixity of tenure would be beneficial to the medical officer in the execution of his duty. What do you mean by fixity of tenure there?—I mean the right of appeal to this Board.

5066. You do not mean an *ad vitam aut culpam* tenure?—No.

5067. You mean that he should have an appeal to this Board in the event of the Parish Council dismissing him?—Yes.

5068. Just as is done under the Public Health Act?—Yes. One medical officer in the North told me that what they want is to be put in the same position as the parish minister, to have a house and a large garden, a month's leave in the summer time, and a *locum tenens* provided for them.

5069. You don't put it so high as that?—No, I am only repeating what one of the doctors in the North says.

5070. You say that in your view Parish Councils should be entitled to provide houses for their medical officers with sufficient land for grazing a horse?—Yes, that would be a great benefit.

5071. It will induce a doctor to come?—Yes, and to settle for some time.

5072. You are led to say that because there is great difficulty in finding proper house accommodation?—Yes; in some parishes there is no accommodation to be had. There is one doctor in the North who has not a large practice and whose salary is not extravagantly high; the only thing he objects to is having to pay a rent for his house, which belongs to the Parish Council. He said that if they charged no rent he would not grumble at all. There are many places where the Parish Councils have got houses in some way or other, and where they charge a pretty heavy rent, and make the doctors keep them up.

5073. That is somewhat different from a case where there is no house at all?—That is what causes the doctors in many parishes to leave. In the Orkneys some of the doctors have no house; they have to stay in lodgings; they are not comfortable; and they go off.

5074. You think that a Parish Council should have power to borrow for the erection of a house suitable for their medical officer, and also that the plans should be approved by this Board before they go on with the building of the house?—Yes.

5075. Just as in the case of poorhouse and other buildings?—Yes.

5076. We come now to the question as to cases of tramps, not paupers, found lying ill at a roadside. You say you have had no experience of this?—I have had no experience of this, but I am aware of medical officers being called on to attend at the roadside cases of women about to be confined. In such cases I consider the medical officer is entitled to a fee. I do not consider this should be looked on as part of his official duty.

5077. Have you had any cases of women being confined at the roadside?—No. Those were cases brought under the notice of the Board of Supervision by correspondence.

5078. Those, I suppose, are cases for which you think that provision should be made by having a casual sick house in each parish?—Yes, it would be met by that to a certain extent.

5079. *By Mr Barclay.*—Would you not approve of medical officers having a fee in all midwifery cases?—So far as I can make out, there are very few midwifery cases among the paupers in the North. The bulk of the people on the roll are old people.

5080. *By the Chairman.*—We come now to the grant in aid of medical relief. You are of opinion that the minimum should be abolished, and that no new minimum should be fixed?—Yes.

5081. Do you think that a maximum should be

fixed?—A maximum might be fixed by allowing a certain sum for medicine for each pauper on the roll. I am informed that accounts for medicines are largely on the increase.

5082. Do you not think that if the minimum were abolished it might lead to this, that the salaries might be reduced?—They cannot reduce the salaries without the approval of this Board.

5083. Would there not be a tendency to do that?—Speaking for the northern district, I would say that the minimum is practically a farce, because the salaries are all three, four or five times higher than the minimum. Any alteration, of course, requires the approval of this Board.

5084. You say that a maximum might be fixed by allowing a certain sum for medicine for each pauper on the roll. Is that to prevent too much being spent on medicines?—No, I don't think that that would be the result.

5085. *By Mr Barclay.*—You say that too much is spent on medicines just now?—The inspectors say that; they tell me that the accounts for medicine are largely on the increase.

5086. *By the Chairman.*—That is where the medicines are not covered by the salary?—Yes, where they are ordered and provided by a chemist. As I said yesterday, some parishes charge a great deal more for medicines for paupers of other parishes than they do for their own.

5087. There is one scale for the parish itself, and there is another scale chargeable against those parishes which have paupers resident in it?—Yes. The one rate is 1s. 6d. per prescription, and the other is 2s. or 2s. 6d.

5088. Does that practice obtain largely?—I think in almost every county. One inspector drew my notice to a case where the account for medicine for one pauper resident in another parish exceeded the amount of the account for medicine for all the resident paupers on the roll, and it was as much as the doctor in that parish was allowed for medicine in the year for his own poor. There is one parish in the Highland district where the chemist is paid 1s. 6d. per pauper and dependant for the half year. He does not render any account to the Parish Council; they just say 'twenty-five paupers and so many dependants at '1s. 6d. for the half year,' and he considers that it pays him perfectly well. Of course he was under contract with the Parish Council for many years before, and the matter was simplified by giving him 3s. per head per year.

5089. What does he get for medicine supplied to paupers of other parishes?—There is a detailed account in these cases.

5090. 3s. per head does not cover that?—No. I suppose he will charge the usual rates in his detailed account. It is only where the doctors themselves dispense the medicines that they seem to charge higher for the poor of other parishes.

5091. You propose to remedy that state of matters by fixing a maximum for medicine for each pauper on the roll?—Yes, I think it could be got at in that way.

5092. *By Dr Mackenzie.*—Including all the paupers resident in the parish?—Yes. It would apply to the poor chargeable to other parishes as well. Many inspectors complain about the trouble in rendering inter-parochial accounts for medicines every six months. They have to go through all the chemists' accounts and pick out the various parishes.

5093. *By the Chairman.*—Have you considered what the maximum should be?—No.

5094. Have you considered how it would be arrived at?—It would work out practically the same in the different districts.

5095. How would you define medicines for this purpose? Would you include nutritious diet and stimulants?—No, I would not be inclined to allow these to rank against the grant.

5096. Would you accept the definition which now obtains?—Practically.

5097. Would you approve of Rule 5 on page 249[1] as it now stands: 'Payments for nutritious diet, cordials, 'clothing, lodging, sick-bed attendance, are also not 'admissible as medical relief expenditure,' and would you exclude these from the definition of medicine for this purpose?—Yes.

5098. Don't you think that the result of that might be that these doctors and others who administer relief in this way would be inclined to order nutritious diet and clothing and so on, and to be paid for these outside in addition to the medicines?—You mean the medical officer being paid for it?

5099. Yes?—I don't think that would be the case, because in the Highland parishes where the doctor dispenses the medicines they don't keep such articles as would be included in nutritious diet; they don't keep bovril and all these things, and he cannot buy them in the parish.

5100. *By Dr Mackenzie.*—Do you propose to exclude stimulants from medicines?—Yes.

5101. *By the Chairman.*—You think that the basis of distribution should be according to vouched expenditure; the relative needs of parishes might be taken into account in fixing the salary?—Yes.

5102. In answer to the question as to whether the average of a number of years' expenditure, say five, might be taken, and the grant thereon fixed for a like period, you say that you think that that would be a more convenient way of arriving at what the vouched expenditure would be?—Yes, and the inspectors would prefer that themselves; it would simplify the preparation of their budget.

5103. *By Mr Barclay.*—Will the condition of things in your parishes change very much in five years?—I don't think so. There has been practically no alteration since my appointment.

5104. *By the Chairman.*—Have you considered whether the grant should be extended to outdoor nurses?—Yes; I would have it extended to nursing.

5105. Have you considered how you would distribute it, so much for indoor and so much for outdoor; —have you considered how much you would give relatively?—It would depend on the amount of services required by the parish.

5106. Does your experience lead you to think that a proportion of say one-fourth to indoor and three-fourths to outdoor might be the right thing, or half and half, or what?—I have not considered what would be a fair proportion to give, but I think it ought to be given, and that nursing should be encouraged.

5107. It has been suggested to us that a new basis of distribution should be taken, and that we should distribute according to pauperism and area. Have you considered that?—No.

5108. You would be of opinion that vouched expenditure should remain the basis?—Yes.

5109. I may further say that, carrying out the footing of pauperism and area, it has been suggested that each parish should have a lump sum to be fixed by the Board, and should only get that upon its being able to satisfy the Board that the medical relief had been efficient, and probably medical relief might be divided under so many different heads, and the Parish Council would have to satisfy the Board that it had been efficient in each of these heads before it got the proportion of the grant effeiring to each head?—How are they to satisfy the Board.

5110. *By Dr Mackenzie*—Do you think it possible, by any system of inspection, to satisfy yourself as to the efficiency?—Who is to do the inspection?

5111. *By the Chairman.*—If that were decided upon, then provision would have to be made for the inspection somehow or other?—It would mean that the General Superintendents of the Board would manage only one or two counties in the Highland district.

5112. Your view would be that the inspection required would be such as to necessitate a large increase in the staff of the Board, if it is to be done by the Board?—Yes.

5113. It would be very costly?—Yes, it would be costly. The Deputy Commissioners in Lunacy go round the lunatics, and that takes nearly the whole year. If

[1] Board's Rules, etc., to Parochial Authorities.

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you are to go round all the paupers, it will take much longer.

5114. You think that some sort of system would have to be inaugurated, similar to what is carried out by the Commissioners in Lunacy, to visit every pauper that is boarded out?—Yes, I believe it would be a very good thing for the parishes, and for the paupers as well, that an official of the Board should visit them. I visit two or three here and there, but if I was to visit all the paupers in a parish I would have to live three or four weeks in some of the parishes. I should like to say that the medical officer's register, as at present in use, is very unsatisfactory. No entries are made in it sometimes for months, and they don't fill it in properly at all.

5115. *By Mr Barclay.*—Do you think that that register should be done away with?—Yes, it is of no value at all. I have seen it in the medical officers' houses, and it is of no use at all.

5116. *By Dr Mackenzie.*—It is meant to be a register of their visits?—Yes, and their prescriptions, but they do not fill it up. You see a day here and there, and you ask if these are all the visits that have been made. The doctor says that he has not put down all his visits, as it would serve no good purpose, because the Parish Council would not look at it.

5117. What would you substitute for it?—If regular returns are to be made, then that is going back to the olden days. I have had no experience of that system.

5118. You mean returns to the Board?—To the Parish Council and then to the Board. I was under the impression that that was what was done in the olden days.

5119. *By Mr Barclay.*—It is not the case, however?—I was under that impression.

5120. *By the Chairman.*—The difficulty you put is emphasised when one considers that the total number of lunatic paupers boarded out in 1902 was only 2600, whereas the total number of outdoor paupers of all classes was something over 76,000?—Yes.

5121. *By Dr Mackenzie.*—How many inspectors do the Lunacy Board require?—There are two deputies, and then the Commissioner goes round occasionally. I understand the lunatics boarded out are divided between the two deputies.

5122. On the same scale you would require about thirty times that staff?—Yes.

5123. *By the Chairman.*—Do you think that any restrictions should be placed upon the amount which the Parish Council may subscribe to a hospital and claim against the grant?—Certain restrictions should be placed on the amount subscribed to hospitals. Parish Councils should be required to show what benefit they have received from the hospital, and if no benefit has accrued to the parish, the subscription should not be allowed, as a whole, to rank against the grant.

5124. I suppose you would not carry it further than this, that all subscriptions should be referable to a certain scale; they should not be disproportionate?—That is so.

5125. What other restrictions could you suggest? Of course it is impossible to say that a Parish Council should have, for instance, the same number of paupers receiving the same benefits, so to speak, from one hospital each year. Would you take an average of years?—Yes.

5126. From that average of years you would arrive at the sum which might rank against the grant?—Yes.

5127. At present you think it is worked rather indiscriminately and unfairly?—In many cases they give subscriptions, and they never send any paupers to the hospital.

5128. Are there parishes of that kind in the North?—Yes. It is more to support the local hospital that a subscription is given. They may on some occasion benefit by it, by sending a pauper there.

5129. *By Dr Mackenzie.*—Should it not be looked at as a sort of insurance for the future?—That is so.

5130. You don't suggest that they would not send paupers there if it was in the interests of the paupers that they should be sent?—No.

5131. You think at present it is more with a view to supporting the local hospital than with a view to looking after the interests of the paupers that the subscription is given?—Yes.

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5132. You accordingly think that any subscription approved by the Board should be supported by the fact that certain benefits have been derived from the subscription during the previous period of years?—Yes. The Board, if they are to give a share of the grant, ought to have some control over these subscriptions.

5133. You are of opinion that the rule respecting reciprocal obligations between participating parishes in regard to medical attendance should be continued, and should be extended to medicines?—Yes. I think that some scale might be devised for each prescription.

5134. You don't think that such extension to medicines would have a prejudicial effect as regards settlement questions? At present, when medicines are given by way of relief, a claim is made at once and intimated to the parish whose pauper is receiving such relief. If medicines are to be included in the reciprocal obligation, the necessity which exists for such intimation ceases, and the result may be prejudicial to the parish, because settlement may be got there, whereas, under present circumstances, it would not?—I think the inspectors would look after themselves.

5135. You don't think that is an objection of any weight against including medicines in the reciprocal obligation?—No.

5136. Do you know of any parishes where medicines are now included in the reciprocal obligation?—No.

5137. I would refer you to Rule 14 on page 104,[1] which states, 'In every parish that participates in the 'grant, lists of all aged and infirm persons in the 'receipt of outdoor parochial relief, and residing 'within the parish or district of each medical officer, 'shall be prepared every six months, and a copy furnished 'by the inspector to the medical officer, who is bound to 'attend all such poor persons on their producing to him 'a ticket furnished to them by the Parish Council.' Is that rule observed?—No.

5138. Nowhere?—In one or two parishes where the medical officer asks for a list, but in other parishes it is not done. In a great many parishes there are no tickets, and have not been any for years.

5139. When the medical officer's attendance is required, what happens?—If there is a printed list, he will get that. He may get the list once a year.

5140. Is there a printed list of paupers now?—Yes, in most parishes. There are a few parishes that do not print lists of paupers. When I went North I was quite astonished to find that there are no pay tickets except in a very few parishes.

5141. *By Mr Barclay.*—You suggest that there should be pay tickets with the name of the medical officer on the back, and that he should attend on presentation of that ticket?—I am not inclined to be in favour of tickets, as they get into such a filthy condition and are apt to spread disease. I have seen them so filthy that I would not touch them.

5142. *By Dr Mackenzie.*—Has any pauper, as a matter of fact, been passed over for the want of a ticket?—No, I never heard of any such case. As I have said, I have seen the tickets, and I am not in favour of them at all. Of course, if they were put in a strong envelope, that might help them.

5143. The medical officer must have some information of an official kind as to who is a pauper and who is not?—Yes, but this rule is not adhered to every six months. He may get a list once in two years. Of course the doctor knows the deaths, but he may not know all the paupers who are struck off. As a rule, the doctors know all the paupers in the parish.

5144. *By the Chairman.*—The lists are prepared from year to year, and the doctor gets a copy?—Yes.

5145. *By Mr Barclay.*—A person might cease to be a pauper, and still get medical attendance?—I put that to one of the medical officers, and he said that they knew quite well who were the paupers in the parish.

5146. *By the Chairman.*—The list we have been

[1] Board's Rules, etc., to Parochial Authorities.

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speaking about is a list containing the names of all the paupers in the parish, both outdoor and indoor?—Yes.

5147. Is there a separate list made up, in accordance with Rule 14,[1] of all aged and infirm persons in receipt of outdoor relief?—No.

5148. Of course the list of all paupers chargeable to the parish is one thing, and the list of those receiving outdoor relief is another thing. It is impossible for the doctor to say from the list which is which?—Those who do not get outdoor relief are in the poorhouse.

5149. There are columns that tell you which are in receipt of outdoor relief and which are in receipt of indoor relief?—Yes.

5150. *By Dr Mackenzie.*—What is the objection to the preparation of the list every six months? Is it too laborious?—No. It is just this—that the inspectors have omitted to do it.

5151. *By the Chairman.*—In fact, that rule is obsolete?—Yes.

5152. Is there any reason why there should be a special regulation for the Highlands, different from what obtains all over the rest of Scotland? Suppose the Board were of opinion that this rule should be altered, and provision should be made that paupers receive in all cases tickets which would entitle them to go to the medical officer and get attendance, is there any reason why that rule should not also obtain in the Highlands?—There is no reason at all. Although I am against the tickets, I think they are a check on the inspectors of poor. The paupers' allowances are entered on these tickets. I know of one case where the inspector was paying less than the paupers were entitled to. There were no pay tickets there. If there had been pay tickets, then the paupers would have seen that they were entitled to 6s. a month, whereas they were only getting 4s.

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5153. Are the pay tickets and these tickets the same thing?—Yes.

5154. The pay ticket contains the pauper's name, the amount of relief that he gets, and also the name of the doctor to whom he may go?—Yes.

5155. Are there any other contents?—There are columns with the dates on which the allowances fall due, and the amounts paid on these dates, filled in by the inspector. Some other kind of ticket might be found than the cardboard ticket, which I have referred to as being in such a filthy state.

5156. *By Dr Mackenzie.*—It would be an advantage as a check on the inspector?—Yes.

5157. *By Mr Barclay.*—What you object to is not the fault of the tickets, but the fault of those who possess them?—Yes.

5158. *By the Chairman.*—Do you think that the pay tickets are not required in the Highlands?—I would prefer to see them introduced. What I object to is the filthy state that they get into.

The Committee adjourned.

FOURTEENTH DAY.

TUESDAY, 3RD FEBRUARY 1903.

At the Local Government Board Offices, Edinburgh.

Present:

Mr J. Patten MacDougall, *Chairman.*
Dr W. Leslie Mackenzie.
Mr R. B. Barclay.

Mr J. Jeffrey, *Secretary.*

Mr Alexander Ross, called and examined.

A. Ross. *b. 1903.*

5159. *By the Chairman.*—You are Chairman of the Parish Council of Lochbroom?—Yes.

5160. Prior to becoming a parish councillor, I think you were inspector of poor?—Yes, I was inspector of poor in Lochbroom Parish.

5161. Had you any experience of Poor Law administration before you became inspector at Lochbroom?—No.

5162. Over what period has your experience lasted? I went to Lochbroom in 1870, and I continued to be inspector of poor there until 1884. Since that time I have been in my present position of local factor for the Countess of Cromarty.

5163. You have been a parish councillor since the first Parish Council election?—No, I was not a member of the Parish Council for the first period, but I have been one since.

5164. Were you a member of the Parochial Board before Parish Councils came into existence?—Yes. I happened not to be returned for the first period of the Parish Council.

5165. You were a member of the Parochial Board from 1885, when you ceased to be inspector of poor and became factor for Lady Cromarty, you continued to be a member until 1895, and then you became a parish councillor at the second Parish Council election in 1897?—Yes.

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5166. You are now Chairman of the Parish Council?—Yes.

5167. I believe the Parish of Lochbroom contains something like 260,000 acres and has a population of about 3200?—Yes.

5168. Your pauperism, taking it roughly, is something like 200?—Yes.

5169. From our last report it appears that out of these 200 only four are receiving indoor relief?—That is quite possible.

5170. There are very few indeed who are in receipt of indoor relief?—Yes.

5171. All your paupers, with one or two exceptions, are outdoor paupers?—That is so.

5172. What is the general character of your pauperism? Is it old and infirm and sick?—Yes, the bulk of them are old. There are a few young widows who, with their families, fall on the parish.

5173. I suppose the population is a fishing population as a whole?—Yes, to a large extent it is, but now there is more labouring going on than there used to be, young people spreading away to other parts of the country in search of manual work.

[1] Board's Rules, etc., to Parochial Authorities.

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5174. Is there no manual work to be got in the parish itself?—Not very much. There is not enough to employ the whole people.

5175. Are you a member of any combination?—At present we are in the Easter Ross Combination, but with the sanction of the Local Government Board we are to leave that combination in September next, and we have made arrangements to join the Sutherland Poorhouse Combination.

5176. Are you going to join it or to have merely boarding rights?—We are going to join it

5177. You don't apply the test very much; you don't offer the poorhouse very much in your parish?—Yes, we do.

5178. Do you put it in force?—Generally, test cases won't accept it, and then, as a rule, your Board won't hear of such cases unless they complain in the regular way.

5179. The test is applied frequently with this result, that rather than go to the poorhouse applicants are satisfied to remain as they are?—Yes.

5180. Is there an aversion to going to the poorhouse?—Yes.

5181. To what do you ascribe that? Take such cases as those where there is infirmity and chronic illness, of which you must have many, and where the accommodation which is provided for these people is of a very poor character, and they would be very much more comfortable in the poorhouse; to what do you attribute the aversion to go to the poorhouse?—Greatly to a kind of prejudice on the part of our Highland people, and along with that the difficulty of convincing them of the better accommodation they would get there, and with that also perhaps the knowledge of the confinement and the restraint according to the rules of the establishment. I don't know, but I have been told that the bath is a great bogey.

5182. As regards the adequacy of the medical relief arrangements at present in force, and the duties of the medical officer and inspector of poor regarding the outdoor sick, you are of opinion that the present provision is adequate?—Yes, I am quite of that opinion as regards Lochbroom, but I am not just prepared to say that entirely for the Highlands. My experience of Lochbroom may not be sufficient to entitle me to speak as to the circumstances of the Highlands as a whole.

5183. Just tell us how you would answer that question first as regards Lochbroom, and then as regards the whole of the Highlands?—I believe that the circumstances are very greatly similar, although there may be differences with regard to distances and other things.

5184. You think that the medical relief arrangements are adequate in Lochbroom?—Yes.

5185. How many medical officers do you have in your parish, which, as we have been told, extends to 260,000 acres, and has a population of 3200?—We have one medical officer.

5186. Where does he reside?—In Ullapool.

5187. Where is the most of your pauperism?—The bulk of the paupers stay in the village of Ullapool.

5188. Is there not some pauperism on the coast up at Loch Enard?—Yes; in Coigach, which is between Loch Enard and Loch Broom, we have at present thirty-six on the roll and six dependents.

5189. Suppose you have at Coigach a case of sickness of a serious nature requiring immediate medical attendance, have you telegraphic communication with Ullapool?—Yes.

5190. And is there a direct road from Ullapool to Coigach?—Yes.

5191. How far is it?—From Ullapool to Achiltibuie Inn is twenty-five miles.

5192. So the medical officer has easy access to Coigach?—It is a good road.

5193. Do you have the same means of communication all over the parish?—Yes.

5194. So there is no part of your parish which is inaccessible for the medical officer?—No. The most difficult part is crossing Ullapool Ferry if it is stormy.

5195 If need be, the doctor could go higher up the Loch and get across there?—Yes.

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5196. You think that the medical officer is able to overtake all the work which falls on him in the way of looking after the sick paupers in the parish of Lochbroom?—Yes.

5197. What are your views as regards the Highlands generally? Do you think that the circumstances of Lochbroom apply all round to other parishes?—I cannot say whether they apply to all the other parishes or not, but they apply to the parishes I know, the parishes of Assynt and Gairloch. These parishes are similar in their circumstances, because the people generally reside along the road all through, and in that way they are accessible to the medical officer whenever his services are required.

5198. Assynt is in Sutherlandshire?—Yes.

5199. Are these parishes somewhat similar in circumstances and extent?—Yes.

5200. In these two parishes probably the means of communication are not so good as in Lochbroom, and accordingly the medical officer is not so well able to overtake all the medical treatment of the sick and infirm people in these parishes?—There are somewhat long points in the parish of Gairloch, and I think that the difficulty of attending, not only to the poor, but to other people, has been felt so much that they have had the parish lately divided and a second officer appointed.

5201. In your view the circumstances of these parishes require more than one medical officer?—The Gairloch people themselves seem to have thought that, because they have got two medical officers appointed.

5202. Where is the medical officer in Assynt?—I think one medical officer can overtake Assynt better than Gairloch, because the people all lie as it were in one strip along the coast road. Gairloch is divided or isolated by long lochs indenting into the country.

5203. Where does the medical officer live in Assynt?—Lochinver.

5204. What salary has your medical officer at Ullapool?—£125.

5205. We have been told that in some parishes in the Highlands there is in operation what has been explained to us as the club system, by which those who are not paupers arrange to subscribe a certain addition to the medical officer's salary, for which he is bound to attend free all who are members of the club. Is that system in operation in Lochbroom?—No. I heard some talk of it, but it did not come to anything.

5206. Do you know of its existence in other parishes?—No, I cannot say that I do. I think the Duke of Sutherland gives a subsidy to the doctor in Assynt on condition that he attends to persons other than paupers at a reduced fee. There was an attempt made in Lochbroom to get the proprietors to do something similar, but there are so many proprietors there that it was not accomplished.

5207. *By Mr Barclay.*—Has your medical officer to pay his house rent out of the £125?—Yes.

5208. What is his house rent?—It is £20.

5209. *By the Chairman.*—You have 200 resident paupers?—They are not all resident; some of them are away in other parishes.

5210. But you have paupers from other parishes resident in Lochbroom?—Not very many.

5211. What is the resident pauperism?—It will be about 157. We have a number of lunatics in the asylum which is out of the parish, and that goes to reduce the amount of resident pauperism. I have already mentioned that we have 36 adult paupers in the district of Coigach. Twenty-five of these are over seventy years of age and seven of them are over eighty. In the year 1900–1 one died at thirty-seven years of age (a lunatic); in 1901–2 four died, three of whom were over eighty years of age, the other being a young deformed girl with malformation of the spine; in 1902–03 one died at ninety-seven years, and another died of dropsy at forty-nine, another at eighty-four, one at seventy-three, and one at eighty-eight. I think you will allow that all these people, with one exception, had reached a ripe old age. That is in a population of about 1000.

5212. That is at Coigach?—Yes, it is in the district of Coigach, which is cut away from the rest of the parish by the mountain we call the Big Rock or Ben More—it is the whole district lying on the north side of that from Ullapool. On the Dundonnell side, just across the loch, there are only 17 poor in a population of about 500.

5213. Does that mean the whole of the parish south of Lochbroom?—Not entirely, but the greater part of it. Of those 17 there are 3 over eighty, and 10 over seventy.

5214. That is 13 over seventy years of age?—Yes.

5215. I suppose their infirmity is just old age?—Yes. In 1900–1 there was only one death in the district, and that was at ninety-one years of age.

5216. *By Dr Mackenzie.*—Have you any figures of the general death-rate apart from the paupers?—No, but I can get that.[1]

5217. *By the Chairman.*—Have you any jubilee, district, or other qualified nurse in your parish to attend upon the sick when wanted?—We have at present two qualified midwives in the parish, but we don't consider these to be qualified sick nurses.

5218. Have you any qualified sick nurses?—No.

5219. You have no nurses to whose maintenance the Parish Council contribute in respect of what they do for the poor of the parish?—No.

5220. Have you ever considered whether the services of such a nurse might not be of use in your parish, where the distances are so great?—We have never found that such a class of nurse was absolutely necessary; and I think that the statistics I have given of the old age attained by the paupers prove that we don't require them. At the same time, the services of such nurses as that are far more frequently required in cases that are not paupers than in cases of paupers, because they are far more exposed to dangers and exposures of one kind or another that may cause sickness than the poor are.

5221. But it is that sickness that sometimes pauperises them?—Sometimes.

5222. Can you tell us what is the average age of the paupers upon your roll? What is the proportion over seventy and the proportion under seventy?—I cannot give that at present, but I should think that the average age of the paupers upon the roll will be about sixty-three.[2]

5223. When did the cases you told us about as dying at eighty or ninety become paupers?—Some of them long ago.

5224. That means that they ceased to be able-bodied long ago?—We had a pauper who died in Ullapool last summer, and who was admitted to the first roll ever made up in Lochbroom.

5225. You mean in 1845?—Yes, or 1846.

5226. *By Dr Mackenzie.*—Was that a man or a woman?—A woman.

5227. How long had she been on the roll?—Fifty-five years at least.

5228. Was she sane?—Yes, but she was certainly defective in some respects.

5229. She was not a certified lunatic?—No.

5230. *By the Chairman.*—What relief did she get?—I cannot exactly say.

5231. Did she live by herself?—Yes. She was just an old maid, and she certainly lived to an old age.

5232. Have you any children in your parish sent from the South or elsewhere to be boarded with farmers or others in the district?—No, we have no cases of that kind, but we have cases of orphans and we have also cases of illegitimate children that we are asked to take charge of entirely apart from their parents. We have these children on the register of children.

5233. And they are boarded out in your parish?—Yes.

5234. I suppose that, in cases of illegitimate children, you always offer the poorhouse to the mother?—Yes.

5235. Have you any mothers of illegitimate children on your outdoor roll now?—No, except two cases where widows happened to get into that way, and for the sake of their other children we thought it better to leave them receiving the outdoor relief.

5236. Your practice, in cases of illegitimacy, when you are asked for relief, is to offer the poorhouse only?—Yes.

5237. *By Mr Barclay.*—And it is often accepted in those cases?—Yes. Very often these cases are away out of Lochbroom altogether.

5238. *By the Chairman.*—In your parish accommodation and arrangements are provided for any casual sick poor?—Yes.

5239. Have you a room or a house for them?—We don't have a room always for them, but there is plenty of accommodation always available at Ullapool, so that we can get a room whenever it is wanted.

5240. You do get a room?—Yes.

5241. Do you also get attendance?—Yes.

5242. Do you often have to make arrangements of that sort?—No.

5243. I don't suppose you have many tramps?—We have a number of tramps.

5244. What sort of tramps do you have?—Just the common tramp. It is wonderful how they come. We don't have so many at this time of the year, but in the summer-time they wander through the country in numbers.

5245. Do they come up by steamer?—They walk from stage to stage, just going over the country. They take it at their leisure and make their living as they go.

5246. Are they Highlanders, as a rule?—No.

5247. They are from the South?—Yes, as a rule. There are very few Highlanders of that class.

5248. Dr Mackenzie has been working at some figures here; taking your population and your pauperism, the result appears to be, that whereas for the rest of Ross-shire the average pauperism is roughly forty per thousand, in your parish you have sixty per thousand?—I did not think we had so many.

5249. The rental of the whole county appears to come out at £4 a head, which seems to be practically the rental of Lochbroom parish?—Very likely.

5250. You have not gone into these figures?—No, I have not examined them because I did not know I would be asked about them.

5251. What induced those paupers who have been a long time on your roll to apply, and what induced the Parish Council to give them relief originally?—Just this, that the Parish Council considered that they had no other means of living.

5252. Were they able-bodied?—No, we never give relief to able-bodied people.

5253. They were suffering from some physical or mental trouble?—They were old. We don't give relief until we are satisfied that the people are unable to earn a living for themselves.

5254. Coupled with physical inability to earn it?—Yes. Our invariable practice is to offer the poorhouse where we think the people ought to do for themselves.

5255. I suppose in Ullapool, as elsewhere, if they want to get work they will always get it?—Not in Ullapool.

5256. Well, take the parish?—No, I cannot quite say that. There is no doubt they can get work if they go out of Ullapool, as there is always a difficulty in getting labour.

5257. Where?—In every other part of the country? Any amount of labour can be had outside the parish.

5258. You want us to understand that in no case do you give relief simply because there is an absence of work or employment in the parish?—That is so.

5259. You are satisfied that those who are able to work can get work, although it may not be in Lochbroom?—There is a good deal of work in Lochbroom, but not sufficient to employ all the work-people in it. The people never have any difficulty in finding labour,—as I said before, the difficulty is in finding people for the labour outside the parish.

[1] Subsequently stated to be 11 per 1000 of population.

[2] Subsequently stated that about 37 per cent. of the paupers are over seventy years of age.

5260. Agricultural labour and otherwise?—Yes.

5261. *By Dr Mackenzie.*—Is any of your pauperism due to the fact that people stay in the parish and decline to go away?—No.

5262. You have no destitution resulting from people staying on in the parish?—No. There may be some people in the parish who may be in straitened circumstances, but we never admit them to the poor list; we never consider them proper objects for parochial relief.

5263. *By the Chairman.*—Your lunacy is higher than that of any other parish in the county?—I am aware of that.

5264. What is the reason for that?—I cannot exactly tell you. I daresay there are various reasons for it. It is due to intermarriage and one thing and another, and to a general deterioration of the system in one way or another. There is one particular district in the parish, in fact the Glebe of the Parish, which provides us with more lunatics than any other part.

5265. Where is that?—On the west side of big Lochbroom. I think that the lunacy there is owing to intermarriage.

5266. *By Dr Mackenzie.*—Is that a fishing population?—Yes, it is mostly that, and they have also small plots; but the place has been wonderfully productive of lunatics.

5267. *By the Chairman.*—Do you find in Lochbroom Parish that, in place of a porridge-eating population, they are now a tea-drinking population?—That too sadly is the case.

5268. That may account for it to some extent?—Yes, I believe there are various reasons of that kind, and then I believe also the amount of whisky-drinking and smoking has to do with it.

5269. And tea-drinking?—Yes. In my first recollection of Lochbroom, cargoes of oatmeal used to come in, to be stored for the people; but now, instead of oatmeal, it is American or foreign flour that is brought every week by the steamer. Of course there is a certain quantity of oatmeal, but nothing like what there used to be.

5270. Why is it that the oatmeal does not come now? Is it because they don't care about it?—Yes; people have become so luxurious now that they won't look at it.

5271. *By Dr Mackenzie.*—Is it more expensive or less expensive?—There is not very much difference. It arises entirely from the habits of the people.

5272. *By Mr Barclay.*—Is the flour made into bread?—Yes.

5273. *By the Chairman.*—Are there none of the old scones made now?—There is a good deal of baking of flour.

5274. But not of oatmeal?—No. I believe you will find people in Lochbroom who don't know how to make either porridge or gruel.

5275. Instead of that you find the teapot on the hob for the most of the day?—Yes; the first thing in the morning and the last thing at night.

5276. And the same brew from morning till night?—I don't know as to that.

5277. Have you seen that?—I know that tea is just the drink in every house; it is the beverage at every meal.

5278. *By Dr Mackenzie.*—Is there much fish consumed?—Yes, if they could only get it; but the complaint is that the trawlers have cleared the coast of fish.

5279. *By the Chairman.*—With regard to the expediency of obtaining compulsory powers of removal to a poorhouse or general hospital, or other lodging, when a sick pauper has no relatives to look after him or her, or when the case is obviously one for poorhouse or hospital treatment, I think you are of opinion that compulsory powers, subject to safeguarding conditions, are desirable where necessary?—Yes.

5280. Have you had cases of that kind in your parish?—Yes, we have cases of that kind now.

5281. Will you please describe an instance or two—There is one old man in Ullapool without any person to take care of him. He goes about the place in a kind of half-wretched way, depending entirely on the Parish Council and attendance from outside. He is in a dirty and filthy condition, notwithstanding what we do in the way of attending him. He drinks every copper he gets. He is about eighty years of age; he has no way of living, and yet he won't go to the poorhouse. What can we do with him? We don't like to see him actually starving or dying.

5282. He is in receipt of outdoor relief?—Yes.

5283. For how long has he been in receipt of that relief?—Casually for a year or so. We have to pay for attendance on that man, and he becomes far more expensive to us than he would be in the poorhouse. At Coigach we have two sisters who are dissatisfied with their house, and won't let the inspector put it in a decent condition. From pure mischief they keep their house in a wretched state. These women would be far better in the poorhouse than they are there, and if they knew that they could be sent compulsorily, they would be more amenable to discipline at home.

5284. Has that case been reported to the sanitary authorities?—I cannot say we have done that, but perhaps that may be the next course that we will take. There are other cases similar to that which I could describe. I certainly think that it would be a most salutary provision to have power to remove such cases compulsorily to the poorhouse.

5285. These are cases in which you think that legislative powers would be of use in order to enable you to remove them compulsorily to the poorhouse?—Yes.

5286. Have you expressed yourself as favourable to the measure before Parliament?—We have had a circular sent to us from Glasgow, and we certainly gave our assent to it.

5287. The next question is as to the expediency of sending selected cases to seaside or other infirmaries or convalescent homes, and the cost for providing therefor. Have you ever sent cases away from your parish?—No; but cases like that might arise in which it might be desirable, and where the Parish Council might say that a course of that kind would be the means of restoring the person to health. I think it would be quite humane to have that power.

5288. What are your views as to the tenure of medical officers as affecting the efficiency of the Poor Law medical relief system? I suppose you are aware that there is a proposal that the tenure of the medical officer of the parish should be put on the same footing as that of the public health medical officer, so that he won't be subject to dismissal at the instance of the Parish Council without an appeal to this Board. Is it your opinion that the present tenure, which does not give him that right of appeal, is sound, and ought to be continued?—I think, in the interests of the public, it would be better for the present system to continue, for this reason: in centres such as Edinburgh and other places the public have a chance of selection, or going to the medical officer they like; but in country places such as Lochbroom, where there is only one medical man, if he were not acceptable, still he would practically be a fixture. He might do his parochial work well enough, and yet neglect the rest of his work. I am not at all sure that it would be a wise provision to put so much power into his hands, because he might assume too much the functions of the inspector of poor. Of course I am aware that there has been some friction away in the west islands about a medical officer who was perhaps rather summarily dismissed, but I don't think that an isolated case like that is sufficient to upset the whole system, that has worked well hitherto.

5289. In your whole practice and experience has the medical officer been supreme as regards the diet and medicines and anything he might order for the sick poor in the parish? Have you ever known a case where the medical officer ordered anything for the benefit of a sick pauper, and the Parish Council said 'No'?—No, I cannot say that I can speak to a case of that kind. As a rule, the medical officers are intelligent, sensible men, and at the same time inspectors might find a difficulty in objecting.

5290. And might incur responsibility?—Yes; but at

the same time I think it quite reasonable to suppose that the medical officer is at any rate as safe in the hands of his Parish Council as the Parish Council would be in his hands as an individual.

5291. You don't know of a case where the medical officer has exceeded his powers?—No, I cannot say that I do know of such a case.

5292. You don't know of a case where the medical officer has been unreasonable?—No, I cannot speak to that, but we don't know what might arise if they had more power.

5293. The present rule which deals with that matter is Rule No. 4 of page 102,[1] which lays down that the medical officer shall intimate in writing to the inspector the description and extent of the relief which he may consider necessary for the proper treatment of a certain poor person, 'and on receipt of such intimation, the 'inspector, on his own responsibility, shall forthwith fur-'nish or refuse the relief so intimated to be necessary, 'until he shall have brought the case before the Parish 'Council and received their instructions regarding it. 'But if the inspector refuses or fails to furnish that 'relief, or any part of it, he will be held accountable for 'such refusal or failure.' I understand you to say that in your experience you have never known of an inspector refusing to give such relief as has been ordered by a medical officer for a pauper patient?—That is so. I have never taken the responsibility myself to do it, but perhaps I might add to that that it was not only because the medical officer acted reasonably, but as a rule he was a sensible man who would not do otherwise.

5294. With regard to the grant in aid of medical relief, you are of opinion that the distribution of the medical relief grant should be on the basis of the relative needs of parishes, on expenditure vouched yearly?—Yes.

5295. At present, you are aware there is a minimum expenditure?—Yes.

5296. You are of opinion that there is no need for adhering to the minimum in future?—I think not. I am speaking more with regard to the circumstances of the Highlands, and I hope you will agree with me when I say that in parishes like ours, where the medical officer has to travel perhaps twenty-five or thirty miles to visit some pauper, it is inequitable that the same rate of grant should be paid on his time and salary for such work as in a case where all the poor are within a certain small radius.

5297. You think that a larger share of the grant should be given in a case like yours than in a case in the South?—Yes.

5298. On what basis do you think the grant should be distributed?—I have tried to think that out, but I have not come to any definite conclusion, because I thought it was the province of the Local Government Board to determine it. I think distance ought, in a large measure, to regulate the basis. No doubt a certain rule would have to be established.

5299. Would you suggest area as a basis?—I don't know about area. I think it is distance rather than area, because you get great areas without any population in them at all.

5300. Means of communication and accessibility?—Yes, I think it is these circumstances.

5301. Do you suggest that this Board should take the circumstances of each individual parish by itself and make up its mind as to the amount of grant that should be received?—I think that the same rule might equitably apply for the Highlands generally if the whole circumstances were considered. No doubt, in order to arrive at a certain safe basis, the circumstances of parishes generally would have to be considered. I think I would make it something like this: for a distance within ten miles have the grant at something like one-half, and beyond that two-thirds, or such a proportion as that.

5302. You mean that if the medical officer lived more than ten miles from, say, the bulk of the pauperism of the parish?—No, not from the bulk, because the bulk are nearer to him, but there are a great many cases such as in Coigach which are beyond ten miles.

5303. In a case where there is a large proportion of the pauperism of the parish further than ten miles from where the medical officer resides, then you would say that a larger grant should be given than when all the pauperism of the parish is within ten miles?—Exactly. No doubt it would be a little difficult to lay down or arrive at a general rule.

5304. Would you suggest that in a case like that the Board should take the circumstances into consideration in fixing what the amount of the medical officer's salary should be so far as it justifies a claim against the grant, or should we take the circumstances into consideration afterwards when distributing the grant?—Whichever way would work most equitably towards the more needful parishes. For instance, if the medical officer in Lochbroom has to visit a pauper in a remote part of Coigach, it means two days,—it takes him a day to go and another to return.

5305. That is in the winter months, but not all the year round?—It would be a very long day to go and return.

5306. It is twenty-five miles?—Yes, but it might be more than that, because twenty-five miles is the centre of the district. Of course with bicycles, and so on, the facilities are gradually developing.

5307. I see you also make a suggestion as to meeting the requirements of a large class of poor people other than paupers residing at a distance from the doctor. But in the distribution of the grant we cannot take these into account?—I quite understand it, and I know that legislative power would be necessary in that case, but I think that that is the most vital part of the inquiry as affecting the Highlands. As I have said, the great bulk of the poor people are of that class and outside the assistance of the Parish Council. Take Coigach, for instance: the doctor's fee to go from Ullapool to a poor crofter there is £3 or three guineas. When you consider the details, that is only a small fee for the doctor, because he has his hire, which costs him 25s. to the centre of the district, and he may have to go another stage when he arrives there, the result being that he does not have £1 to himself, and he has to spend two days for a case like that. I know a case for certain where the doctor made two visits, and the man had to pay £6. He was a crofter paying only £1, 13s. 9d. of rent, and that practically pauperised him.

5308. *By Dr Mackenzie.*—Did he pay the £6?—Yes, he had to pay it. Now that has the effect of impoverishing the people, and it has also this effect, that it is only in extreme cases that a doctor will be called. In my opinion there is nothing to which the Congested Districts Board could apply part of their funds in a better way than this.

5309. *By the Chairman.*—Is Lochbroom scheduled under the Congested Districts?—Yes, I think all the crofting area is included.

5310. *By Dr Mackenzie.*—Is the great expense of medical attendance really a considerable cause in producing paupers?—I won't say that it is considerable, because, as a rule, the population is a healthy one. I knew a case, however, in Coigach that actually came on the poor roll on account of the heavy expenditure in connection with the doctor.

5311. *By the Chairman.*—That is the crofter, paying £1, 13s. of rent, living in a small croft, and having to pay £6 for two visits of the doctor?—Yes. I don't mean to say that the doctor has charged him too much, because when he goes there at this time of the year, and has to stay overnight, there is very little left to him indeed.

5312. You think that that is not by any means an isolated case?—It is not at all an isolated case.

5313. It is just an instance?—It is just an instance of what I wish you to understand of the circumstances of these people. Of course you know that our rates in that part of the country are already heavy, and we as a Parish Council could hardly be expected to add this to the rates. I don't know any

[1] Board's Rules, etc., to Parochial Authorities.

other purpose to which the Congested Districts Board's funds could be applied to the interests of the people more beneficially than in this way. Of course a certain basis would have to be laid down upon which assistance would be given. I would not be ready to recommend that the people should be entirely exempted, because in that case there would be a danger that the doctor would be at their mercy, and called when there was not sufficient reason. They ought to pay a share of the doctor's charges or the expense of conveyance.

5314. You have no club system in operation in your parish?—No. I know that the matter was mooted at one time in our parish, but it came to nothing, because the people could not be got to agree. It is very difficult to get crofters to agree on any one system in that way. Even although it were begun, I am sure it would not last for any time.

5315. We shall be glad to hear about the case that you told us of which was brought to pauperism through having to pay the doctor's fees?—It occurred some years ago. A man's wife became ill and continued to be ill for some time. The doctor had to visit frequently over a long period, with the result that the man became pauperised; he had to sell out his stock to pay the doctor. The doctor is now dead. I don't think that he ever got anything approaching what would be reasonable for his services in that case. The important point was that the man became a pauper although he had a very good croft.

5316. He ceased to be able-bodied?—Yes.

5317. And he became unfit for work?—He was a man in fairly good circumstances to begin with, but, as you can understand, poverty brings on many ailments, and on a man accustomed to better circumstances it tells more seriously than on people who have been brought up in stinted conditions all their life.

5318. You are of opinion that the reciprocal obligations between participating parishes in regard to medical attendance should be continued, and that the reciprocity should be extended to medicines also?—Yes. I hope I understand exactly what reciprocity means. My understanding of the term is that when one parish provides medical relief to a pauper belonging to another parish, they are not entitled to charge for those services, and the other parish does the same thing in return. I think that the same should be done in regard to medicine.

5319. You in Lochbroom attend gratis on paupers from other parishes who are resident in Lochbroom—the doctor attends them for the salary you give him. In return for that the other parishes attend your poor gratis?—I think the medical officers charge for services rendered to paupers of other parishes.

5320. You attend the paupers of other parishes who are in Lochbroom for nothing, and these other parishes also attend your Lochbroom paupers for nothing. You say that these other parishes should charge you?—I am not sure; I may be confused as regards lunatics, but in any case I should put both the medicines and the services on the same footing.

5321. Do you pay your doctor a salary irrespective of medicines, or does his salary include medicines?—His salary includes medicines.

5322. Do you think that that is a good thing?—I confess there is a difficulty on that point. I am rather afraid that if we did not include medicines in the doctor's salary then a big bill might be run up against us for medicines. On the other hand we have never had any difficulty, nor have we had any complaints in regard to the medicines being in the hands of the doctor. We have no chemist in that part of the country; the doctor is the only man that can keep and dispense medicines safely.

5323. Is there not a danger in this—suppose you pay your medical officer £5 for medicines, then in a serious outbreak of illness that £5 would soon be taken up in drugs; would there not be a temptation not to order drugs where they were necessary?—Yes; I don't deny that the case has its difficulties, but I am afraid the temptation to run up a big bill for medicines would be still more. I don't think that the doctor, as a responsible official, a respectable and intelligent man, would stint or restrict his medicines where he thought them really necessary.

5324. You have no chemist at Ullapool?—No.

5325. Have you thought whether there might be a dispensary for the Highland district from which you might get your medicines?—I have thought that question over, but I have not come to any satisfactory conclusion on the point. It might be useful that the doctor should have a kind of portable set of medicines from which he could supply when he went about. The whole thing would need to be in the hands of the medical officer. If a centre were established, and the doctor sent the prescription there, then there might be a danger if the parties did not know what to give.

5326. You think you are better to leave the whole thing in the hands of the doctor?—Yes.

5327. *By Mr Barclay.*—Do you know how the doctor does when he goes to visit a patient at Coigach? Does he take a supply of medicines with him?—Yes, as a rule he takes some medicines, but his stock, of course, is at his own place. He very often sends the medicines by post when he returns to his house.

5328. *By the Chairman.*—There is no daily post to Coigach?—There is a daily post for three months of the year, and for the rest of the year it is only on alternative days. If the case is a pressing one, then the doctor brings back to Ullapool some friend of the patient and he takes the medicines direct.

5329. Have you ever had a case in Lochbroom where the medical officer had to call in assistance for an operation or otherwise?—Sometimes.

5330. He would call the assistance from some other parish?—Yes. Lochinver is the place that is most accessible.

5331. In a case like that, where an operation is performed on one of your own paupers, do you pay the doctor who comes from the other parish to assist?—Yes.

5332. In your opinion that is the right and proper thing to do?—Yes; we would never expect our medical officer to stand the expense of any assistance he really requires in that way.

5333. Is there any other point you would like to speak about?—What I want to emphasise is this matter of assistance in the form of relief to the people outside, because it occurred to me that your Board would be the proper body to bring it before Parliament for the necessary powers. I certainly think very strongly that it is absolutely necessary in the interests of the Highland people—not of Lochbroom alone.

5334. It is necessary that further provision should be made for assistance to medical officers?—Yes.

5335. That is a matter you desire to press on the notice of the Congested Districts Board?—Yes.

5336. I don't know that this committee can deal with that?—You will know how to bring forward the matter.

5337. That I suppose you would press upon our notice not only as regards non-infectious diseases, but also in cases of infectious diseases?—Yes.

5338. Have you much infectious disease in your parish?—Not very much. Sometimes an isolated case of measles comes in, but for a good long time we have not had anything serious in that way.

5339. Have you any typhoid fever?—We have not had any for a long time. I remember when a proper water supply was introduced into Ullapool. Before that we were having serious cases of typhus as well as typhoid, but we have had no cases since a proper supply of water has been brought in.

5340. Are the people alive to that?—I don't think they all appreciate the boon, because they abuse and very often spoil the plant.

5341. When did you get this water supply?—In the seventies.

5342. Is it a special water supply district now?—Yes, and a scavenging district as well.

5343. Have you many cases of phthisis in the parish?—Yes, there are a good many cases.

5344. Do you think that the number is increasing?

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—I don't know. It is in more varied forms; it seems to be more in the bones one way or another than in the lungs. The doctor tells me that that is a species of phthisis.

5345. Have you many cases of that where the patients are pauperised accordingly; have you many phthisical outdoor paupers?—No, we don't have very many cases of that kind. In fact that special form of disease is more among the working class, people going to the South and getting affected through fatigue and then coming home to their friends to die.

5346. Have you many cases of natives of your parish going South and becoming infected there with phthisis and coming back to you?—Yes. Perhaps they might be pre-disposed before they left home in the way of weak systems, but a number of them get affected and come home sick.

5347. *By Mr Barclay.*—Do you know if there are more of these cases in this Glebe district where insanity is so common?—I am not aware of this special form of illness being more there than any other parts of the country.

5348. *By the Chairman.*—Does the sum that is paid for drugs cover nutritious diet, cordials, clothing and other things that a doctor may order?—No, it only includes medicine. Of course anything the doctor orders is given by the Parish Council over and above. The doctor does not pay for anything of that kind.

5349. What do your bills for nutritious diet and stimulants amount to in the course of the year?—Not very much. I know that in my day what I used to head as cordials in the cash-book was something like £5 a year.

5350. That is as much as you give for medicines proper?—I don't know how the doctor could minimise or regulate his medicine bill, but I am satisfied that if the Parish Council paid for it, it would be perhaps four times £5. I might add with regard to the relations of the medical officer and the inspector, any case coming under the notice of the inspector is at once reported to the doctor, and *vice versa*. These people are put on the doctor's register of sick poor, and they are left there until they are disposed of one way or another.

5351. *By Mr Barclay.*—How do the paupers call in the aid of the medical officer; if a pauper falls ill in Coigach, how does he communicate with the medical officer?—All these paupers have friends, or people who take an interest in them; and as these friends know that the Parish Council and the doctor have to attend to them, then he is sure to get word.

5352. There is no assistant inspector at Coigach?—No, but there are shops there, and if the inspector finds anything necessary, he can wire to the shopkeeper to supply what is necessary. The telegraph is a very great convenience in that quarter. We have also the telephone to Dundonnell across the ferry, so that, taking everything together, you can see how I come to the conclusion that we are fairly well off as regards facilities for the medical officer attending to his duties.

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5353. *By the Chairman.*—Does the medical officer keep a register of the sick poor?—Yes.

5354. Is that submitted to your Parish Council?—Yes, it is submitted at all the statutory meetings of the Parish Council.

5355. Is it kept in accordance with our rules, and prepared every six months?—Yes.

5356. Do you give a ticket to your outdoor paupers, or is there any check used? How does the medical officer know what paupers are on your roll?—I cannot say that we have any particular system of letting him know as to our paupers, but they soon come to find him out, and in that case the inspector would let him know at once.

5357. There are lists of all the old and aged persons in receipt of outdoor relief prepared every six months, apart from the register of sick poor which the doctor keeps?—Yes.

5358. *By Mr Barclay.*—Is that supplied to the medical officer?—I don't know that that is being done, but I am satisfied of this, that every sick person is brought at once before the notice of the medical officer. All the friends know that the medical officer is there, and he soon gets to know of any case like that without any difficulty.

5359. *By the Chairman.*—Have you any difficulty in getting medical officers in Lochbroom Parish?—No.

5360. How long has the present medical officer been there?—He came a little more than a year ago. We usually have a good selection. We always advertise, giving the particulars of the place, and the salary, and so on.

5361. *By Dr Mackenzie.*—How long do they stay with you as a rule?—A good many years. The predecessor of the present medical officer was with us for some seven or eight years.

5362. *By the Chairman.*—I suppose they are young men?—Yes, but we always make it a point to get a married man, if possible. It is only an able young man that is able for the extent of the district.

5363. They leave generally when they get preferment elsewhere?—They leave when they get a better place. That is why they leave.

5364. *By Dr Mackenzie.*—How much of a salary will the medical man in your parish make?—The population is going down very much, and I am afraid that the salary is not so great as it was at one time. The doctor in Lochbroom at one time would make at least £500 a year, but I don't think he can expect to make more than £300 now.

5365. Does that include hiring?—No; he charges the hiring against the patients.

5366. £300 would be his gross income from fees?—I think so.

Mr Alexander J. H. Campbell, of Dunstaffnage, called and examined.

A J. H. ampbell

5367. *By the Chairman.*—You are Chairman of the Parish Council of Kilmore and Kilbride, and also a member of the House Committee of the Lorn Poorhouse Combination?—Yes.

5368. Prior to being in the Parish Council you acted on the Parochial Board?—Yes, I became a member of the Parochial Board in 1881. I have been on three other parochial boards, and chairman of one of them.

5369. You have therefore been intimately connected with Poor Law administration in the Lorn district since 1881?—Yes.

5370. We shall be glad to hear your views as to what improvements may be effected in hospitals and sick wards of poorhouses, and in the general administration of medical relief to the poor, both indoor and outdoor?—That, of course, depends on circumstances. The bigger places must have different administration from the smaller places; you want more discipline where you have more people.

Mr A. J. H Campbell.

5371. What have you to say as to improvements in hospitals and sick wards of hospitals?—I don't think that you require much in Highland poorhouses, for this reason, that you have so many vacant wards or bed spaces that you can utilise those for any purpose you like.

5372. What is the accommodation in the Lorn Combination Poorhouse?—We have 234 beds, and our average number of inmates is 78.

5373. Are these 78 classified into sick, infirm and ordinary?—No, not unless they are special cases of sickness. Sick and infirm are mixed together, because, to a certain extent, infirm people become sick and they don't like being moved away from their companions in the next beds. We have put the consumptive cases into a separate ward.

5374. How many wards are occupied in the poorhouse?—The sick and infirm are distributed in two or three different wards. Almost every person we have is either sick or infirm.

5375. Are they under medical supervision?—Yes; the whole of them.

5376. From day to day?—Yes. The doctor sees every sick person daily; those who are not sick can ask for him whenever they please and he will see them.

5377. When he sees the sick inmates he also sees the infirm, as they are all together? He cannot do otherwise. There are a certain number of paupers who are dependents and are neither sick nor infirm, but who are in on account of the sick people.

5378. You mean dependents, including children?—Yes, and there are a number of young women recovering from confinements who are neither sick nor infirm, but who are in on account of their children.

5379. Owing to the application of the test. They apply for relief, and the Parish Councils concerned decline to give them anything but the poorhouse?—I think they prefer to go to the poorhouse in any case, because they are better looked after by the doctor inside than they would be outside, and they have more comfort. They are only in for a month or two, and they prefer to go in.

5380. We are told that further north in the Highlands they have an aversion and a prejudice against going to the poorhouse under any circumstances?—That is perfectly true, with the exception of what you may call these professional young women who are not like ordinary paupers.

5381. In the lowlands and other parts of Scotland we find that the offer of the poorhouse under such circumstances very often leads to the father of the child coming forward and their marrying?—That might happen—I don't say that it does not sometimes happen with us, but I can speak to some who have been in two or three times. In fact, you must label them as professional.

5382. Have you anything more to say on this head?—You cannot classify the sick and infirm because they are interchangeable; infirm people become sick every now and again, and it would be a pity to keep shifting them from bed to bed. Then I think that you should have power to admit into these places poor people who are not actually paupers. It is a pity that you cannot give relief to these poor people until they actually become paupers.

5383. *By Dr Mackenzie.*—Do you mean that they should be taken into the poorhouse?—Taken into the poorhouse sick ward.

5384. *By the Chairman.*—To be treated there by the doctor?—Yes. I can give a case in point. There is a man who has a family, and who is in receipt of a pension, I think, from the Post Office which just keeps him going and no more. One of the family became ill. He applied to us for the relief of that child, but we told him that we could not relieve his dependant except through his becoming a pauper. Now I think we should have had power to admit this dependant, because it was a very deserving case. The man was in receipt of an income which, although it was not enough to tide over this case of sickness, was enough to keep him off the poor roll.

5385. What do you think should be done in a case of that kind?—You ought to be able to make the dependant the pauper alone. I am only putting that forward as a suggestion,—I don't say it is the proper way to do it. I think we should be able to relieve in a special case of illness of that sort.

5386. We are told that in some of the larger poorhouses, such as Glasgow, Edinburgh and Dundee, the treatment is such now, that you will find people coming there for either surgical or medical treatment who in the ordinary case would probably go to the infirmary, but the infirmary being crowded, these people are quite willing to go to the poorhouse hospitals to be treated?—I think in the districts I speak to, you might trust the Parish Council to have sufficient acquaintance with the people's position, not to let any person into the poorhouse who was able to go elsewhere. We don't require to trust to the inspector for any information with regard to the applicant's means; there are always sure to be three or four on the Board who know the circumstances intimately themselves.

5387. *By Dr Mackenzie.*—But the point is that, in Glasgow poorhouse, those cases you have been describing go into the parish hospital. You said it would be an advantage to have direct admission to the sick wards; the equivalent happens in Glasgow?—Yes, I understand.

5388. *By the Chairman.*—They become paupers first. You don't want them to become paupers; you merely want relief given to the dependant who requires it?—I suggest that you might make the dependent the pauper. I don't want to have to support a whole family when it might be arranged to support one individual member of the family at the expense of the parish.

5389. But does that not cure itself, because you only give such relief as is required in the circumstances?—You could not put a dependant into the poorhouse and keep the rest out. You would have to give outdoor relief then, and that would be very expensive. We might have to pay extra for the doctor going and visiting constantly if the distance was long, and have to pay also for special food, whereas, if we take them into the poorhouse, we can run them for about 6s. a week. If we had a special nurse for an outside case, or anything else of that sort, then there would be heavy expenditure.

5390. Take the case you mentioned of the man who would not go to the poorhouse to be treated?—We would have had to take the whole family in if we had pauperised the man,—we would have had to pay for about eight persons instead of one.

5391. That is the kind of case that would be treated in the infirmary, if there was an infirmary?—Yes, but I don't see that there is any difference between going to the infirmary or going to the poorhouse; it is six of one and half-a-dozen of the other.

5392. You isolate your phthisis cases in the poorhouse now?—Yes.

5393. Are there many of them?—We have seven or eight of them in a ward by themselves.

5394. Have these cases special care and special treatment from the doctor?—The doctor has done it himself; it is in his own hands. I cannot speak as to what exactly he does, but he has full authority and he has massed them together.

5395. You have told us already about the classification of inmates into sick, infirm and ordinary, and you say that there is not a sufficient number of inmates in your poorhouse to justify you in separating the sick and infirm, and they are therefore together?—That is so.

5396. They overlap, and accordingly it would not be possible to separate them any more than you do?—I don't think it is advisable in our case. I would, however, separate infants from young children for the sake of diet.

5397. Have you got a trained sick nurse in the Lorn Combination Poorhouse?—Yes, we have one.

5398. And then you have the matron?—The new matron will also be certificated.

5399. Does her duty extend to the infirm as well as to the sick?—She has general charge, and she attends those whom she thinks most important to attend to.

5400. She is not confined to the sick?—No.

5401. In fact you have no distinction as between sick and others for the purpose of nursing?—No. They are mixed in the ward, and she attends to those she thinks require her attention.

5402. What definition of sick is taken in the return sent in?—They put in those who are worst.

5403. The definition we generally take to be the sound one is those who are in constant requirement of medical attendance and nursing?—But a number of the infirm are more or less in constant requirement of that. I don't see how you can divide between the two.

5404. There are some of them who are constantly in bed?—Yes, but they may be perfectly healthy beyond being infirm.

5405. They may not be sick?—That is so.

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5406. *By Dr Mackenzie.*—It serves no practical medical purpose to distinguish between the sick and the infirm?—I don't think so. In fact, I don't see how you can distinguish.

5407. Some days they are well and other days they are ill: they have ups and downs?—Yes.

5408. *By the Chairman.*—We shall be glad to have your views as to the powers and duties of the medical officer?—I think that his powers in regard to the sick and infirm in the poorhouse should be left as they are at present. With regard to the general health of the inmates, the doctor should have power to advise first the Governor, and second the committee, and then he should have power to report if his advice is neglected. If the doctor finds anything wrong with the cleanliness of the inmates, or their beds and bedding and so on, then he should first of all draw the attention of the Governor to what he finds fault with, and if the Governor does not listen to his remonstrance, he should report it to the committee, and then if they fail, he should go to the Local Government Board.

5409. You are of opinion that the doctor should be supreme as regards the sick?—Yes.

5410. And also as regards those on whom he is in attendance?—Yes.

5411. What about the discipline?—You cannot discipline a sick person very well. The doctor has full power with regard to the sick, but with regard to the other inmates he should only be allowed to advise, and failing his advice being given effect to, if he thinks the matter sufficiently grave, he should bring it up before the Local Government Board.

5412. *By Dr Mackenzie.*—You would give him entry into all the wards to satisfy himself?—I never knew that it was otherwise. He in fact goes through them, but if there is any doubt about that I think it should be cleared up, and that he should have the power to do so.

5413. Some Governors might raise a doubt about it?—I think you might give him the power to go through the house at any time he pleases. He should not interfere; he should simply advise.

5414. And satisfy himself as to the condition of the inmates?—Yes.

5415. *By the Chairman.*—Does the doctor see all the inmates each time he is in the poorhouse?—He sees practically every inmate every day.

5416. The Local Government Board issued a circular lately about the inspection of all the inmates by the medical officer, and I think the answer was that there was an inspection carried through in the Lorn Combination Poorhouse from time to time?—I don't know that there is any special inspection made, but the doctor sees them every day he goes there. He may not see every individual inmate every individual day, but there is no inmate that he does not see at least two or three times a week.

5417. According to our rules[1] (Rule 48 (6)), the medical officer has laid on him as a duty, 'To report in 'writing to the Chairman or Acting-Chairman of the 'House Committee any defect in the diet, drainage, 'ventilation, warmth, or other arrangements of the 'poorhouse, or any excess in the number of any class 'of inmates, which he may deem to be detrimental to 'the health of the inmates.' That is a duty which he has to perform, but he might be required to do it from time to time?—Yes. He has the requisite knowledge to do it at any time he thinks fit.

5418. If that rule were made a little more strict than it is, you would be of opinion that it would be right?—Yes. I would not give him the power to instruct what was to be done—I would only give him power to report.

5419. If you have any cases of infectious disease in the poorhouse, are these intimated to the public health authorities?—No. We have a separate hospital of our own. We have not had any cases except what the public health authorities have put into our hospital—at least they put in suspects of smallpox. I think there was one case, but it was not put in by the public health authority of which I am Chairman.

5420. I suppose that, in all poorhouses now, there being no provision for treatment of infectious diseases, whenever a case breaks out, intimation is immediately given to the public health authorities, and they have to relieve the poorhouse authorities at once?—They would not hold that our poorhouse was part of the burgh, and they would not admit a case into the burgh infectious diseases hospital, and then they would not allow us to take the patient through the streets to any other hospital. However, we have not had any cases of infectious disease. We are perfectly able to isolate them until requisite arrangements are made in some way or other. We have a separate building into which we can put them.

5421. *By Dr Mackenzie.*—Would you suggest that the poorhouse should have nothing to do with such cases of infectious diseases as the public health local authorities are ordinarily bound to deal with?—No.

5422. You might have an occasional emergency case for which you might provide, but you would not propose it as a principle, that the poorhouse should accommodate cases that it is the business of the local authority to look after?—No. In the event of any cases happening, we could tide over the difficulty in the spare rooms that we have.

5423. *By the Chairman.*—We come now to the calling in of extra nurses?—I don't think that the doctor should have power of appointing extra nurses. It is a matter that he should report to the Governor.

5424. And the Governor should report it to the committee?—Yes. In any emergency case there is not the slightest doubt that the doctor would take it on himself to employ a nurse and then report to his committee. I don't think you need fear as to the committee not supporting the doctor. The employment of another doctor is a different thing. The doctor is the only person who is able to judge whether he requires assistance or not; the ordinary layman is not able to judge. I would allow the doctor to call in help whenever he thought fit, but I would render him liable to be surcharged if it was proved that he called in the extra help without there being any necessity for it. I should put the responsibility of employing extra help in the way of another doctor on his own shoulders. He is the judge of the urgency, and if it is proved that the case was not sufficiently urgent, then he should pay for it.

5425. The committee would decline to pay if he got in another doctor for some frivolous reason?—Yes. The doctor should be made clearly to understand that the committee have power to make a surcharge.

5426. The committee might decline to pay the extra fee, which, I suppose, you admit would be due to any man called in to assist?—Yes. As long as you consider that as clear, I am quite satisfied. I want to put the responsibility on the doctor himself.

5427. *By Dr Mackenzie.*—And you would let him understand that?—Yes, he should be made to understand that he did it at his own risk.

5427A. You would cover his fee in any case you approved of?—Certainly.

5428. *By the Chairman.*—Do you have much punishment in the Lorn Combination Poorhouse?—Practically none.

5429. Have you any refractory cells?—No, but we have a place that could be used for that.

5430. There is no punishment of children?—They don't require any punishment; they get enough at the Board School, and they behave well enough when they come back. I don't mean to say that they are punished at the Board School, but that is where they get their allowance. I think we have had about half-a-dozen cases, more or less, where we have called up people and talked to them, and put them upon a reduced diet for perhaps twenty-four hours, or something like that.

5431. Does the Governor report every punishment to the House Committee?—Yes, every punishment is reported.

5432. *By Dr Mackenzie.*—Is this refractory cell not put into use on the instructions of your committee, or has it simply been allowed to fall into abeyance?—It has not been used. It is a communication between

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the two ends of the house, and we always pass through it.

5433. Are there any means of heating it?—I don't think so.

5434. So a man might be confined according to the regulations without any heating?—It is an inside room, and I don't think it would matter. I think there should be some provision made for certain cases of punishment that we are utterly unable to deal with. We should have punishment, especially in the case of those inmates who go out over the wall. What I object to is those young women I already spoke of going out over the wall.

5435. What do you suggest as a proper method of dealing with those cases?—Leave your punishment as it is, let it be anything you like, refractory cells if you please, stop tea and butter and that sort of thing, but I think you should have power to hand them over to the police.

5436. *By the Chairman.*—There is provision for that in our rules. Under Rule 66[1] any inmate 'who 'shall climb over any wall or fence, or attempt to 'quit the poorhouse premises in any irregular mode '. . . . shall be deemed refractory, and punishable 'by solitary confinement,' etc.?—That punishment is not good enough. I should like to punish them that way the first time, and then have power to send them to the police court.

5437. Have you many cases of that sort?—No, we have them once or twice in the course of the twelve months. There used to be no such cases at all.

5438. *By Dr Mackenzie.*—You would not think it to be on the line of sound policy to convert a poorhouse into a place under prison conditions?—I don't see what you are to do if you are to put people in there against their will. Unless you can keep them in there, what on earth are you to do? There is a certain class of people who should be confined there against their wills, or else they should be put out altogether.

5439. Would you not suggest to meet it by different classes of poorhouses? You don't want to bring up a semi-criminal case alongside a different kind of poor person?—It is not for criminal purposes they go out; they go out because they don't like being shut in.

5440. Would you consider it a fair punishment to treat them as if they were criminals?—You must rule them somehow or other. I admit it is a difficulty, and I don't know how you are to get over it. I don't think the present punishments are sufficiently severe for repeated offences. They are severe enough for the ordinary discipline of the house, but what are you to do when you get a person who will persist in going out; there is a watch stolen and pawned, and the proceeds are brought back in the shape of rum. Now that is a thing you want to be pretty stiff upon.

5441. *By the Chairman.*—That is a case in which you invoke the aid of the police?—It could have been handed over to the police, but it was not worth while making a fuss about it.

5442. What have you to say as to the duties of the Governor, matron, and subordinate officials in regard to the health, cleanliness, clothing, etc., of the inmates?—The rules are pretty good as they are.

5443. We come now to the question as to trained sick nursing?—All I have been saying already has been talked over by our Parish Council, and I am giving their opinion as well as my own, but with regard to the trained sick nursing our opinion is very much divided. What I am going to say just now is my own personal opinion. I believe that any person should be taken as a nurse, that we should not be bound to take only trained nurses. If there is a nurse applying to be taken on, and she is not certificated, then she should only be taken on on the doctor's approval, and the doctor should have power to have her dismissed if she is an unfit person. Such a woman, if engaged, might be put on as a probationer, with power to the doctor to ultimately give her a certificate as a poorhouse nurse.

5444. Do you have pauper nursing in the Lorn Combination Poorhouse?—We simply employ them as servants. Any person who is fit for work is supposed to work.

5445. The pauper inmates of the poorhouse are put to do the cleaning and scrubbing work?—Yes, and washing and nursing work.

5446. Do they get paid for that?—No. I think that in special cases of nursing you should be able to give even a pauper some gratuity. There was a woman in some time ago with a blind husband; the man was a pauper and the woman was perfectly fit to work anywhere. That woman volunteered to nurse an infectious case, and I think that that should have been recognised in some way.

5447. It is done in some poorhouses, but I am not sure that the results are satisfactory?—I know that it is done. I should like to have power to do it. Then we have a man who is laid up somehow or other—I don't know whether he is called sick or infirm. He is a particularly handy man, and has done a good deal of nursing before,—I believe the truth is that he has been actually a professional nurse. Now that man's services might be recognised somehow or other if we only had power to do so, but I don't think we have any such power,—I think that such remuneration, if given, could be surcharged by the auditor.

5448. You are of opinion that the medical relief grant should be extended, not only to trained nurses who are trained according to our rules and in possession of full certificates, but also to those who are being trained in order to become trained nurses?—Yes; you might make a distinction in the amount that you give.

5449. Let me put it to you this way; we have only a sum of £20,000 for the whole of Scotland, and it is extremely difficult to cut and carve out of that for all the purposes to which we have to apply it. If the sum were sufficient, you would think that a certain part of it should be laid aside for probationers, because those people you have been speaking about, the nurses you get in who are not trained, but who are to be trained after the doctor has approved, will be probationers?—Yes.

5450. Do you think that poorhouse training is sufficient in itself to justify the certificate of a fully-trained nurse? I ask that, because at present we require two years in a hospital where there is a resident medical officer?—Yes, but I think I would only give a certificate as a poorhouse nurse, which should enable her, for instance, to go to a hospital and get through with one year for the full certificate. She should get a partial certificate.

5451. You think that the requirements of a poorhouse hospital are less than the requirements of a general hospital?—They are not so varied.

5452. Probably in the Highlands they are less numerous and less important than in a poorhouse in a larger area?—Yes.

5453. What we should require in the case of a poorhouse in the Highlands should be somewhat less than what is required in the South?—Yes; or, rather, in centres of large population.

5454. As you have told us, that is your own individual view and not the view of the Parish Council—Half of the committee believe in nurses, and the other half think them the worst things possible.

5455. You, however, are one of those who believe in nurses?—Half and half. I think that these poor house nurses that I have been speaking of, with a half certificate, would be the most useful ones that we could get. The others are too swagger.

5456. *By Dr Mackenzie.*—Have you any difficulty in getting nurses?—We have not had any difficulty yet. I think that you should have rules and regulations laid down for the nurses, and should also indicate the extent of their powers, because some nurses take full charge of the whole shop. It is for that reason I would prefer these poorhouse nurses for poorhouses, rather than certificated nurses.

5457. *By the Chairman.*—Have you found any friction between the nurse and the matron?—Yes, and also with the Governor and with the doctor. The

[1] Poorhouse Rules and Regulations.

nurse wanted to boss the whole show, and, of course, as she was on the spot all the time, she could say a good deal to the doctor that he could not contradict, and when she got hold of him she did what she liked.

5458. As I understand it, the nurse was complaining to the doctor of the action of the Governor and matron?—No, she said that the house was no good whatever, that it was not fit for pigs to live in, she could not get anything to eat, and everything was wrong—in fact, she wanted to boss the whole show. I have known that also in outside cases.

5459. *By Dr Mackenzie.*—But you think it quite possible to lay down rules for nurses that would make the trained nurse a workable quantity?—I don't know whether it is possible to do so or not, but it is possible to attempt it. A nurse in my experience is a most difficult person to deal with, although, of course, she is very useful.

5460. Is that not largely because your selection of nurses for poorhouses is so limited?—I am making my statement from the complaints I have received from people who are neither paupers nor of any particular class; they complain to me about these jubilee nurses, or whatever they are called.

5461. *By the Chairman.*—What have you to say as to the visitation of the poorhouses?—In your rules you say that two members should visit every week. Now that is read as if it was two members at the same time, which is a very inconvenient thing. You may put it that two members shall visit, but it should be understood that they are not obliged to visit together.

5462. I don't think that that was ever intended?—No; but it would be a good thing to alter the wording slightly. I think it would be very wise to lay down some rule describing the powers of the Visiting Committee, because I have myself known many cases of members interfering with the officials and reprimanding them before the paupers. I think the visiting members should be instructed that they have no power beyond reporting to the committee.

5463. According to that view, Rule 14 on page 9[1] is scarcely observed, because it is the duty of the Visiting Committee to 'write such answers as the facts may 'warrant to the following queries, which are to be 'printed on each page of a book to be provided by the 'House Committee, and kept for that purpose in the 'poorhouse, and which is to be submitted by the House 'Governor to the House Committee at every ordinary 'meeting?'—That is so.

5464. But beyond that?—Beyond that, I have known members of committee finding fault with both the Governor and the matron before the paupers, and I hold that that is subversive of all discipline. I think you might point out that visiting members have no power of themselves to do more than what is under Rules 14 and 15.[1]

5465. Do you think that the rules sufficiently meet the case you are putting?—Yes; provided the last sentence in my answer to question 5462 is added.

5466. Then what have you to say as to the salaries of medical officers?—That depends on the supply of doctors. The circumstances of every place are different.

5467. Do you think that the salary ought to be commensurate with the pauperism of the parish or the area, or how should it be fixed?—I considered that point, but I found it so difficult that I gave it up.

5468. Would you suggest that the sanctioned accommodation or the average number of inmates should be the criterion in fixing the salary of the medical officer of a poorhouse?—The average number of inmates, of course. That is the only thing you have to go by. They are all under his hand.

5469. What are your views as to the proper and sufficient dispensing and supplying of medicines to the sick poor in poorhouses?—I have very strong opinions upon that. I have fought that point and got my own way. I think the doctor should have the supplying of drugs and sign vouchers. It does not do to give cheap drugs. The doctor is responsible for giving them; let him be responsible for buying them.

5470. What is the practice in operation now?—That is what we do now—the doctor buys his own drugs, and he vouches and signs the account.

5471. That does not lead to extravagance—No. We have not found it lead to any extravagance whatsoever.

5472. We come now to outdoor relief. What have you to say as to the adequacy of the medical relief arrangements at present in force?—The doctor should supply nothing but medicines; the inspector should do all the rest. The doctor should only have power to advise and not to supply. My own experience is that the doctor's orders are very often out of place, very extravagant and very much misapplied. I think that the English regulation meets the case; the doctor there can only recommend. Of course the inspector is responsible for refusal or neglect. My reason for saying that is that I have known of a family of two or three living upon what the doctor ordered for the invalid.

5473. The order would fall under the head of nutritious diet?—Yes; in this case it was beef steak. He first of all got the best beef steak going in order to make beef tea. How much beef tea was used I don't know, but the others were eating the beef steak.

5474. The inspector may refuse to supply what the doctor orders. I refer you to Rule 4, on page 102[2]: 'A 'medical practitioner appointed by the Parish Council 'to attend any poor person shall intimate in writing 'to the inspector the description and extent of the 'relief, under Rule 3, which he may consider necessary 'for the proper treatment of such poor person; and on 'receipt of such intimation, the inspector, on his own 'responsibility, shall forthwith furnish or refuse the 'relief so intimated to be necessary, until he shall have 'brought the case before the Parish Council, and 'received their instructions regarding it. But if the 'inspector refuses or fails to furnish that relief, or any 'part of it, he will be held accountable for such refusal 'or failure'?—I must have overlooked that. All our parishes round about work under the impression that, if the doctor orders anything, the inspector cannot refuse it.

5475. That is the rule, and we have brought it under the notice of most of our witnesses. The cases are very rare indeed where the inspector has ever refused or declined to give such relief as the doctor ordered. Have you known of any such case?—I have never known of any such case, but I think that the doctor very often orders relief for people which is misapplied. The doctor says to a person, 'You get a pound of steak.' There is a case just now where a woman is getting milk and soda, and the amount is excessive.

5476. You would be of opinion that this rule should be continued, and the inspectors should be told that they are the people to supply the extra materials, and not the doctor, because they all hold that if the doctor orders it they have no power to do otherwise?—Yes.

5477. Suppose the doctor ordered certain diet, and the inspector said, 'No, this diet is not to be given,' and it were ultimately to appear that the patient suffered from the want of it, then the responsibility would be a very serious matter for the inspector?—Yes; but I don't think that the inspector would interfere in that way. He would insist, I think, on soup steak being used to make beef tea, instead of beef steak at 1s. 3d. or 1s. 4d. per lb. That is where the doctor goes wrong.

5478. The inspector would see to the ordering and supplying?—He would see that what was ordered was good enough for what was wanted, instead of being of extra quality or quantity.

5479. You think that the rule, as now interpreted, leads to extravagance?—Yes.

5480. *By Dr Mackenzie.*—Of course you are aware that the nutrition of inferior meat is reckoned at about one-fourth of what really fine meat is?—Yes, but I do not speak of inferior meat at all. You can buy one cut

[1] Poorhouse Rules and Regulations.

[2] Board's Rules, etc., to Parochial Authorities.

that is good enough for soup at 8d., and you can buy another cut from the same animal at 1s. 4d.

5481. Beef tea made from anything but the best is worth practically nothing?—I don't know: you don't want to go to the under-cut for it. Of course beef tea is no good at all if you make it out of frozen meat. What I complain of chiefly is this—that beef is ordered for beef tea, and it is eaten by the rest of the family. That is where I want the inspector to come in. Most of our inspectors have sufficient knowledge to enable them to see that what they get is sufficient for the purpose.

5482. Is beef tea, as a matter of fact, much prescribed in the West?—Not very much. I know cases just now where more milk is being used than one patient can consume.

5483. Is that in a case of phthisis?—I don't know, but I know that it is an excessive quantity, and there are three people to drink it; whereas it is ordered for one.

5484. *By the Chairman.*—What have you to say as to subscriptions to nursing associations, and the appointment of nurses for the outdoor sick poor?—Our opinions again vary very much with regard to that. Personally, I think that the ordinary nurses won't look at pauper cases if they can help it.

5485. Do your Parish Councils contribute to any association?—No.

5486. *By Dr Mackenzie.*—Do the jubilee nurses attend to any of your cases?—No, we don't require them in our parish; but in the other parishes I know about they are working, and they don't care for pauper cases. In fact, if they are any good at all, they have plenty to do without them. Our opinions, however, are very varied upon that.

5487. Have you any nursing of outdoor paupers at all in your parish?—If we require a pauper nursed outside, then we get a nurse for her.

5488. A special nurse for the occasion?—Yes.

5489. You have no regular parochial nurse at all?—No; our parish is small, and they can get into the poorhouse.

5490. *By the Chairman.*—We come now to the supervision of boarded-out children?—I cannot say anything about that, because we have none. I think that the person who sees most of the boarded-out children is the schoolmaster, and if you can make any terms through the school authorities, you will have them better looked after than they are.

5491. You don't suggest that the inspector of poor of the parish of residence should be brought into play too much?—No; it is no good.

5492. You say that the person who sees most of them is the schoolmaster?—Yes.

5493. What have you to say as to accommodation and arrangements for casual sick poor in each parish?—Our parishes are far too scattered. You might have the accommodation at one end, and the sick poor at the other. The expediency of obtaining powers of removal is rather important, but there is a difficulty there. I think if you added after the word 'relatives,' 'fit in the 'opinion of the Parish Council,' you would get it all right.

5494. The objection is that when you get them in, it is difficult to get them to remain. That would apply to a Highland parish rather than to a larger parish, where they have appliances and a staff, and other means of looking after the inmates which you do not possess?—Yes.

5495. *By Mr Barclay.*—You think that those who would be removed compulsorily would be in such a state that they would not be fit to go out?—That is so, but they may have dependants.

5496. *By the Chairman.*—Take the case of a sick woman living in a small croft, which is in a ruinous condition; no one to look after her, and just dying of old age—it is very much better that she should be in the poorhouse?—Yes.

5497. That is not a case which would be likely to get out of the poorhouse?—No, but she might have a dependant. There was a case like that some years ago, where the woman was very old and frail, and she had a semi-idiot daughter who was not able to look after her, but who was not bad enough to be put into the asylum. I approve of powers being given to compulsorily remove them to the poorhouse; you must just chance their getting out.

5498. The assumption in the Memorandum is that there are no dependants?—It might be a case of man and wife, the one very bad and the other tolerably bad; you may keep the man in all right, and the woman will get out over the wall, but you must just chance that. I think that the Parish Council should have power to put them into the poorhouse compulsorily if they think fit. If the Parish Council are not given compulsory power, they should not be held liable in such cases to be sued for outdoor relief if they offer the house.

5499. *By Dr Mackenzie.*—Would you ask that the Parish Council should have a direct power to remove, or would you do it by petitioning the Sheriff, as in the Public Health Act?—If you go and bother the Sheriff you won't get it done at all.

5500. You must have some outside safeguard?—You might give the pauper power to appeal to the Sheriff, because once the pauper was taken in and found that the place was really better than he thought, it is very likely that he would not appeal at all.

5501. *By Mr Barclay.*—You would take them in and then let them appeal?—Yes. I am not concerned about the procedure so long as you have the power.

5502. *By the Chairman.*—What are your views as to the expediency of sending selected cases to seaside or other infirmaries or convalescent homes, and the cost of providing therefor?—I decidedly object to that. You are making the pauper better off than the honest working man outside.

5503. The next point is the tenure of office of medical officers as affecting the efficiency of the Poor Law medical relief system. What is your opinion as to that?—I think there should be some appeal against dismissal.

5504. Have you had any cases that have led you to form that opinion?—No, but I know of cases where I think there should have been an appeal.

5505. We are very anxious to know of any individual cases. Can you give us any instance?—You all know about the Bunessan case. In my opinion there should have been an appeal in that case.

5506. Do you think there are any other cases besides that case?—I have known one or two cases, but just by hearsay.

5507. Do you think that the tenure should be put on the same footing as that of the Public Health Medical Officer?—Yes. Politics have an awkward way of intervening sometimes.

5508. What do you suggest should be done in cases of tramps, not paupers, found lying ill at a roadside?—You must just treat them as casual; you must do the best you can with them.

5509. Is there any other point that you wish to speak about? There is a point that I want to bring up which does not come under medical relief, but still it has to do with relief in a sort of way, and that is relief of rates. A pauper comes from the country into the town and takes a £14 house, and speculates in lodgings for a living. I say that if that pauper is relieved of the rates then that should be charged against the parish to which she belongs. Her relief is not adequate if she has to be relieved of her rates.

5510. *By Dr Mackenzie.*—You consider that the relief of rates is an increase to her allowance?—Yes, it is an increased allowance.

5511. *By Mr Barclay.*—Are there many cases like that?—Plenty. I don't suggest that there are more than four or five every year, but they have been going on for the last ten or fifteen years. A person comes into Oban just on the verge of destitution, she speculates in lodgings and does not make both ends meet, and then she applies to us for relief of rates. That is a pauper allowance. There are plenty of cases like that where people come in and speculate, and get relief of the rates.

5512. *By the Chairman.*—Do they pay their rent?—Yes, but they don't pay their rates. That should be called relief.

5513. And you think that they should be pauperised?—Yes, and you should be able to claim against their parish. If they get relief of rates, they are getting relief off the rates.

5514. What have you to say as to the grant in aid of medical relief?—I think that the points are all right except No. 8 of the Memorandum—I don't think that a doctor should get any extra fee for doing his own work. Then the salary of the medical officer should be fixed independent of medicines, and he should be allowed to provide medicines. As to the advertising of vacancies, I think you might have a limit as to the sum—if it is a sum sufficient to induce a man to come, then it might be advertised, but if it is a small sum it should be left to the discretion of the Parish Council.

5515. Would one advertisement do?—What is the use of it? I have always been canvassed when a vacancy occurred, before the advertisement was sent out.

5516. The object of advertising is that no one may be able to say that it is a hole-and-corner business?—In small places where the salary is small it cannot be a hole-and-corner business. It is quite sufficient to put it on the agenda paper calling the meeting.

5517. What do you do with the wood that is split in your workshop?—It is sent down town.

5518. Do you send the paupers with it?—Yes.

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5519. Do they collect the payments?—The payments are collected by the Governor.

5520. Do you find that they bring back things from the town that they ought not to bring?—No, because it is considered to be a privilege to get out with the sticks. If they brought back anything they would not get out again.

5521. It is a reward for good conduct?—Yes.

5522. You don't suggest that there is anything wrong with that system, or that we should make any alteration?—No.

5523. I suppose if you put the distribution of the wood in the hands of an official it would cost you more than the thing is worth?—That is so. Besides, it would deprive the men of the pleasure. Many men now on our Parish Council used to exclaim against the practice in the days of the Parochial Board, but since they have come on to the Parish Council and the House Committee of the poorhouse they have found that the men like it, and look on it as a reward of good conduct.

5524. Is it part of the discipline of the poorhouse?—Yes.

5525. Your ordinary inmates would not be allowed to do that?—No; it depends on conduct.

The Committee adjourned.

FIFTEENTH DAY.

FRIDAY, 13TH FEBRUARY 1903.

At the Scottish Office, London.

Present:

MR J. PATTEN MACDOUGALL, *Chairman.* | DR W. LESLIE MACKENZIE.

MR J. JEFFREY, *Secretary.*

DR ARTHUR DOWNES, called and examined.

5526. *By the Chairman.*—You are Senior Medical Inspector for Poor Law purposes under the Local Government Board, England, and one of the General Inspectors of the Local Government Board (Metropolitan District), and you have been so for the last ten years?—Yes.

5527. The Metropolitan District includes West Ham, Croydon, and Richmond, as well as London proper?—Yes.

5528. You were previously Poor Law Medical Inspector for provincial workhouses?—Yes.

5529. In your *précis* you say that the administration of medical relief is mainly regulated by the General Consolidated Order of 24th July 1847, based on the Poor Law Amendment Act of 1834?—I should rather say in England and Wales, outside the metropolis, because inside the metropolis since 1867 medical relief has become rather specialised. I think I refer to that later on.

5530. Yes, you say that some unions or parishes have their special Orders or special Acts, but, with the exception of the metropolis, where medical relief has become somewhat specialised, the general principles are, you believe, much the same?—Yes.

5531. You refer particularly to the fact that in most unions in London there are infirmaries separate from the workhouses?—Yes; every union in London, with the exception of Hampstead, which is a comparatively small one, has its separate infirmary. Another point in which the relief is specialised in London is that the dispensary system is extensively developed; in fact, every union gives its outdoor medical relief through a dispensary.

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5532. *By Dr Mackenzie.*—Are these distinct dispensaries, or are they associated with the infirmaries?—They are distinct from the infirmaries. In some cases they might be in connection with the infirmary buildings, but they would be outdoor offices.

5532A. *By the Chairman.*—You find these dispensaries to be almost essential in large areas, as contrasted with the smaller country areas?—Yes.

5533. *By Dr Mackenzie.*—Are these dispensaries open only to paupers?—Yes.

5534. No outsider is entitled to apply?—No. The applicant goes to the relieving officer, whose office is usually at the dispensary, and the relieving officer gives him an order for the district medical officer. That order may be either for attendance at the dispensary or at the applicant's own home. We have a return showing the extent of those dispensary arrangements. This return, which I exhibit, contains a summary of the outdoor medical relief in the metropolis for the year ending 25th December 1901, and it also shows the

details. From this return will be seen the total number of orders that were given during the year. There were in all 102,470 orders; 56,000, approximately, were for attendance at the dispensary, 38,500 were for attendance at the patients' own homes; and the remaining 8000 were orders in districts for which there are no dispensaries. The total cost of the remuneration of the medical officers for that service worked out at 3s. 11½d. per order, including extra fees. (*Hands in Return, vide* Appendix XXXIX.)

5535. *By the Chairman.*—The medical officer gets a salary, plus a fee for certain specified attendance?—He has a fixed salary plus a fee.

5536. As regulated by the Order of 1847?—Yes. In some cases the operation of that Order may be suspended; that is to say, the guardians may have applied for suspension of the Order, and have compounded in the salary for what they consider reasonable in the way of fees. In certain cases the order has been suspended to that extent.

5537. Those who go to these dispensaries, and there get either medicines or attendance, are all either paupers themselves to begin with, or are pauperised by asking for that medical attendance or medicines?—Yes, but there is an Act which was passed in 1885, called the Medical Relief Disqualification Removal Act, whereby the disqualification for municipal or Parliamentary voting purposes is not imposed, but this indulgence does not extend to Guardians' elections.

5538. The taking of medicine is not sufficient to disqualify for voting purposes; it does not put the recipient upon the roll of paupers to the extent of disqualifying him for voting purposes?—That is so, with the exception above stated.

5539. You say that the principal basis of the special Metropolitan arrangements for medical relief is the Metropolitan Poor Act 1867, 30 Vic. cap. 6, and the Amending Act of 1869, 32 and 33 Vic. cap. 63?—Yes. In addition to their powers in regard to ordinary outdoor or indoor medical relief, the Guardians have power to pay for any such relief rendering on the happening of any accident or sudden illness—11 and 12 Vic. c. 110 s. 2. This is in operation by special arrangement in certain unions, for example, in Poplar and Whitechapel, where they make payments, and have fixed a fee for such services.

5540. These are not included in the medical officers' salaries?—The service would be rendered by some outside practitioner, pending the arrival of the district medical officer.

5541. The relieving officer has power to call in that outside medical attendance?—Yes. The Guardians undertake to pay in any cases of urgency. It does not happen very often; I believe the whole sum in Poplar for one year was only something like £5. I exhibit the circular which the Poplar Guardians sent to the medical practitioners in their district, stating the conditions under which they would pay a fee, and the amount of fee that they would pay.

5542. This circular is issued to all the medical practitioners practising in the districts?—Yes; and the clerk tells me further on how much they have paid in a given time. It is not a large sum.

5543. I notice that you say in regard to inspection, that there are at present fourteen Poor Law districts, each in charge of a general inspector. That is, as I understand it, fourteen Poor Law districts in the Metropolitan district?—No, that is the whole of England and Wales. Each general inspector yearly names a number of workhouses to be visited by the Provincial Medical Inspector (Dr Fuller). They usually make a joint inspection in such cases. Dr Fuller's services are also available in special cases, and he advises on any papers referred to him by the Department. The appointment, duties and powers of the inspectors are defined by 10 and 11 Vict. c. 109 ss. 19–26, extending 4 and 5 Will. IV. c. 76. Extensive powers are also conferred on the Local Government Board by 31 and 32 Vict. c. 122 s. 7. The general inspector in charge of the district is expected to visit each workhouse in his district and each separate infirmary and school and so on at least once a year; he may visit much more often. He makes a report in a set form to the Local Government Board. I hand in samples of these forms. (*Hands in forms, vide* Appendices XL. and XLI.) The school form, instead of having a very large number of set questions, gives some heads to which attention is directed, and then a free hand is given as to which the inspector will take up. The other form is a large number of set questions, and is a little different in shape from the school form, but the school form, with a slight modification, would be applicable to a workhouse also. Then in addition to this inspection by the lay general inspector in charge of the district, there is also an inspection by the medical inspector. That, of course, is only an inspection of a few workhouses during the year. The custom is for the general inspector, at the commencement of each year, to send to the Local Government Board a list of about six workhouses which he would desire to have inspected by the medical inspector. The general inspector, however, is not tied to that list; if during the year he finds that some other place requires inspection more urgently, then he can substitute it. The medical inspector's services are also available in special cases, such as an epidemic or some urgent case which was not foreseen at the commencement of the year.

5544. *By Dr Mackenzie.*—Could you give us any idea of the circumstances that suggest to the general inspector the reasons for asking a medical inspection of any particular workhouse?—Usually he would not be quite satisfied with some of the arrangements regarding the sick,—there would be generally some reason of that sort; he would want to know whether the nursing was up to the mark or whether the medical attendance was satisfactory. He would form his own general impression as he went round, take his notes and form his opinion.

5545. The enquiry starts from a doubt of the medical organisation of the union or workhouse?—Sometimes there may be a question of enlargement or alteration on which the lay inspector might wish to have the opinion of the medical inspector. Sometimes there may be a point on which he would like him to confer with the Guardians, not necessarily on any defect, but possibly with a view to some administrative alteration.

5546. *By the Chairman.*—And there may occasionally be some administrative friction between the Governor and the matron and the superintendent of nurses, or something of that kind. That does crop up occasionally?—Yes. We have had to consider that at length in the report of the departmental committee on the nursing of the sick poor.

5547. You have had, I think, to make a special order in cases of certain workhouses, in one case I see handing over the duties previously performed by the matron and the master to the superintendent of nurses, and giving her exclusive charge in regard to the sick paupers?—That only hands over a portion of the duties; it is chiefly to relieve them of certain duties put on them by the Order of 1847 requiring them to visit the wards at certain times. Where there is a superintendent nurse these visits are not so necessary, and it is merely to relieve them of that portion of their duties that that has been done; it does not hand over the wards entirely to the superintendent nurse.

5548. I understand that a superintendent nurse is necessary where there are three trained sick nurses?—Yes, under the Order of 1897.

5549. In that case the superintendent of nurses would be given, I suppose, complete control as regards the sick and the infirm in the infirmary, apart altogether from the matron and master?—This is the Order: 'It 'shall be the duty of the superintendent nurse to super-'intend and control the other nurses and assistant 'nurses in the workhouse, in the performance of their 'duties, but such superintendence and control shall in 'all matters of the treatment of the sick be subject to 'the direction of the medical officer of the workhouse, 'and in all other matters to the direction of the matron 'and master of the workhouse.' That is to say, she is

to be subject to the medical officer in all matters of treatment, and in regard to ordinary matters of discipline the supreme control of the master and matron is preserved. I think in the majority of cases the officials have got on very well, but there have been undoubted cases of friction, arising possibly from want of tact, or some want of definition of the respective spheres of the officers.

5550. Have you cases where there is no superintendent of nurses, there not being three trained nurses, and where the matron herself is a trained nurse and exercises the supervision of the treatment of the sick, under, of course, the medical officer?—There are cases of that sort. The matter is dealt with very fully in the report I have already referred to.

5551. *By Dr Mackenzie.*—When was this medical inspection of workhouses and infirmaries instituted?—I believe it was first instituted in its present form not very long after that Act of 1867. There was a general enquiry into the condition of provincial workhouses at that time, and they were found to be in not a very satisfactory state as regards the sick, and Dr Mouat was appointed for the purpose of visiting them. Previous to that the Poor Law Board had appointed a medical man, Dr Edward Smith, as one of their general inspectors, so that his services might be available to advise them on medical questions, but I don't think he made any routine inspection of the workhouses outside his own district.

5552. The present inspection is really an inspection of selected houses?—Yes, the selection being made, usually, by the inspector in charge of the district.

5553. Do you interfere with the classification or rectify it in any way, as the result of those inspections? I am anxious to get at what actually happens?—We have no control of workhouses ourselves. The Guardians have the responsible control, and all we can do is to send our recommendations to them.

5554. Suppose it were essential that you should know the numbers of sick, infirm, and ordinary cases, and whether the classification was carried out properly, whether there were too many sick or infirm, or the like, would you then have a right to make a personal examination of the patients in the infirmaries, so as to satisfy yourself as to the nature of the diseases?—I think it has been held that an inspector may take any action that is necessary to inform the Local Government Board of the condition of things. Article 100 of the Consolidated Order of 1847 reads as follows: 'The Guardians shall not admit into the workhouse or 'any part of the same, or retain therein a larger number 'or different class of paupers than that to be fixed by 'the Commissioners' (the Local Government Board are now in the place of the Commissioners), 'and in case 'any such number be exceeded, the fact of such excess 'shall forthwith be reported to the Commissioners by 'the clerk.'

5555. Would that apply to the inmates of individual rooms? Could you disallow the number in any particular section of the workhouse?—Yes, I think so.

5556. You could say, 'You can use the rest of the 'workhouse, but you must not put more than a certain 'number in that room?'—Yes, they could omit from the certificate any part which they considered unfit.

5557. In fact it would be practically equivalent to a common lodging-house license, where you have each room measured and detailed as being for so many lodgers, and sanctioned for a certain amount of accommodation?—Yes, that is conferred by that Order.

5558. It is really a piecemeal license; it does not mean that you must close the whole house if any individual room of it is not satisfactory?—That is so.

5559. Of course, once that sanction is given, it is permanent, but subject to revisal?—Yes, it is subject to revision. The wording of the Order would be, probably, 'Until we otherwise direct.'

5560. Have you had any cases where approval has been withdrawn for individual sections of a workhouse or infirmary, where you have actually disallowed any particular room or group of rooms?—I cannot give an actual instance, but I think that there have been such cases where we have not certified the whole of a building. If we were not satisfied, for example, with regard to the means of escape in case of fire, then we should have power to exclude that portion from our certificate.

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5561. *By the Chairman.*—That is in your original certificate, certifying the workhouse before it is built; do you revise these certificates from time to time?—We have power to regulate the accommodation. Assuming that a new workhouse is built, these forms would be sent down to the Guardians (*exhibits forms, vide* Appendix XLII.), and they would fill up the dimensions of the rooms according to the form; the medical officer of the workhouse would state what, in his opinion, was the number that the place would accommodate, and then the inspector of the district would check the numbers, and probably visit the place himself, and state what he thought was the proper accommodation. That is done as far as possible on a definite scale which differs in the country somewhat from the scale adopted in London.

5562. If the inspector's views were not given effect to by the Guardians, then the Local Government Board would take the matter into their own hands and recommend that this be done, and, failing its being done, they would consider what further course they should take as to withdrawing the license or otherwise?—Yes.

5563. You go on to say that the Boards of Guardians may subscribe, with the consent of the Local Government Board, to any public hospital, or towards any institution for persons suffering from any permanent or natural infirmity, or towards any association for aiding such persons, or for providing nurses, etc.?—Yes, that is by 42 and 43 Vic. cap. 54 sec. 10, extending 14 and 15 Vic. cap. 105 sec. 4. They may also send poor persons to suitable places for curative treatment on the recommendation of their medical officer, the consent of the Local Government Board not being required.

5564. I suppose that that power of sending suitable cases for curative treatment is part of the general powers?—Yes, it is part of the general powers of the Guardians.

5565. For which they do not require special legislative sanction. It is simply the curative treatment of the sick pauper?—Yes.

5566. With regard to subscriptions to public hospitals or institutions for persons suffering from any permanent or natural infirmity, these are also with a view to treatment of the sick pauper and to his improvement in health where the appliances in the hospital or infirmary are not such as to be sufficient?—Yes. The statute requires that the Guardians shall be likely to obtain a certain return for their subscription. In the case of subscriptions the consent of the Local Government Board is required, but with regard to the sending of persons to suitable places for treatment that consent is not required. Then, under 12 Vic. cap. 13, the Local Government Board are empowered to regulate establishments other than workhouses in which poor persons are lodged and maintained under contract or agreements with the Guardians, and they have sometimes issued orders for this purpose. You will find an example of an order of that sort in 'Glen,' issued to seaside convalescent homes. I refer to the special Order, dated 7th February 1889, printed in Glen's 'Poor Law Orders,' Eleventh Edition, page 1075. Only two establishments for convalescents, etc., both proprietary, now remain of those regulated by special order, but there has been of late years a tendency to an increase of unregulated proprietary establishments for diseased or convalescent paupers.

5567. *By Dr Mackenzie.*—Have you the actual power of inspecting those places; do your inspectors go there regularly?—I believe that under 10 and 11 Vic. cap. 109 the inspectors have power of inspection where there are any poor persons being maintained.

5568. You say 'unregulated proprietary establish-'ments.' Does that mean that they are under their own rules?—It means that we have not issued regulations with regard to them. I don't mean to say that they are

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in a bad condition when I say that they are unregulated; I simply mean that we have not issued formal orders.

5569. Are they under your inspection?—They are subject to inspection.

5570. *By the Chairman.*—The discipline and the regulations are their own?—We have not prescribed that.

5571. *By Dr Mackenzie.*—I should like to go back for a moment to that point as to the subscriptions to institutions. Of course under this section there are many more things than medicine involved, such as providing nurses, or aiding girls and boys in service, and so on. In actual fact I presume the great mass of subscriptions will be for medical relief?—Yes, or they will be subscriptions to nursing associations. A great many subscriptions are given to district nursing associations to provide district nursing for the outdoor poor.

5572. The subscriptions approved by the Board will be mainly subscriptions to nursing associations?—Yes. I think they would be mainly that—they would have to do with some question of the relief of the sick.

5573. *By the Chairman.*—The section you have quoted would cover sanatoria for consumptives?—Yes, or places for the care of epileptics.

5574. *By Dr Mackenzie.*—Or feeble-minded children?—Yes. I may say that very large use is made of that section by Boards of Guardians; I should think that the subscriptions to institutions form in the aggregate a very large sum.

5575. It enables them to do special things in special institutions instead of doing them themselves?—Yes. Suppose a child needs some ophthalmic treatment, then the Guardians would be able to send that child to a special hospital for the purpose.

5576. *By the Chairman.*—Has it been used for sending tuberculous patients to a sanatorium?—I should think that that has been done. The question of sanatoria is a very big one with us at the present time, whether they are to be provided by the Poor Law authorities on a large scale or provided by some other authority.

5577. *By Dr Mackenzie.*—And used by the Guardians under this section?—Yes.

5578. You need no further powers for that; this covers anything that is likely to be involved?—Yes, as far as the Guardians are concerned. My own feeling is in favour of sanatoria not being provided on the Poor Law basis, because it would make the pauper a privileged person.

5579. You suggest it should be rather taken over by the sanitary authorities?—I should prefer that it was on some basis open to all according to their needs and payment.

5580. *By the Chairman.*—You go on to say that other important statutory provisions bearing on Poor Law medical relief may be found in the Lunacy Acts of 1890 and 1891?—Yes, 53 Vic. cap. 5, and 54 and 55 Vic. cap. 65. I refer to sections 20–26 and 201–203 of the first-named Act. Those are with regard to the care of lunatics in workhouses, and quarterly visits that have to be paid by the district medical officers to certify lunatics.

5581. You have put in,[1] as explaining the previous part of your *précis*, first, the General Consolidated Order of July 1847; second, the General Order with regard to the appointment of district nurses by guardians, 1892; third, the General Order with regard to the nursing of the sick in workhouses, 1897; fourth, the General Order with regard to the dietaries in workhouses, 1900; and fifth, extract from Order issued to Farnham and Basingstoke Unions, 1900?—Yes. I have also sent in extracts from general orders (General Consolidated Order of 1847 and others) as to the duties of relieving officers and medical officers. Taking the General Consolidated Order of July 1847, the leading provisions as to medical relief may be epitomised by the following sections—sections 215 (3), (4), (5), and (6), duty of relieving officer; sections 205, 206, duty of district medical officer. The outdoor relief prohibitory orders contained saving clauses for cases of sickness. There are also statutory powers for overseers and justices, but these are little, if ever, used now. As to medical relief to 'permanent' paupers, I would refer to sections 75 and 76 of the General Consolidated Order of 1847. The General Order with regard to the appointment of district nurses by Guardians of 1892 enables Guardians to appoint their own district nurses. Not many appointments have been made, usually because of the extensive area to be covered in country unions, while in urban districts the same end may be served by subscription to a voluntary nursing association.

5582. I gather from that that in country unions there are not many district nurses who attend the outdoor paupers, that work being done mainly by the medical officers?—The order I have mentioned enables Guardians to appoint their own district nurses, but not many appointments have been made, the great reason being, I think, the extensive area that has to be covered.

5583. In these cases, I suppose, the nurses would be expected to give their whole time?—If the Guardians appointed a district nurse, then she would be a whole time officer.

5584. I suppose in many cases contributions are given to those district nurses for such assistance as may be required for pauper cases?—Yes, and this order greatly stimulated that arrangement. Since the issue of the order there has been a great increase in the provision of medical nursing associations for the nursing of sick in country districts, cottage nursing associations and others have been established, and Guardians would be able to subscribe, under the statute we were speaking of a little ago, to these associations in return for the services of the nurses.

5585. You have mentioned a class of pauper, the permanent pauper. As I understand, the permanent pauper is an outdoor pauper who is permanently sick or disabled?—Yes. He gets a ticket which entitles him to go to the medical officer to be attended to by him in such way as is necessary. Section 75 of the General Consolidated Order of 1847 provides that the Guardians shall once at least in every year cause to be prepared by the clerk a list of all persons permanently sick or disabled, as may be actually receiving relief from the Guardians and residing within the district, and the medical officer shall from time to time be furnished with a copy of the list.

5586. Are there any other means by which an outdoor pauper may approach the district medical officer except by possessing this ticket?—The usual mode is by an order from the relieving officer.

5587. That would really be equivalent to the ticket?—Yes. It would be got for special cases. The object of the ticket for the permanent pauper was obviously to prevent any unnecessary visits.

5588. That ticket is just good for a certain time and it has to be renewed?—Yes.

5589. There is also, as I understand it, a list of these permanent paupers which is handed by the clerk of the Guardians to the medical officer from time to time as prepared?—Yes.

5590. He will therefore have that as a check?—Yes.

5591. Do you know whether that list is really in operation? We have that rule also, but we are told that it is absolutely in desuetude?—I think there has been a certain amount of slackness in some unions in regard to it, but generally speaking it is in operation.

5592. They rely more on the ticket which the pauper has than on the list. Suppose a man came to the medical officer with a ticket. He would not say, 'You have a ticket but you are not on the list, 'and I won't have anything to do with you'?—I cannot tell. There has been some slackness in regard to it, and I think there has been a tendency to keep people on the list who ought not to be there. That happens in London at any rate. You will see in that list of the medical relief arrangements in London that there is a list showing the number of permanent paupers, and they vary in the different unions. Those unions that are most careful have, as a rule, fewer permanent paupers on the list.

[1] Not printed in Appendix. General Orders of the Local Government Board (England) are published in the volumes of Statutory Rules and Orders.

5593. *By Dr Mackenzie.*—I suppose the intention of giving a copy of the list to the medical officer is to provide a check on fraud?—Yes.

5594. *By the Chairman.*—You wish to refer to some further sections in the General Consolidated Order of July 1847?—Yes, secs. 88–93, 207 (3) and 208 (1) relate to the duties of the master and medical officer as to admission of paupers to the workhouse. In the absence of the master his duty devolves on the matron (sec. 210 (1)), the duties of the medical officer on the admission of a pauper and as to classification are further extended and defined by the Dietaries Order of 1900. The duties of the Guardians and the workhouse officials, including the medical officer, under sec. 107, etc., of the Order of 1847 and subsequent orders relating to dietary are now superseded by the Order of 1900.

5595. What led to the issue of the new dietary Order of 1900?—The immediate cause was the complaint that under the old system of dietary there was a great deal of waste in the workhouses; as a rule the amount of bread issued was larger than the inmates could consume.

5596. The reasons for the issue of the order are explained in the memorandum dated October 1900?—Yes. There was a supplementary circular sent out in February 1901, because there was a good deal of misapprehension as to the meaning of the order. I may say that it is working very well.

5597. *By Dr Mackenzie.*—The nett result of it has been that by giving a greater variety to the diet and greater freedom you have really checked the waste?—Yes.

5598. *By the Chairman.*—I notice that by Article 108 of the Order of 1847 the medical officer may direct in writing such diet for any individual pauper as he may deem necessary, and the master shall obey the direction, so that the medical officer has full power to direct the diet for any pauper?—Yes, for individual cases.

5599. Does that apply to the outdoor pauper's diet—I mean medicines, including nutritious diet and other things?—The district medical officer has only power to recommend the relieving officer to supply certain things, and there is discretionary power left with the relieving officer to give or withhold.

5600. To give or withhold the diet that the medical officer may recommend?—Yes.

5601. Does the relieving officer take the responsibility of declining to give what the medical officer may order in such circumstances?—Very rarely, I should say. He would require to have a good reason for doing so.

5602. But he has that power?—Yes. Our theory is that the medical officer is the medical adviser, and the relieving officer is supposed to be acquainted with the actual circumstances of the family.

5603. Do the salaries of the district medical officers include medicines?—In some cases the salaries do include medicines, and in others they do not. In the majority of the country districts the salaries will include all drugs except certain drugs which are termed expensive—cod-liver oil, quinine, etc. We prefer, wherever it is possible, that the Guardians should find the drugs. In the large towns where we have the dispensary system the drugs are found by them, but in the country districts it is not always possible for them to do that.

5604. That is in districts where the medical man is the only man who has the drugs?—Yes.

5605. In these cases where he is the only man, the drugs are included in his salary, he is not paid for such medicines as he may order, except the expensive ones?—That is so.

5606. *By Dr Mackenzie.*—Have you had any weighing of patients or inmates in the workhouses in relation to dietary, or have you any figures or data on that?—I have no data now, but there have been figures certainly as regards children. They have increased pretty considerably in weight. I don't know so much about the adults.

5607. As a matter of fact you have had occasion to weigh inmates?—Yes, chiefly children, I think.

5608. *By the Chairman.*—You say in your *précis* that the respective duties of medical officer and master and matron of a workhouse are laid down in sections 207, 208 and 210 of the Order of 1847, supplemented or modified in various respects by the Nursing Order of 1897 and the Dietaries Order, to which you have already referred, and also by the Workhouse Medical Officers' Additional Duties Orders of 1868 and 1869?—Yes.

5609. The classification of the inmates in the workhouse is practically in the hands of the medical officer—I notice that under the Dietaries Order that position is confirmed. Article 10 of the Order of 10th October 1900 is to the effect that it shall be the duty of the medical officer, for the purposes of classification, to examine each inmate as to his or her physical condition on admission, and at such other time as may be necessary, etc. (*Reads article*)?—Formerly the question of paupers' fitness for employment did not necessarily enter into consideration; the old Order of 1847 provided that as soon as a pauper was admitted he should be placed in a suitable room and examined by the medical officer. If the medical officer found him to be labouring under any disease of body or mind he was to be placed in the sick ward or such ward as the medical officer directed, but if he pronounced him to be free from any such disease, then the pauper was placed in the part of the house for the class to which he might belong, and these classes were defined by Article 98 of the Consolidated Order. By the Dietaries Order of 1900 the medical officer is now required to examine the inmate on his admission, not only in regard to the question as to whether he is labouring under any disease, but also in regard to his fitness for employment, because the dietary, if properly adjusted, depends to some extent on the employment the pauper is put to—that is to say, a man engaged on very heavy work should receive more food than a man who is doing very light work or no work at all. That is a new departure so far as the classification is concerned.

5610. *By Dr Mackenzie.*—And that continues in the hands of the medical officer, even after the inmates are admitted?—Yes.

5611. It would be quite competent for the medical officer to go among all the inmates of the workhouse, scrutinise them, and select those he thought fit for work, and to say that they were to be put on such and such a diet, and on the other hand those who should not be put on to a certain diet?—It would be competent for the Guardians to ask him to do that. It is possible that if he were to do it on his own initiative the master might think he was encroaching on his prerogative.

5612. But the decision would ultimately rest with the medical officer?—It would ultimately rest on the decision of the Guardians, but that should undoubtedly be based on the advice of their medical officer.

5613. Of course the Article says, 'And to certify the 'result of such examination.' The Guardians may or may not act on his certificate, but the certificate would be the basis on which to act if they saw fit?—Yes, it would be a record. The Guardians have power to discharge any inmate, and it repeatedly happens that the Guardians will call up an inmate and say, 'You must go; 'you are able to get your living, and we cannot relieve 'you any longer.' That is under the general powers.

5614. *By the Chairman.*—You go on to say that the duties of the medical officer and the master and matron have also been considered in regard to the nursing of the sick by a Departmental Committee, whose report[1] you have sent in?—Yes.

5615. The suggestions which are made by that committee are summarised on pages 37, 38 and 39 of the report?—Yes. The report is under consideration. The duties of the medical officer and the master and matron have also been considered in regard to dietaries, and accounts by another Departmental Committee whose report is still under consideration and has not yet been

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published. The report has now been prepared, but it is at present confidential; it will shortly be published.[1] I may say that this report deals rather drastically with what is known as the medical relief book in workhouses. That book was a book kept jointly by the master and doctor, in which the doctor entered the diet and extras for the patient, and it became really a register of diets. We propose to do away with that book so far as the doctor is concerned. If our recommendations are carried out his work will be confined chiefly to the keeping of a case paper, of which an example is printed on page 39 of the report.

5616. *By Dr Mackenzie.*—The object of that is to simplify the procedure?—This would approximate the system to that of an ordinary hospital, where the medical man puts his directions on one paper and is then done with it. This paper would be kept either at the bed of the patient or near it, so that it is always available. The medical relief book, which was an enormous book, was generally kept in the office, and the doctor would sometimes enter it up several days together.

5617. *By the Chairman.*—The next point you take up is as to the duties of nurses?—Yes. The duties of nurses in workhouses are dealt with by section 213 of the Order of 1847 and by the Order of 1897. As to this, I would refer to the report of the Departmental Committee. No action has been taken on that report. There is no difficulty in getting probationers, but there is difficulty in getting the old class of assistant nurse, that is a woman who has had some experience but no certificate. Most of the women who go in now for nursing go in as probationers. There is little difficulty in getting nurses of the higher grades where the arrangements made for them are suitable, but in some country districts where the workhouse is remote and the place is unattractive there is a difficulty in getting nurses to remain.

5618. Is there trained sick nursing in all workhouses in England, or have you still a remnant of pauper nursing?—No pauper is allowed to act as a nurse, but paupers do assistant work in scrubbing, or possibly lifting a patient under the immediate supervision of a nurse. But they are not supposed to act independently, or as nurses. I won't say that there are no cases where paupers act as nurses, but I am certain that the number of cases where they do so is very much less than it was five or six years ago. Other important provisions relating to the indoor sick will be found in sections 99 (Guardians to consult medical officer); 134, etc. (as to punishments); 148 and 149 (Duty of Visiting Committee); 145, 149 and 208 (26), as to complaints by inmates.

5619. As regards punishments—we understand from what we have seen of the English workhouses that there is practically no solitary confinement now inside a workhouse or infirmary, and that whenever an inmate merits such punishment in the view of the authorities they remit the case to the police, to be dealt with by them?—I think there is a tendency in that direction, but I would not say that it had gone that length. It must be comparatively rare to resort to solitary confinement.

5620. *By Dr Mackenzie.*—Even in provincial workhouses?—Yes.

5621. In all cases is it the tendency to hand over to the police authorities instead of to punish within the workhouse?—I think there would be more punishment by deprivation of leave or privileges such as tobacco.

5622. *By the Chairman.*—And diet?—I should not like to say that exactly. They would be able to re-class the inmate in regard to diet.

5623. There are provisions about punishment in the Order of 1847 which I suppose are practically in abeyance; there is Article 137, which provides for corporal punishment—I suppose that is probably in abeyance?—That Article relates only to boys. We always require punishments to be duly recorded in the punishment book, and we should consider anything as irregular in regard to punishments that was not in accordance with this. I may say with regard to refractory cells that the conditions for their construction are laid down in No. 45 of an official issue called 'Points to be attended to in the construction of workhouse buildings.'

5624. *By Dr Mackenzie.*—You have no absolutely dark cells in use anywhere?—I hope not.

5625. If you discovered any such thing you would absolutely prohibit it?—I hope so. Of course we have padded rooms.

5626. *By the Chairman.*—That is for delirium tremens patients?—Yes, or violent lunatics, pending removal to an asylum.

5627. We come now to the remuneration of officers, and shall be glad to hear what you have to say?—The remuneration of officers is dealt with by ss. 172, etc., of the Order of 1847 (the question of fees for special operations, etc., under ss. 177, etc., being at present under consideration with a view to revision). The personal discharge of duties is provided for by ss. 198, etc. Tenure of office by Poor Law medical officers is settled by an Order dated 25th May 1857.

5628. Do you think that the fact that the medical officer has power to appeal to the Local Government Board against dismissal by the Guardians tends to greater efficiency?—Yes, I think it does.

5629. You say that because you often call from him for reports?—Yes, we should prescribe his duties and have the power to remove him if he did not discharge them.

5630. Does that apply both to your workhouse medical officers and to the district medical officers?—Yes.

5631. They hold office until they die or resign, or are removed by the Board?—Yes.

5632. The Guardians, of course, may report to the Local Government Board that their medical officer is unfit for his work, and ought to be dismissed; and then the Local Government Board would consider it?—Yes; they might order an official enquiry.

5633. How is administration carried out when the sick are in an infirmary separate from the workhouse?—Where the sick are accommodated in a separate infirmary, under administration distinct from that of the workhouse proper, the administration is regulated by a special order in each case. As yet there has been no consolidation of such orders, and there is considerable difference between those in force.

5634. That would apply to a good many infirmaries now?—Yes; take Marylebone and Whitechapel.

5635. In each of these cases there is a special order, issued by the Local Government Board, regulating the administration of the infirmary?—Yes; I hand in the Kingston Order as a sample of one of the latest.

5636. Does it not come to this, that you practically have a classification of workhouses, because the infirmary is a workhouse in the eye of the law?—Yes.

5637. And that comes to this, that you classify the workhouses, because you have special orders for special cases?—Yes.

5638. That means this, that all workhouses are not dealt with on the same footing, and are not subject to the same regulations and rules. You issue special regulations and rules for special poorhouses?—Yes.

5639. You suggest that as a good method of dealing with any special circumstances that may exist calling for such special treatment?—Yes.

5640. If you proceeded, as you have suggested, to consolidate these orders, it might be that in such consolidation you would classify certain sets of workhouses, separating them from the others?—Yes. It would be impossible to consolidate the whole of the orders, because some of them, such as Kingston, have no resident medical superintendent. The head of the Kingston Infirmary is a matron, while at Marylebone the head is a medical superintendent, so that the system of working would depend on whether the resident doctor was head of the place, or whether the resident matron was the head of the place.

5641. The resident matron in that case being a nurse superintendent?—Yes.

[1] Since published—C. 1440-1903.

5642. Have you an example of a case in England where you have neither a resident medical officer nor a nurse superintendent: would that call for a third classification?—There is always a resident matron, but that resident matron is not always the head of the institution. At Birmingham she controls the female staff, but the resident master controls all the others, except the matron and the nurse.

5643. *By Dr Mackenzie.*—What do you do in the rural workhouses, where you have no separate infirmary, or where it is a small place with 100 inmates?—That is dealt with very fully in the report of the Nursing Committee. In England we have workhouses of all sizes. In the report of the Accounts Committee you will find a table which classifies our houses, showing that nearly 70 per cent. have less than 200 inmates; 14 per cent. have less than fifty inmates, one has less than ten, five have less than fifteen, and eleven less than twenty.

5644. Does that mean that in those localities the system is really as much an outdoor system as it is in Scotland, or does it mean that there are no paupers in those localities?—They would be in scattered districts. You would find those mostly in Wales and Cumberland, and the hilly districts, where the workhouses are very small, and where there is a great deal more outdoor relief given than in other districts. London is quite special as regards the proportion of indoor and outdoor relief, because the maintenance of the outdoor poor is not a charge on the common poor fund established by the Act of 1867, but the maintenance of the indoor poor is a charge on that fund.

5645. That operates to discourage the Guardians from giving relief to outdoor poor?—Yes, it is a check on outdoor relief in London.

5646. Who looks after the outdoor relief? Is it mostly done by outside charities?—A considerable amount of outdoor relief is given by the Guardians, the cost falling on the local rates. Occasionally the Guardians co-operate with charitable bodies. We publish every week the number of indoor and outdoor poor in London.

5647. *By the Chairman.*—You say that in the older orders, framed before the advent of the trained nurse, a resident medical superintendent governs and controls the whole staff—subject, of course, to the Guardians?—Yes. That is in the infirmaries, under separate administration. In the last orders, issued in the provinces (such as Kingston, 1902), a resident matron exercises this power over the whole staff 'in the infirmary, under 'the supervision of the medical officer,' who is non-resident.

In the Metropolis, medical relief has by the operation of the Act of 1867, and subsequent statutes, become specialised, as compared with the country generally, chiefly in the following:—Provision of separate infirmaries or sick asylums. The original scheme appears to have contemplated a grouping of all unions or parishes in London into 'sick asylum districts'; but, apart from the Metropolitan asylums district, only two sick asylum districts for the ordinary sick remain. The Guardians prefer to provide their own separate infirmaries, and all except Hampstead have done so. The term 'sick 'asylum' is an awkward term, because we rather use the word 'asylum' for lunatics.

5648. You say that that power of grouping into sick asylum districts was not adopted?—It was adopted, but there are only two of those sick asylum districts left—one being Poplar and Stepney, and the other is called Central London.

5649. Is Poplar and Stepney a sick asylum which contains inmates from more than one union?—The unions of Stepney and Poplar have combined for the purpose of accommodating their indoor sick. The beds in the infirmary are allotted to the two parishes in certain proportions.

5650. It is purely an infirmary?—Yes; each union has its own workhouse, and they have this joint infirmary, which is managed by a set of managers, who were elected in proportion from each of the unions. They have their own clerk, and the whole administration is quite independent.

5651. Is there a special law to entitle them to have a sick asylum for two unions?—At that time it was necessary to have a special Act, but there is power to combine unions under 42 and 43 Vic. cap. 54. sec. 8, that is subsequent to the Act of 1867, which enabled this to be done in London. The Act of 1867 referred to London only.

5652. You said that in the Metropolis medical relief had by the operation of the Act of 1867 and subsequent statutes become specialised as compared with the country generally, and you mentioned that as being in the provision of separate infirmaries or sick asylums. In what further direction has it become specialised?—In the provision of dispensaries regulated by an Order dated 22nd April 1871. I think that is printed in Glen's book. Another development of the Act of 1867 was the establishment of the Metropolitan Asylums District (embracing the whole of the Metropolis) to provide originally for the accommodation of imbeciles and other persons suffering from fever or smallpox. Previously there had been no provision, or no adequate provision, for cases of that sort, and they were sent to the workhouse.

5653. Imbeciles?—And cases of fever and so on. Then the Asylums District was formed to deal specially with them, and it has grown into an immense body, spending a million a year.

5654. Is that provided for out of the poor rates?—Originally it was a Poor Law establishment, and it still is, as far as rates are concerned, but what happened was, that there being no other adequate accommodation for fever or smallpox, persons who were not strictly destitute went to the relieving officers and obtained orders for admission to the hospitals of the Asylums Board. Eventually Parliament removed the pauper qualification as far as fever, smallpox, and diphtheria patients were concerned, so that those persons who are admitted to the fever or smallpox hospitals are no longer paupers, but the inmates of the other institutions are paupers. They have imbecile asylums and they have also establishments for children of various classes; those are all paupers.

5655. *By Dr Mackenzie.*—Your fever hospitals (which are provided by the sanitary authorities in Scotland) are controlled by the Asylums Board in London?—Yes, but outside of London the sanitary authority provides the fever hospital.

5656. But is the Metropolitan Asylums Board Hospital under any obligation to admit sanitary authority cases?—Yes, they admit all classes.

5657. It is competent for the sanitary authorities to make arrangements as to admission?—They embrace the whole of London, and any Metropolitan case is eligible for admission, without reference to the sanitary authority. What happens is this, a telephonic message is generally sent either by the medical man in attendance on the case, or by the sanitary officer to the Asylum Board for an ambulance; a certificate is given by the medical man, who may be the medical practitioner in attendance on the case, stating that the case is so and so, and then the case is taken in the ambulance to a suitable hospital.

5658. The notifications are made to the sanitary authorities?—They are made to the medical officer of health, who transmits the notice to the Asylums Board.

5659. *By the Chairman.*—A person suffering from infectious disease may go to the Asylums Board or to the sanitary authorities?—The sanitary authorities have, as elsewhere, power to provide hospitals, but it is not a very convenient power to exercise in London, and therefore they have let these powers remain practically in abeyance, and depend on what was originally Poor Law provision for the purpose of what is now a non-Poor Law provision. It is an anomaly altogether.

5660. I see there is provision in the 1847 Order for a roll call. Is that in operation?—You will find something about it in the report which is to be presented. The roll call has fallen into desuetude, and is, in fact, impracticable in the very large workhouses. In some

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workhouses, where the master had not been sufficiently careful in checking the inmates who went out and did not come back again, they had an excess of members on the books as compared with what was actually in the house. We give some examples of that in our report. More attention I think is being paid to that now, not by roll call, but by taking a periodic census of the inmates, or what is more customary, each officer of a sub-department sending to the master every morning a sleeping list, showing the number that slept in his department the previous night, and the master compares that with the numbers in his books.

5661. As to sudden deaths, what deaths are reported? I suppose they are all deaths which require an inquest?—We should expect a medical officer to report any death that was likely to require an inquest. A good deal is left to his discretion as to what he is to report, but we would expect him to report any case in which the death was unexpected. Of course a man might be known to be suffering from heart disease and die comparatively suddenly; the medical officer might or might not report that.

5662. You have not had much occasion to comment upon anything that has been done?—Not in the Metropolis. I find that they report very freely.

5663. All plans of infirmaries come before the Local Government Board for approval?—Yes, and anything involving structural alterations also comes before them.

5664. When patients are brought into infirmaries for treatment is it essential that a nurse shall always accompany the ambulance?—There is no regulation to that effect, but all the Metropolitan Guardians have their ambulance nurses now.

5665. But there is no Local Government Board regulation, although you think it advisable and expedient?—It is certainly advisable.

5666. Can you refer us to any figures as to what is the proportion of the sick poor to the total population of the workhouses?—Yes. Of course the term sick varies very much in different places.

5667. The sick and infirm must overlap; a man is sick one day and infirm the next. He is infirm one day and sick the next?—Yes, and they will overlap in inverse proportion to the classification. In a small workhouse you will find a good many of the infirm put with the sick for convenience—in the country the sick would include a large proportion of people who were simply old and in the sick wards because it is a place where they are warm and all more or less looked after, but they are not sick. We have in the Metropolis at the present time in round numbers 40,000 beds in the workhouses proper, and you may take these as being full. In the infirmaries we have 16,000 beds in round numbers, and you may also take these as being full—that is excluding all fever hospitals and so on, so that the number of sick is a little more than one-third of the number of ordinary inmates. That, perhaps, a little understates the sick, because there are some sick inmates in the workhouse, but that number is comparatively small as compared with the total.

5667A. The sick in the workhouses are temporarily sick?—Yes. In some of the workhouses the separate infirmary accommodation is hardly sufficient for the union.

5668. *By Dr Mackenzie.*—In a big workhouse there will always be a certain number of sick?—Yes, you will always have a few, but there ought not to be many. I may say that I have excluded the children. We have 11,000 in the various schools.

5669 *By the Chairman.*—You have very little boarding out in England?—Yes, as compared with Scotland.

5670. What about the inspection of your boarded-out children; do the medical inspectors of the Local Government Board have anything to do with that?—No, they are visited by lady inspectors.

5671. These lady inspectors are officials of the Local Government Board?—Yes.

5672. There is a very systematic inspection made by these ladies?—Yes, they have the country mapped out into districts.

5673. Is there cause for much dissatisfaction, or complaint, found by these lady medical inspectors?—They are not medical; if they require medical advice I take it that one of the medical inspectors would have to make a special inspection.

5674. Are the conditions found generally to be satisfactory?—I think I had better refer you to our Annual Report.

5675. Can you give us some figures as to the application of the medical relief grant?—Yes. We have nothing quite like the Scottish grant. The grant is made under section 26 of the Act of 1888 for the country outside London, and by section 43 for London. The grant for the country was settled on a definite basis at the time of the passing of the 1888 Act, and it has remained a fixed sum on that basis ever since. I hand in the Parliamentary return, which I think shows the mode in which it was allocated. (*Hands in return.*[1]) In London, under section 43, the amount varies yearly, and it is published in the Annual Report of the Local Government Board. I hand in a minute by Sir Samuel B. Provis which will give information with regard to that. (*Hands in minute.*[2]) In London, in addition to that provision under that Act, there is under the Act of 1867 what is known as the Common Poor Fund, but that is a pooling of the rates of the Metropolis to enable the rich parishes to bear part of the burden of the poorer parishes. In apportioning that poor fund regard is had to the grant received by the union under section 43 of the Act of 1888, and that is debited in the allocation.

5676. *By Dr Mackenzie.*—That Common Poor Fund does not apply to outdoor poor?—There is no outdoor charge, I believe, except as regards dispensaries, which fall on the Common Poor Fund.

5677. Can you give us a definition of your term 'able-bodied' as applied to paupers?—The definition in England of 'able-bodied' is a man ordinarily capable of earning his own living, although at the time he may be temporarily disabled.

[1] House of Commons Return, 138 – 1891 (not printed in Appendix).
[2] Not printed in Appendix.

The Committee adjourned.

SIXTEENTH DAY.

MONDAY, 23RD FEBRUARY 1903.

At the Local Government Board Offices, Edinburgh.

Present:

Mr J. Patten MacDougall, *Chairman.*
Dr W. Leslie Mackenzie.
Mr R. B. Barclay
Mr J. Jeffrey, *Secretary.*

Dr Benjamin David Craigie Bell, called and examined.

5678. *By the Chairman.*—You have had experience of work among the sick poor in the county of Orkney for the last eighteen years?—Yes. I went to Orkney as assistant to Dr Logie, who had been in practice in Orkney for about forty years. He was a good deal out of Kirkwall, and, even when not out of Kirkwall, I was allowed to help in his work in connection with his Poor Law and other appointments, so that the whole time I have been in Orkney there has not been a day upon which I have not been seeing paupers, even although I had no official appointment.

5679. For how long have you held any official appointment?—Holm parish I have had for about ten years, I think; St Andrews and Deerness I have had for about three years, but I have been doing the work all the time.

5680. You have been medical officer for several parishes for some years?—Yes, I have had Firth for some time, and then last year I was appointed to Orphir.

5681. How many islands does that embrace?—It does not embrace any islands at all; these are all small parishes round Kirkwall.

5682. On the mainland?—Yes, they are all round Kirkwall. I have been medical officer for the parish of Kirkwall for two years along with Dr Sinclair.

5683. How long have you acted as medical officer for the poorhouse?—I think I have been medical officer for about eight years, but I cannot give the exact number of years.

5684. *By Mr Barclay.*—Are you not joint medical officer?—Yes; I was first with Dr Logie and then with Dr Sinclair. The parishes of St Andrews and Deerness, Holm, Firth, and Orphir all radiate from Kirkwall. There are doctors in Kirkwall, Stromness, Harray, Evie and Rendall all having parish appointments. The mainland of Orkney is very well supplied with medical men.

5685. *By the Chairman.*—How many parishes are there on the mainland of Orkney?—There are twelve.

5686. You have had very considerable experience on the mainland of Orkney?—Yes.

5687. I understand that the poorhouse at Kirkwall is not occupied beyond more than one-fourth of what it will accommodate?—As far as I remember the most we ever had was thirteen.

5688. There being accommodation for fifty?—Yes, it is licensed for fifty.

5689. Are these thirteen mainly or altogether sick and infirm, or are there some test cases among them?—I don't think there are any test cases just now.

5690. They are mostly sick and infirm?—Yes.

5691. And well up in years?—Most of them are I would say, generally, that the whole of the paupers in Orkney are paupers on account of infirmity or on account of loss of relatives

5692. The bread-winner has died?—Yes. We have in Orkney practically no paupers who are paupers through their own fault. I think the average age of twenty-nine paupers who died in 1900 in Kirkwall (excluding four who died in youth from tuberculosis) was seventy-six years.

5693. It is not because there are cases outside which ought to be removed into the poorhouse, and which will be better treated there, but it is because there is no pauperism in Orkney to be relieved that the poorhouse is so empty?—No, quite the contrary. What I say is, that there are practically no people in Orkney who are what you might call disreputable paupers.

5694. There is a considerable outdoor pauperism among that same class who you say should have relief in the poorhouse,—I mean that among the infirm and sick there are a considerable number of outdoor paupers?—The vast majority are outdoor paupers.

5695. *By Dr Mackenzie.*—The paupers who are not removed to the poorhouse are pretty much of the same character as those who are in the poorhouse?—Not altogether. I can give several cases which should certainly be sent to the poorhouse.

5696. *By the Chairman.*—That is what we should like now. There are cases among the outdoor poor of such a nature that you think they could be better treated, both in their own interests and in the interests of the community, in the poorhouse than by outdoor relief?—Yes; I have notes of several cases of that kind.

5697. Will you be good enough to give us one or two instances?—Here is a woman who was very intemperate, but I don't think she was a pauper through intemperance. One evening she came home with a bottle of whisky in one hand and a bottle of paraffin in the other. She dropped the paraffin, and she also dropped a box of matches. She stepped on the matches and set fire to the paraffin. She not only burned two great holes in her back as big as cheese plates, but she nearly killed an old woman of over eighty in the room below, from the fire and smoke. I was told that that woman for a considerable time cost the parish from 12s. to 15s. a week, because she required someone night and day to look after these burns. I saw that woman myself daily for a considerable period.

5698. That is a case which would have been very much better removed to the poorhouse?—Yes, or the hospital.

5699. Was she offered it?—I won't swear to it, but I am almost certain she would be, because the inspector rightly grumbled to me about the great expense. The thing is this, we know that it is absolutely hopeless to ask them to go to the poorhouse.

5700. Is the offer not made?—In some cases it is made, but in other cases we know from conversation with the people that there is no use offering it. We don't want to put up the backs of the relatives, and so

on. That is one of the reasons why the doctors should have a great deal more independence than they have; they cannot at present speak out their minds as they should.

5701. We may take it that there are many cases, of which this one is an illustration, which you think would be very much better treated, and more comfortably treated and housed, in the poorhouse than outside?—Yes, and then it would be better for the ratepayers. Here is another case of a woman whose husband died of consumption. She was offered the poorhouse, but she refused to go. I was never told that she was to have a baby or anything, and I was called into the house, which was in a most filthy condition. I wanted her to go to the poorhouse, because, if she were to take puerperal fever, which she was likely to do, then there would be a risk of my infecting my private patients through this woman, from whom I would not get a single farthing. I have had several cases of women with illegitimate children who did not engage a doctor or make proper preparations for their confinement, and who refused to go to the poorhouse. These women were a danger to the best person's wife in the land, because the doctor going from them might carry infection to other people.

5702. Is outdoor relief given to the mothers of illegitimate children in Orkney?—How can you help it?

5703. *By Dr Mackenzie.*—Your point is that they might have puerperal fever, and thus become a danger to the community?—Yes. There was an old woman, who was known to be intemperate, who applied to a former inspector. This old woman wanted to get outdoor relief, but as it was not right that she should get such relief, owing to her habits, she was offered the poorhouse, which she would not accept. Eleven months after, early one morning a message was left at the inspector's house to the effect that they were afraid that an old woman in a close was dying. The inspector, I understand, sent a message that the woman was not on the roll. His wife was dangerously ill at the time, and he had been sitting up all night with her. If I remember rightly, he did not visit the woman. The door was broken open in the meantime, and I went to see the woman, and I found her to be in a state of destitution. She died in the course of the day. Now the inspector was taken before the Sheriff Court and tried.

5704. Who made the complaint?—The Crown, I presume. The position that the inspectors are in is most grossly unfair.

5705. When was this?—About ten years ago. The name of the woman was Barbara King. The position inspectors are in is this,—they are told to offer the poorhouse to a certain class of pauper. The poorhouse is understood to be a test, but it is not a test at all, because even although they offer the most worthless person the poorhouse, it does not relieve the inspector of the responsibility of looking after that pauper. I have a document at home in which your Board say that it does not relieve the inspector of responsibility. Now that is not a fair position to put the inspector in.

5706. *By Mr Barclay.*—Your point is that on that account Orkney poorhouse is less occupied than it would otherwise be?—It is no use as a test. It is just a white elephant to the county.

5707. *By the Chairman.*—You say that the case of Barbara King has led to this, that the poorhouse in Orkney is not regarded as a test at all?—Yes.

5708. And the Parish Council cannot so apply it. Is this the deduction you wish us to form from what happened in connection with this case, that the poorhouse in Orkney cannot be regarded as a test, the reason being that the Parish Councils find that it is no use offering it to paupers because they won't go, and they say, 'We are entitled to outdoor relief?'—Yes.

5709. That, to a large extent, is the result of the case of Barbara King?—I think very probably it is. Of course every pauper won't know about that case, but he knows this, that if they refuse to go they will get relief, because the inspectors are afraid not to give it. I think the inspectors are perfectly right, and I would do the same thing myself.

5710. What is your opinion as to whether tuberculous, malignant and offensive diseases can be satisfactorily treated in poorhouses, and if they can be so treated, what arrangements should be made therefor?—Whether tuberculosis, malignant and offensive diseases can be satisfactorily treated in poorhouses depends on whether the building is overcrowded or not, and on the nursing available. As far as the Orkney poorhouse is concerned, with the past and present small number of inmates, and the great assiduity and talent of the Governor, whose services have been invaluable, such cases have hitherto been treated certainly at least as satisfactorily as could have been done anywhere else outside of an hospital, and much more efficiently than in the houses of the same class receiving the outdoor relief.

5711. I suppose you are also of opinion that if there were more sick paupers in the poorhouse with such complaints as tuberculosis and malignant and offensive diseases, they should, if possible, be treated separately, and be isolated from the other paupers?—Yes.

5712. How often do you yourself visit the poorhouse?—I visit at least once a week. I used to visit on Tuesdays and Fridays. During the whole time I have been there I would say that I have visited twice a week on an average, but if there is a patient ill, then I attend that patient as I would attend a private patient outside, going twice or three times a day if necessary.

5713. Do you see each pauper before he or she goes into the poorhouse?—It depends where they come from.

5714. You don't see them unless they are from the parishes of which you are medical officer?—No, but I suggest that they should be seen. I am expected to see them after they come in, before they are bathed.

5715. Do you do that?—Yes, we are very particular about that. In fact, the Governor is a very smart and superior man, and he has sometimes to find fault with country parishes for sending paupers to him by steamer without notifying him that they are being sent. Now I say that they should not be sent in that way.

5716. Although you visit the poorhouse twice a week, if paupers came to the poorhouse on other days, the Governor would communicate with you at once and let you know that they were there?—Yes, certainly. They are never bathed without my seeing them.

5717. You are joint medical officer?—Yes.

5718. How do you divide the responsibility? Do you each take one week?—No. We each undertake the duty for a half year. If, however, I happened to be out of the way, Dr Sinclair would go, and then if he was out of the way I would attend. That is why they have the dual appointment. There is a rule, I think, which lays down that I shall nominate some one to act in my absence, and the House Committee thought it would be better to have someone not subordinate to me, but subordinate to them.

5719. You nominate Dr Sinclair and he nominates you?—Yes, when one or other of us is absent.

5720. He is your substitute, and you are his substitute?—Yes, and we are both medical officers. Of course the Parish Council have not appointed him for six months and me for six months—that is a private arrangement between ourselves.

5721. I should think it is a very satisfactory arrangement in a district like yours, where you are constantly from home?—Yes, because in that way we each get six months' treatment of a case.

5722. Are there any district or jubilee nurses in your locality, and if so, do you get any assistance from them?—No. There are none in the east mainland of Orkney.

5723. You are of opinion that if there was a district nurse whose services could be secured when necessary it would relieve the Governor of much arduous work?—Yes. She would not do the work any better, because our Governor is a most talented man. He was brought up as a painter, and he has done all the internal decorations of the house without being paid one penny.

5724. Is he acquainted with nursing?—Yes, he had a course of ambulance lectures. He is a very superior man, and he would do a lot for a male patient that a doctor would not care to ask a female nurse to do.

5725. You have no trained sick nursing in the poorhouse?—No. We have no officially-trained nurse except this Governor, and he need not do it unless he likes, but he likes it.

5726. Are you of opinion that a trained sick nurse would be a benefit in the poorhouse?—In poorhouses generally I think it would be a benefit, but I don't think that we would be any better off in our poorhouse, because the numbers are so small—we have only thirteen inmates.

5727. But they are all sick and infirm?—Yes, or feeble.

5728. Don't they require nursing?—Yes.

5729. Don't they require constant attendance?—Yes.

5730. And they don't get it?—Yes, they do.

5731. They get it from the Governor?—Yes, and from his wife.

5732. Is she a trained sick nurse?—No, but she is a very capable woman.

5733. I don't suppose that any of your paupers are fit for nursing work. Do you have any pauper nurses?—No. We have a young widow who would do a little work when asked in the way of assisting an old woman to the stool at night, and that sort of thing, but there is no nurse in the poorhouse. Of course I would be delighted to see a nurse there if the expense could be provided for.

5734. That is just the subject we are considering. As you are aware, the grant is now applied to trained sick nursing inside poorhouses. Don't you think it would be of considerable use, and would be very helpful in the work of the poorhouse, if there was a trained sick nurse there?—Yes, certainly; but she would not get enough to do in the poorhouse alone. She might be combined with outside work.

5735. If there was trained sick nursing in the poorhouse, then might not the poor begin to discover that the nursing and attendance they got in the poorhouse was very much better than they could get outside, and would that not act as an inducement to them to go to the poorhouse?—I don't think that has much to do with it. Even at present they are vastly better off in the poorhouse than they are outside.

5736. They are so much better off that they ought to realise that, even as things are at present?—Yes, they are like a lot of old ladies up in the poorhouse now. They have their cushions and basket-chairs. There was a subscription got up by a lot of ladies, my wife among them, and we now have a harmonium. A clergyman has been appointed chaplain. Formerly there was an arrangement whereby each minister was to go round once in so many weeks, but they have a chaplain now.

5737. Is he paid out of the rates?—I don't know how he is paid. He gets some £10 a year. The reason they won't go to the poorhouse is chiefly this, that there is too much formality in these small poorhouses—perhaps it cannot be helped. These people like to have their neighbour dropping in and having a cup of tea, and telling how their friends are getting on in the country districts or in the islands; they like to have a crack. Now the poorhouse is a little way out of the town, and their friends do not visit them very often. I notice that after paupers have been there for a short time they get a sort of half-dotty; I think it is just this, that they have nothing to do. A woman in her own house makes a cup of tea and does a little housework, and has something to think about, but there the old bodies take their breakfast in the morning, get into their chairs in front of the fire, sit there till dinner, and then they do the same thing again till the evening. Of course in fine weather the Governor tries to get them to go out into the garden, but it is not very attractive sometimes.

5738. The reluctance to go into the poorhouse arises from the feeling that they would lose their independence when they get there, and when they do get there they lead a life of inactivity, and they become dotty?—Yes, they lose their interest in life.

5739. *By Dr Mackenzie.*—Have you in the mainland any supervised cottages or homes, or anything of that sort for the outdoor poor?—The only one I know is in the parish of Deerness. There are two rooms in that house, and there is an old woman to look after it. I think there is one patient in it just now, an old man of about ninety years of age. That is the only place we have.

5740. *By the Chairman.*—What are your views as to the powers and duties of the medical officer with respect to the sick, the infirm, and the children?—The medical officer should have full powers to order what treatment he considers necessary in the case of the sick poor and the infirm, and in the upbringing of the children, in the same way that any self-respecting and conscientious family physician insists on his orders and suggestions being carried out.

5741. I suppose you order such diet as you think fit for the sick?—Yes, almost all our paupers are sick.

5742. Do you order such diet as you think fit in the case of the infirm?—How do you differentiate from the sick?

5743. You don't differentiate in your poorhouse?—I think not.

5744. We may take it that in the case of both sick and infirm, you have full powers to order what diet you think fit?—Yes.

5745. Your orders in respect of that are never interfered with by anyone?—No.

5746. That has always worked well with you?—Yes.

5747. What have you to say as to the powers and duties of the medical officer with respect to the admission and discharge of inmates?—No new pauper should be allowed to enter the wards of a poorhouse without the medical officer first examining him or her as to whether he or she is a suitable person for poorhouse treatment. When Parish Councils at a distance wish to send a pauper to a poorhouse, the medical officer of the poorhouse should be first communicated with.

5748. That is your practice, and you have nothing further to suggest?—No.

5749. *By Mr Barclay.*—That is not your practice; you wish to see them before they go into the poorhouse?—Yes.

5750. *By the Chairman.*—You see them before they are bathed?—Yes.

5751. *By Mr Barclay.*—You wish to see them before they come to the poorhouse?—I think that that would be advisable in certain cases.

5752. *By Dr Mackenzie.*—Do you mean that you would have to visit and examine every pauper sent to you before they came to the poorhouse at all?—Not exactly that. What I mean is this, that I want to be sure that no person comes into the poorhouse without a medical certificate.

5753. *By the Chairman.*—Is that not the case now, except in an emergency? One can understand this kind of a case, a pauper coming to the poorhouse in the evening without a certificate, with no roof over his head, and saying, 'I want relief here.' What the Governor does is to admit this pauper at once, and intimate to you that there is a pauper of this kind in the poorhouse, and invite you to come and see him at once?—Yes.

5754. The Governor would be justified in accepting a case of that kind?—Yes, but he never puts them into the ward.

5755. I suppose you have probationary wards?—Yes.

5756. He will put them there?—Yes.

5757. What you desire, and what you think should be required is this, that no one, except in a case of emergency, shall go into a poorhouse without a medical certificate from the parish medical officer of the parish sending the pauper, and that when they get into the poorhouse, before they are bathed or before they are

sent to either the ordinary or sick or infirm wards, you as medical officer should see them?—Yes. I think the local doctor in the islands, before sending the patient, should send a note and say, 'I have such and such a 'pauper,' giving a description of the case, and asking if it was a suitable case to be sent to the poorhouse—just as is done with the hospital.

5758. How are you to test that upon a written statement without seeing the pauper? Are you to take upon yourself the burden of saying, 'This is not a case 'that ought to be removed here at all'?—No, not definitely, but it would give me a sort of inkling as to whether it was a case that would be better in the poorhouse.

5759. *By Dr Mackenzie.*—Is this a Combination Poorhouse?— Yes.

5760. Would that not interfere with the rights of the parishes to send such cases as they saw fit?—Perhaps it would not work.

5761. Would it not do just to give you previous information?—Yes, I think so.

5762. There should be an understanding that the medical officer of each parish should informally intimate a case to you when sending it?—Yes.

5763. *By Mr Barclay.*—I don't see what would be gained by that intimation, because if a person was being sent to the poorhouse, he would be in the poorhouse before you saw him?—I will tell you what advantage there would be. It is very awkward for me if I don't know a day or two before that a pauper is coming. Perhaps I may have a case out of the town, and the pauper will be in the poorhouse for twelve hours before he is seen at all. There might be something wrong with the man wanting attention when he came in. If I knew that he was coming, then I would make arrangements to be there, or to have someone else present.

5764. But the Governor could send down and get either you or Dr Sinclair to come up?—That is so, if either of us happened to be at home.

5765. Would it not be better to put it on the Governor than on the medical officer?—I think that it would be sufficient to do so, if the Governor got notice some hours before the patient's arrival.

5766. *By the Chairman.*—You see them as soon as they come in at present?—Not always; I would like to treat a poorhouse the same as an hospital. Before you send a case to the hospital there is intimation made, so as to have a bed ready, the sheets aired, a hot water bottle in the bed, and all that sort of thing. Well, a patient comes by the steamer and is cold, and if we don't know that he is coming it may take us half-an-hour or an hour to get the bed warmed and the sheets aired, and that might make all the difference in the world.

5767. *By Dr Mackenzie.*—Does the Governor not get notice beforehand that a patient is coming?—He should get notice, but occasionally he does not get such notice.

5768. *By the Chairman.*—You are of opinion that in order to make sufficient provision for paupers coming from outlying islands to the poorhouse, notice should be sent beforehand rather than, as sometimes happens, they should come straight up from the steamer, and find nothing ready for them, although they may be seriously ill?—That is so.

5769. *By Dr Mackenzie.*—You think that that is quite workable?—Yes. We have a telegraph to almost every island except North Ronaldshay; in fact, the greatest boon we have had in Orkney is the telegraph.

5770. *By the Chairman.*—The rule is as follows (Minute of the Board of 1st February 1871): 'The 'Board further require that, in those poorhouses in 'which the medical officer is either resident in the 'house, or in the town in which the house is situated, 'every newly-admitted pauper shall be examined by 'the medical officer before being shut up for the first 'time at night in the probationary ward.' Do you think that that sufficiently meets the case?—That does not give the Governor any warning of their coming.

5771. No. You think that the Governor ought to have warning in such cases as that of the Orkney Combination?—Yes.

5772. Subject to this addition that you suggest, that he shall have this warning, do you think that the existing rule is sufficient?—Yes.

5773. I see you have some suggestions to make as regards the discharge of inmates from the poorhouse?—The inmates should not be allowed to discharge themselves from the poorhouse without the medical officer having an opportunity of advising the House Committee as to whether the inmate is in a physical and mental condition to make it safe for said inmate to do so. If the medical officer certifies that the inmate is not in a fit physical or mental condition to leave the poorhouse, and the inmate insists on leaving, the House Committee should have power to forcibly detain the said inmate, and following on this they should have to immediately report the matter to the Local Government Board or Procurator-Fiscal. From want of this power, I have known of at least one lamentable occurrence.

5774. Perhaps you will tell us about that occurrence?—This was a man who was slightly paralysed; he was operated on and he went out. He was not actually insane, but he was a little bit soft. He was for more than two years afterwards in one of the neighbouring parishes. I don't know if he was on the roll of paupers. He lived by himself, and I called on him once or twice when passing. About two years and two months after, that man either tumbled off a boat or a rock and was drowned in the bay of St Mary's. I don't know whether he was fishing or not.

5775. Was that the result of illness which he had when he left the poorhouse, and from which he had not sufficiently recovered?—He never could recover. He had a stroke of paralysis, and he should never have left the poorhouse, but they had no power to keep him there. Now there is another point which is very annoying. One reason why the Governor does not like to give the paupers too much liberty in the way of going down town is that they are apt to come back with vermin and infect the place. A person takes the huff, and he goes and dismisses himself. Well, two days afterwards he turns up again, covered with vermin, and we have difficulty in getting him cleaned, because we don't have a disinfector.

5776. Sometimes they may leave the poorhouse and go down and drink too much, and then come back?—I have known of one case.

5777. That is not a common thing with you?—No, there are only a few of them given to drink. Of course people have been improving in their housing during the last twenty or thirty years, but a great many of the poor people's houses are kept very dirty, and I would go the length of saying that the medical officer of the Parish Council should have power to insist on the houses being kept properly.

5778. Is that not a matter for the sanitary authorities?—It would hardly be considered the duty of the sanitary authorities unless there was fever in the house.

5779. Do you find vermin more among the fishing population than among the others?—Not necessarily.

5780. I suppose you have no difficulties as regards the treatment of infectious diseases. If a case breaks out in the poorhouse, then you will report the matter to the local authority, and it will be removed to the infectious diseases hospital?—Yes.

5781. There is no trouble about that?—No.

5782. As regards the calling in of extra nurses or another medical practitioner, you are of opinion that the medical officer should have power to obtain extra nurses when wanted, and also to call in another medical practitioner when necessary?—Yes; and the practitioner should be paid.

5783. The rule of the Board is that where it is necessary to call in another practitioner for an operation or consultation, where the case is serious enough to require it, then a fee ought to be paid to that practitioner?—Is that the rule at present?

5784. Yes?—I wish I had only known that, because countless times I have got doctors to come and help me, and they have never got a farthing. The only

case where I got a fee paid to a doctor was a case of strangulated hernia, where the Parish Council thought that they did something very liberal in paying a man who came eight miles in the middle of the night. They thought that the Local Government Board would not sanction it.

5785. Those men whom you call in are not to give their time for nothing?—No, but we in the country very often have to give our time for nothing.

5786. The rule of the Board is that in cases so serious as to require the assistance of another medical man, that medical man is to be paid?—Do they get a grant for that?

5787. Yes, that would be covered by the grant?—I will certainly act upon that, because over and over again I have had to do work that no man should be asked to do by himself, just because I did not want to ask another doctor to come and do work for nothing.

5788. As regards the punishment of inmates, your view is that no inmate should be punished without the medical officer being consulted, and his opinion being submitted to the House Committee?—Yes; the mental and physical condition of inmates are often such as to make physical punishment a most unscientific way of reforming patients' conduct.

5789. Is there a refractory cell in your poorhouse?—No.

5790. *By Dr Mackenzie.*—Have you any place for confining refractory cases?—No, they are just put into a spare room.

5791. *By the Chairman.*—Have you ever, in your experience as medical officer of the poorhouse, been asked to give a certificate before punishment was inflicted?—No.

5792. Your view is that in all cases of punishment there should be a certificate by the medical officer?—I suppose it would be better to have his written certificate. Of course that is taking a good deal of power out of the Governor's hands.

5793. *By Mr Barclay.*—You say that the medical officer should report to the House Committee. Would you not have the punishment carried out before the medical officer's report had been submitted to the House Committee?—Perhaps, I had severe punishment more in my mind. I don't suggest that it would apply to a child being put into a corner for twenty minutes.

5794. That is not a recognised punishment. The punishments are prescribed by the rules on page 49[1]—deprivation of diet, withholding of milk or buttermilk, and solitary confinement, with or without an increase in the time of work?—I think that a little talking to as moral persuasion would in most cases do more good than anything else.

5795. *By Dr Mackenzie.*—Your point is that no serious punishment, such as confinement for twelve hours, should be carried through without consultation with the medical officer?—That is so.

5796. You say that, because in a great many cases what is done is due more or less to the feeble mind of the pauper?—Yes.

5797. *By the Chairman.*—What is your view as to the powers and duties of the medical officer with regard to deaths of inmates, reports, post-mortem examinations, etc.?—The medical officer should be required to give as full a report as possible as to the cause of death; if that is not possible without a post-mortem, he should have power to make one, such report being submitted to the House Committee and the Local Government Board.

5798. To whom is he to make his report as to the cause of death?—He is to give it to the registrar. I think it is only reasonable that for every pauper who dies there should be some memorandum in the books.

5799. That is so at present?—I don't think you are expected to make any special report. The Governor just takes an extract out of the registrar's report.

5800. It is a pretty full report?—No, it does not give any room at all; it just gives a single line for cause of death.

[1] Poorhouse Rules and Regulations.

5801. *By Mr Barclay.*—Has this reference to sudden and unexpected deaths, or to all deaths?—I think it would make the information about poorhouses more full if it was known exactly what the people died of. There is a doubt as to what cases of sudden deaths should be reported to the Fiscal. We had a case that the Governor did not think should be reported, while I thought that it should, and it was reported to the Fiscal. That was a case of a boy who was sent to Balfour Hospital from one of the country parishes suffering from consumption. As I considered the situation of the poorhouse better than the hospital, I took the boy myself in the ambulance to the poorhouse, and the last thing I said to him was that if he wanted to get up in the night to the night stool he was to let someone know. He got up, without telling anyone, and he suddenly died from hæmorrhage. Now that was a sudden death, and yet it was not a sudden death. We knew that the boy must die within the next few months. The question was whether that should be reported to the Fiscal or not. I thought it would not do any harm to report it, and it was therefore reported, and the Fiscal made enquiry.

5802. *By the Chairman.*—The existing rule is this, that it is the duty of the medical officer 'to make to the 'House Committee a return of the sick within the 'poorhouse, in the prescribed form, weekly or monthly, 'as that committee shall direct; and to enter therein 'the apparent cause of the death of every person who 'shall die in the poorhouse.' What have you to say as to that rule?—I think that that rule will perhaps do well enough. Of course in my quarterly reports I always state what the paupers have died of.

5803. Do you think that there should be something in addition?—I think that that might do, with a little elaboration in particular cases.

5804. Of course there is another rule which provides that you are to give notice of all sudden and unexpected deaths in poorhouses. Do you know about that rule?—Yes.

5805. I think you have already given your views as to trained sick nursing?—You think it would be advisable to have a trained sick nurse in the poorhouse if possible, the House Committee getting a grant in respect of her salary?—I would not advise a nurse for the poorhouse alone.

5806. Would you advise a nurse for your indoor and outdoor poor as well?—Yes. A nurse is not so useful as one would imagine. It looks very well, but, as a matter of fact, you know that in private practice a serious case requires a nurse to itself, and sometimes two. The sort of nursing that outdoor paupers require is in the way of cleanliness. Even if there is no training, it is wonderful what can be done.

5807. Have you such people with you?—It is difficult to get them, but we do manage to get them. I don't know of any case that has been really neglected. It would be a very good thing to have a trained nurse, but I don't think there is so much in it as you would think at first. I don't think that one woman could get over the ground, and yet I don't think there is enough for her to do in the poorhouse—the woman would just get slack. That is the trouble we have in small hospitals where you have only two or three cases. So long as the wards are full and the nurses are very busy, there is no chance of cross-infection, but when the nurses are not busy, then they must have a chat and something of that sort, and they meet each other. I would not advise a nurse for the Kirkwall poorhouse alone, because she would have little or nothing to do.

5808. If outdoor nursing were combined with the nursing in the poorhouse, you think that the two might work together?—Yes.

5809. You think that any nurse you have in the poorhouse ought to have complete training before she comes to you?—Yes.

5810. She should have had a training in some well-known large institution?—Yes, where there is a large variety of cases and emulation among the nurses.

5811. *By the Chairman.*—You think that the salaries of medical officers of poorhouses should be fixed by the

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Local Government Board, and should be paid for by the Exchequer?—Yes. I don't think that any lay person is qualified to know what the proper remuneration should be, and it should be done by the Local Government Board and their advisers.

5812. It should be paid, not out of the local rates, but out of the Exchequer?—As you will hear later on, I think the whole Poor Law administration should be paid for in that way.

5813. *By Mr Barclay.*—What is your salary as medical officer of the Poorhouse?—£5.

5814. I think that you and Dr Sinclair have £5 each?—Yes. You cannot expect Parish Councils or poorhouse committees to give handsome salaries if they are to come out of the rates, if they can get a man equally good to do the same work for less.

5815. *By the Chairman.*—You think it is a case of supply and demand?—Yes. I may say that I paid 888 visits and consultations in connection with my Kirkwall parish appointment for £20 last year. The previous year 975, which included, among other cases, partial amputation of foot, fracture of arm, five cases of typhoid fever, and one confinement.

5816. What are your views as to the proper and sufficient dispensing and supplying of medicines to the sick poor in poorhouses?—If there is a chemist within reasonable distance, the medical officer should not be expected to dispense medicines to poorhouse inmates, but should give a prescription to be dispensed by the local chemist, which prescription is not to be repeated without the medical officer's order, the dispensing and the drugs being to the certified satisfaction of the medical officer, who is responsible for his patients.

5817. I suppose your practice in Kirkwall is that you give a prescription, and that prescription is dispensed by the local chemist?—Yes, it works very well. My reason for saying that medicines should not be dispensed in the poorhouse is that no small poorhouse could keep a stock of drugs of the same variety as a good chemist could keep.

5818. You don't have a sufficient number of sick in your poorhouse to justify your keeping a dispensary in the poorhouse itself?—No, but even if we had I would not recommend it.

5819. You would not recommend it in a case like yours?—That is so, where there is a good chemist.

5820. We come now to outdoor relief. We shall be glad to hear what you have to say as to the adequacy of the medical relief arrangements at present in force?—I may first state that the medical relief to paupers is on a much more satisfactory footing as regards Orkney than it was some years ago. During the last twenty years I think at least five islands have secured the services of either female or male resident medical practitioners, which islands previously had to depend on the doctors from other islands, or the mainland of Orkney. The paupers on the mainland of Orkney and the larger islands are very well supplied with medical relief, the telegraphic and postal supply with the good roads being of great assistance to the medical officer. In fact the paupers are entitled to, and receive more medical relief than, the average members of the general public. The remuneration of some of the medical officers on the mainland for work done among the paupers is small, but in a poor county the parish councils cannot be expected to give greater remuneration than supply and demand insists on. Regarding the smaller islands, there is a constant and increasing difficulty in getting medical practitioners; in fact, if it had not been for lady doctors some of the smaller islands would have been without any resident medical practitioner. The hard work and exposure these most enthusiastic and efficient ladies have had to undergo has been such that I cannot hold out any expectation that the supply will continue in the future. My own impression is that for the Highlands and Islands there should be a system of State medical officers, the State, through the Local Government Board, appointing, remunerating, and, when necessary, dismissing, said medical officers. I am sure that if the State paid the medical officers, the Parish Councils would only be too pleased not to have the responsibility of appointing medical officers. At present there are very few districts where the total net income of the medical officer, including his private practice, is as much as what he could obtain in the South as an assistant, while the work in isolated districts is more responsible and arduous, with no prospect of an annual holiday. If the service was made more popular, the Local Government Board would always have on the list suitable men, who would be appointed according to their qualifications to districts suitable for them, and would receive remuneration in proportion to the services they rendered. The class of practitioners required in isolated places are those who have had large experience as resident doctors in large infirmaries and maternity hospitals, ready for any emergency, and in the first enthusiasm of youth and robust manhood.

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5821. Is there anything you wish to add to that statement?—I have said that in a poor county the Parish Council cannot be expected to give greater remuneration to the medical officer than supply and demand insists on. I hold that I am much underpaid for some of my work. In a certain parish in which I was acting as medical officer I was sent for on two different occasions to see two different paupers, and on each occasion I was stopped on my way on being told that the pauper had died. I met the inspector, and he said to me he did not know what to do, that he did not like to send for a doctor unnecessarily, because the ratepayers objected to unnecessary expenditure (I was paid by fees then and not by salary.) If the pauper died, then the inspector would be found fault with because he had not sent for the doctor. The inspector therefore asked me what he was to do, and I said, 'There is an easy solution of this; calculate what 'your average expenditure for the last five or ten years 'has been for us, and offer us a salary. It will be for 'your own interests, because it will make you a 'reciprocating parish.' They struck an average, and they found that the expenditure was about £5. Ultimately a salary of £8 was arranged, irrespective of medicines.

5822. That being the minimum under the medical relief rules?—Yes. The very next year the account, if calculated on the old basis of fees, would have come to at least four times more—I think, as a matter of fact, it would have come to £30. They said they were very much obliged for all this attention, and that it was very satisfactory. It is not the Parish Council's fault; it is the ratepayers' fault, and the comparative poverty of the parish. Generally speaking, I would say that paupers get five or six times as much attention when the medical officer is paid by salary instead of by fees.

5823. The result of what you have told us is that in cases in which a medical officer is paid by fees there are probably many cases of neglect, as the medical officer is not called in in all cases which really require his attendance. Can you say that that applies not only to your parish and these individual instances you have told us of, but elsewhere?—I am certain that it applies elsewhere, because I have had to do the same thing for other parishes.

5824. You have induced them to pay you by salary in place of by fee, in order that the paupers may get proper attention?—Yes, and to have the inspector put out of the anomalous position of being the one to decide when a doctor is wanted. As I say later on in my *précis*, the medical officer should have a fixed salary with fixed additional fees, he should also be paid fixed fees for certificates of lunacy, and quarterly visits to lunatics, according to the distance he has to go. These fees should be liberal, as the services rendered require special consideration, and often bring the medical officer in conflict with private clients. My experience is that the paupers get much more medical attention when the medical officer gets a salary than when paid for each visit. When each visit had to be paid for, the inspector of poor was often at a loss when to call in the medical officer. When the medical officer is paid a salary, each case of illness is notified to him at an early date by the inspector of poor or the patient's

friends. Then the medical officer attends the patient as often as necessary, the pauper, inspector and friends thus being relieved of much anxiety.

5825. Have you anything more to say on this first question as to outdoor relief?—I can illustrate by one or two rather striking cases the difficulty of having doctors in some of these places.

5826. You mean in the islands?—Yes.

5827. In the Fair Isle they get their doctor from Kirkwall. I suppose you have been there?—Yes. I attend to the lighthouse men and go there in the lighthouse steamer.

5828. Have you been there for paupers?—No, it belongs to the Parish of Dunrossness. I have a case showing the want of medical relief in certain islands. Dr R—— died from typhoid fever on one of the islands. At two o'clock on a Sunday a boat came in for me to go to attend a woman in child labour on this island, thirty miles away. I left in a boat. After we had been two hours out of Kirkwall the tide and wind were such that we could not get any further, and we had to lie in a place called Sourin, off Rousay. I, along with the crew, slept all night in a barn. At five o'clock in the morning we got into the dinghy in order to get on board our boat. We twice drifted past our boat because of the rough sea, the dinghy was then pulled well above the anchored boat, and we drifted down on her. We put a boy on the bow with a rope and he jumped on board, and then we got into the boat. We could not make the land on account of the tide, and we had to sail back to Kirkwall, where we had started from. I attended to my work there on the Monday. At 2 a.m. on Tuesday the husband came in desperation about his wife, and I suggested that we should go to the Procurator-Fiscal, who was Clerk to the island's Parochial Board, or had some official connection with the island. He said, 'Well, there is '£5; try and get a steamer.' We got a trawler and we started again. We had not been three miles out when something went wrong with the steering gear. We anchored, and I came ashore for the second time. At three o'clock on the Tuesday afternoon we got away in the original boat we had started in on the Sunday morning, and we made the island at eleven o'clock on the Tuesday night. It was snowing and sleeting; there were four inches of snow on the ground. There was a cart horse with a sack on its back for me to go eleven miles. I went the eleven miles, and I found that the child had been born on the Sunday evening, but there was no one there to complete the delivery. I put the woman all right and left her house to go to the beach in order to get back to Kirkwall,—that was on the Wednesday morning. The crew persuaded me to stay. They said that there were several bad cases on the island, and that I would have to remain. I said that I was only an assistant, but they answered that it was all right. I stayed on the island several days. There was not another doctor appointed for four months; I acted as interim for that time. Then I have another case illustrating the hardships of doctors and also the want of a doctor in an island. This happened to myself. I was not feeling very well and I was called to Orphir. As I was not in a fit state to go, I got another medical man to go for me. After he had been away for about two hours, and when I would have nearly got back, a boat came in from an island for me to go to a man who was insane and who had tried to stab his wife. There was no other doctor to go, so I had to start. We had rather a bad passage of three miles by sea, and then I had at least five miles of a ride on a bare-backed horse, and I did not get back till late that night. They have a doctor at this island now. Here is another case which is far worse. There was a doctor who had quinsy or abscess in his throat, and he had to go out in the night. While he was on horseback the abscess burst and nearly choked him. The doctor fell off his horse. I don't know this from my knowledge, but I believe it is true, because I asked a patient from the island how the doctor was getting on, and he said that he was 'a rare 'plucky one,' and he told me this story. Here is a case showing the want of a doctor which happened to me when I was a medical student. I was staying in a country house on a fishing expedition in Shetland. At two o'clock in the morning my host said that there was a man at the door wanting me to go to his wife, who had been ill in child labour for three days. I said that I was only a student and that they should send to Lerwick, but the man said that that would cost him the price of a cow and he could not afford it. My host said that I should certainly go and see what I could do. I had never attended an abnormal midwifery case, but I went, and after a six miles' walk across the hill I came to the woman. There was an old midwife there who had got the child born before I had arrived, but she had not quite completed the delivery, which I succeeded in doing. On another occasion when I was fishing I went up to a house to get a glass of milk. I saw a young girl sitting on a settle with her leg rolled up in her shawl, and I asked her what was wrong. She said, 'I was 'jumping across a burn the other night, and I think I 'put my foot on a sharp stone, because my foot is very 'much swollen and sore.' I noticed that she was knitting with three steel wires and one wooden one, and I asked her if she had her knitting in her hand that night. She said that she had, and I said, 'You dropped one of 'your knitting wires, you stepped on it, and part of it 'is in your foot.' She said she did not think so. I had a look at the foot, and, noticing a black speck, I opened it and took out part of a steel wire, five inches long, which I have still got. Now, if that had not been taken out, she would probably have lost her foot.

5829. That illustrates the want of medical advice in the parish?—They have a doctor now near there, but that was what it was twenty years ago. Here is a case where they have not got a doctor yet; this happened to a friend of mine in the island of Whalsay. The son of the proprietor was shot in the arm, and it was sixteen hours before they got a doctor from Lerwick. By that time the arm had mortified and it had to be amputated. In the parish of Lunnasting a young girl (a sister of my own) got her arm fractured, and it was three days before it was set. There is a doctor living near there now, however. Here are cases illustrating the need for Government sending a doctor at short notice when the only medical man in an island falls ill. A doctor had periostitis, and nearly lost a limb through exposure. In another case the doctor met with an accident, and about 800 people were without a resident doctor for a very considerable time. On another occasion, on account of a doctor's compulsory absence from his practice, a woman lost her life in childbirth, the weather being too rough to get a doctor from the mainland. Apart from actual loss of life, the hardships to patients and doctors in some of the islands is such as should not exist in a civilised country. This could be obviated by the Government having 'locums' ready to go to these islands when telegraphed for.

5830. That all illustrates this, that in Orkney and Shetland, owing to the fact that the distances are so great, and the population so sparse, there is not the supply of medical practitioners that would be necessary to look after the wants of the sick?—That is so. Here is a case which happened the winter before last in the island of South Ronaldshay, in which a doctor nearly got drowned, and his boatman was drowned. The doctor from South Ronaldshay, with his boatman, in crossing from Burray, a neighbouring island, were upset, and the boatman was drowned. The doctor was only saved by the air getting under his waterproof Inverness cape, which held him up for several minutes. That is a case illustrating the hardships of the doctors. If there had been a doctor in Burray, he would not have required to have gone from South Ronaldshay on such a day.

5831. *By Dr Mackenzie.*—Your point amounts to this, that by the ordinary market supply and demand, it is not possible to give efficient medical service either for Poor Law or general purposes in Orkney?—That is so. Here is a case as to the want of nurses. A doctor

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in an island sent in for me to see several cases of scarlet fever that had occurred. This doctor informed me that for four days and four nights he had never been away from the patients' bedsides at all, because he could not get anyone to help him. In another island, a doctor, bicycling down a hill, was thrown off his bicycle, and got concussion of the brain. He was brought by me into Kirkwall, and was in the hospital for three weeks, during which time there was no doctor on the island. As a matter of fact, I went several times to see patients there. Fortunately it was summer, and I could go after my day's work was done.

5832. In reference to that case, where a nurse would have been very advisable, you say in your statement that the State should, in your opinion, assist in the payment of any nurse required for the sick paupers?—Yes. Under present conditions the medical officer has to render, in many cases, nursing services, which curtails much of his time and power to perform other necessary duties. I have a number of other cases, but I have given enough.

5833. You are of opinion that all boarded-out children should be visited at intervals by the medical officer, in the same manner as lunatic paupers are visited?—Yes.

5834. Have you any actual illustrations in your own experience, indicating that there is neglect of boarded-out children due to defective inspection? Have you any boarded-out pauper children?—One or two who are well looked after.

5835. What have you to say as to the accommodation and arrangements for casual sick poor in each parish?—There should be some arrangement made as regards casual sick poor in each parish. As far as the mainland of Orkney is concerned, most of the parishes could send any sick poor, per ambulance, into the Balfour Hospital, which has often been done.

5836. What are your views as to the expediency of obtaining compulsory powers of removal to a poorhouse or general hospital or other lodging when a sick pauper has no relatives to look after him or her, or when the case is obviously one for poorhouse or hospital treatment?—The Parish Council should have compulsory powers to remove paupers to a poorhouse or hospital, when the case has been certified by their medical officer or the medical officer of the poorhouse or hospital as a suitable case for removal. The present condition of affairs has in my experience frequently led to lamentable results, not only to the pauper, but in great unnecessary expense to the ratepayers, not to mention the continual anxiety and worry to the inspector of poor and medical officer. As far as Orkney is concerned, the poorhouse test is a dead letter. The Parish Council of Kirkwall has an arrangement with Balfour Hospital, whereby when a pauper who has no dependants is sent to the hospital, the pauper's allowance is paid over to the hospital, as long as the pauper is there, the Parish Council's medical officers attending to the paupers.

5837. *By the Chairman.*—I suppose that in the Balfour Hospital patients are treated gratuitously?—We have a splendid arrangement with them, because it does not pauperise the people. The money left was not sufficient to appoint medical officers.

5838. Do your Parish Councils contribute to the hospital?—No; not except for individual paupers, which the Parish Council of Kirkwall do, in the way I have previously stated. The trustees of the hospital provide nursing and board; the medical attendance is a private arrangement between the patients and the doctor. If the patient is poor, then the doctor charges no fee, as he would do in their own cottage, but if it is a patient that can pay, then the patient and the doctor make their own arrangement. The trustees have nothing to do with the remuneration. It works very well.

5839. What are your views as to the tenure of office of medical officers as affecting the efficiency of the Poor Law medical relief system?—The medical officer should have the privilege of appealing to the Local Government Board before his Parish Council can dismiss him, which privilege inspectors of poor and medical officers of health have. The medical officers' duties are often of a most delicate nature, requiring great tact and firmness, as between the interests of the Parish Council, the pauper, and the public. In fact I go farther, and am of opinion that the Local Government Board should appoint, fix the salary, and dismiss when necessary the medical officer—the Exchequer paying his salary. It would be satisfactory to medical officers and the public if the medical officers' work was supervised by visits of inspection by the Local Government Board's medical officer. In this way the service would become more popular. For an energetic robust man there could be no happier or healthier life than that of a medical officer in the Highlands and Islands, that is to say, if he appreciated a country life, and nature in all her various moods.

5840. Have you had any cases under your observation where medical officers have been dismissed by Parish Councils without due cause?—No cases, as far as I know, of actual dismissal. I know of one case where the medical officer, who lived six miles from the centre of the parish, was asked to resign because a young medical man offered to settle in the parish. He refused to resign when requested. Some time after this, the young man referred to having left the parish, he resigned voluntarily, when the Parish Council thanked him for his past services and appointed his partner as his successor, showing that they had been quite satisfied with the services rendered.

5841. Is that the only case that you have got?—Yes; but I have got other cases showing the necessity for a doctor being in a position that he can speak out.

5842. Your view generally is that the tenure of parochial medical officers should be on the same footing as that of public health officers?—Yes. Here is a case where the doctor would have spoken out if it had not been for fear of being dismissed. I was telegraphed for by a man one night to go to a parish eleven miles off. I at once saw that the man was in a very dangerous condition, because he had formed unfounded impressions against his wife, and he might have killed her during the night. I wrote to the local doctor about him, and I said that the man was mad, and that he might kill his wife. The doctor replied that he had twice reported the matter to the Council, but that they would not take it up. I then pointed out to the Parish Council the dangerous condition the lunatic was in. They informed me they had examined the man for themselves, and that he was not insane, and did not require to be sent to an asylum. Some time after that the man committed assaults, both on his wife and someone else, for which he was taken into custody by the police. He was found to be insane, and was sent to an asylum, where he has been for three years.

5843. The doctor in that case would have insisted upon removal if it had not been for fear of getting into hot water with the Parish Council?—Yes.

5844. That not being an isolated case, you think that there is good reason for the parochial medical officer getting the same tenure as the public health medical officer?—Yes. I could give several instances of certain Parish Councils taking upon themselves responsibilities that men in the south of greater experience would not do.

5845. You are therefore of opinion that medical officers are sometimes deterred from doing what is in the best interests of the paupers or their duty by the fact that the Parish Council may visit their action upon them?—Yes.

5846. By dismissing them or otherwise?—Yes. But in fairness to Parish Councils I must state that the bulk of them refer opinions on purely medical matters to their medical officer; it is, unfortunately, the ones that are least qualified to express opinions on medical matters who interfere with the medical officer in the discharge of his duties. If your Board were to issue a circular instructing inspectors to put on each medical relief ticket a suggestion that the pauper is, if possible, to send word to the medical officer before he goes out for the day, you would make the doctor able to do about twice the work, with half the labour and half

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the expense. This would save him from going over the same ground twice or thrice in a day, and perhaps from having to make the visit a night visit. To show how needless a lot of these visits in the night are,—I will be called up at three in the morning, and I will give a prescription to go and get medicine: I will pay an extra visit at nine or ten and find that they have never got the medicine. They say they don't like to bother the chemist. I ask them it they are cured by faith, if my mere coming makes them any better. There is a very great waste of time in this.

5847. You think that inspectors should suggest to the paupers to do this?—I would not leave it to them: I think that the Local Government Board should make it imperative.

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Dr Kenneth Campbell, called and examined.

Dr K. Campbell.

5848. *By the Chairman.*—You are Medical Officer for the Parish of Kilmore and Kilbride, and also for the Lorn Combination Poorhouse?—Yes.

5849. Prior to your receiving this appointment, I think you had previous experience of Poor Law administration in the Parish of Laggan in Inverness-shire?—Yes, I was parochial medical officer for five years there.

5850. Your whole experience has been in Highland parishes?—Yes, except a stay that I had in Nottingham before going to Laggan.

5851. Had you Poor Law experience there?—No.

5852. You are of opinion that in every poorhouse there ought to be sick wards equipped and conducted as much as possible on hospital lines?—Yes. There should be an operating room and table, and suitable instruments, etc. I also suggest that the beds for the sick and infirm should have wire mattresses, as being more comfortable, more cleanly, and more likely to prevent bed sores. Further, there should be regular, and, if possible, skilled night attendance for the sick and infirm.

5853. As you are aware, there are sometimes not very many inmates in the poorhouses in the Highlands, and consequently they contain very few sick and infirm. From your experience are you of opinion that in all these poorhouses there ought to be trained sick nursing?—I think that as most inmates of Highland poorhouses are sick and infirm, there should be trained sick nursing in all these poorhouses.

5854. That being necessary for the proper attendance and comfort and good regulation of the poorhouse?—Yes. and I think it is necessary from the point of view of getting them well as soon as possible, and put on to the ordinary list.

5855. You have experience of trained nursing in the Lorn Combination Poorhouse?—Yes. We have one trained nurse, and our present matron is a trained nurse.

5856. Are you of opinion that pauper nursing in all cases is undesirable?—Yes, I think it is undesirable.

5857. Would you abolish pauper nursing?—Yes.

5858. I suppose, however, you would retain paupers for cleaning and scrubbing purposes?—Yes.

5859. In your experience they are well adapted for that work?—Yes.

5860. Have you ever known of them being paid for that work?—No, except perhaps a little indulgence in the way of some tobacco.

5861. But you have not known them receiving any money payment?—No.

5862. You say that there should be an operating room in every poorhouse. Do you think that there ought to be an operating room in every Highland poorhouse, or would you draw a line?—No, I think that in every Highland poorhouse there ought to be an operating place with proper facilities for any operation that might turn up at any moment.

5863. Have you found the need for that in the Lorn Combination Poorhouse?—Yes.

5864. I think you have had about one year's experience in that poorhouse?—Yes, fifteen months.

5865. In these fifteen months have you had need of an operating room?—Yes, I have a man in just now with a suppurating hip. Now if I had proper opportunities I would operate in the way of scraping the bone, and do my best for him. In Dr M'Kelvie's time I went in his absence to see a man who had been hurt at Connel Ferry and taken into the poorhouse at Oban, and I found him in one of the beds in the ward. I had to put him on the floor and operate on him there. I was able to reduce the dislocation, but it was under difficulties.

5866. This man was taken into a ward where other male inmates of the poorhouse were?—Yes; the three classes of sick, infirm and ordinary were together. We have now made a little alteration; we have the sick apart.

5867. Are the sick and infirm not together?—I have the sick inmates by themselves now.

5868. I thought that the sick and infirm were together, and that the ordinary were in another ward?—No, not now.

5869. Is the statement about the sick and infirm being together a correct statement?—No. All those who are on our list as sick I have in a ward by themselves, but occasionally an infirm inmate may be put into the sick ward for convenience, or a sick patient may be put among the infirm for want of room. There has been an attempt made to separate the sick from the infirm.

5870. Taking these operations which you think ought to be provided for by an operating room in the poorhouse, would you be prepared to deal with any case requiring even a major surgical operation if you had a proper operating room and appliances?—Yes, and the necessary assistance.

5871. Just as in an ordinary infirmary?—Yes, just as we do in the Cottage Hospital in Oban.

5872. Do you send any sick cases from the poorhouse to the Cottage Hospital?—No.

5873. In a situation such as that at Oban, where you have a Cottage Hospital in close proximity to the poorhouse, would you say that there was the same need for an operating room in the poorhouse as in a case where there was no such Cottage Hospital near at hand?—I don't think they admit paupers into the Cottage Hospital. There was a man came to me with blood poisoning who wanted to go into the Cottage Hospital. I gave him a line, and then he came back and said that as he would be off work he would have to be a pauper, and therefore could not go to the Cottage Hospital. He was treated in the poorhouse.

5874. We shall be glad to hear your views as to the sufficiency of the accommodation provided for the sick poor?—It is desirable that lay workers among the poor be encouraged to visit the sick and infirm. At present, the inmates are only visited by relatives, and their ideals do not make for progress. The tendency among philanthropic people has hitherto been to visit general hospitals only and to give poorhouses a wide berth. They have not yet got rid of the idea that it is only the hopelessly worthless and undeserving who become inmates of poorhouses. Subject to such restrictions and conditions as the House Committee with the approval of the Local Government Board may prescribe, and subject to the advice of the medical officer regarding any patient or patients in the sick ward, the 'sick,' 'infirm' and 'children's' ward should be open to visitors every afternoon, including Sunday. Such visitors should be encouraged by the officials to talk, read, sing and play to, and write letters for, the inmates. Their assistance and suggestions in getting the infirm and sick to engage in any light form of employment that would blend recreation and harmless amusement with instruction and profit in a mild way should be gratefully recognised by the House Committee and the officials. In suitable

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weather and in suitable cases such employment might take place out of doors.

5875. Have you found that the absence of these provisions for visiting, or at anyrate the want of visiting, has led to bad results; or what is it that has led you to think that there would be such an improvement?—It occurred to me about a year ago that this was one of the things that might help. I thought of ordinary hospitals that are visited by people very much for the benefit of the patients and so on, and I thought that if we had wise people coming in and seeing how things were, it would not only spur the officials to do their very best, but grievances would be reduced, if any existed.

5876. It would do good by way of inducing the inmates to do some work?—Yes. At present they seem to have no object at all in life except to pass the day.

5877. There is a certain amount of visitation in the Lorn Combination Poorhouse at present?—Not much.

5878. Have you heard of the work of the Brabazon Society in connection with other poorhouses?—No.

5879. That is a body of lady workers who visit the poorhouse, and induce the sick or infirm inmates to take to work. They teach them that work, with extremely good results, particularly in Glasgow and England. That is the kind of thing to which you point?—Yes.

5880. In your opinion it would be a great improvement if these inmates could be employed on such work as knitting, mat-making, and basket-making, instead of leading an idle existence which more or less leads to boredom?—Yes.

5881. That is the line to which you suggest we should apply ourselves?—Yes.

5882. Would you make that work otherwise than voluntary? It is voluntary at present, and goes on simply with the approval of the House Committee and Parish Councils; it is not made part of the rules of the poorhouse that that work should be done. I don't suppose you would suggest that it should be otherwise?—I think that would be sufficient, provided that visitors would be allowed to go among the inmates. The inmates would be only too willing to take it up.

5883. You mean the sick and infirm inmates?—Yes.

5884. *By Mr Barclay.*—If poorhouses were visited more often, you think that the prejudice might be removed to some extent?—Yes.

5885. *By the Chairman.*—You have a children's ward in the Lorn Combination Poorhouse?—Yes.

5886. Your children are not boarded out, as they are in most parishes?—No.

5887. What is your view about that?—Speaking for myself, I approve of boarding out children.

5888. Have you had experience of boarding out?—Yes.

5889. There is no reason why the children should not be boarded out from the Lorn Combination Poorhouse, or from the parishes which are comprised in the Combination, just as is done in the case of other parishes?—There is no reason why it should not be done, provided there is proper supervision of the children while boarded out.

5890. Your practice is to house in the poorhouse all children dependants, and not to board them out?—That is so.

5891. You yourself are of opinion that it would be better for the children that they should be boarded out?—Yes. I think, in some cases, they would be better with anybody than with their own mothers.

5892. Your children at the Lorn Combination Poorhouse attend the Board School?—Yes.

5893. With regard to indoor relief, you are of opinion that in many cases the accommodation for the sick poor at present is insufficient, and you say that probably the medium-sized poorhouses fare worst?—Yes. I think that in the smaller poorhouses there are so few on the sick list that the matron is able to give a great deal of attention to them, her other duties not being so engrossing. In the medium-sized poorhouse, however (I call Oban a medium-sized poorhouse), it is more difficult. For instance, we had four consumptive cases at one time.

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5894. Your cases are mostly cases of sick and infirm? You have very few test cases?—Not many. We occasionally have a few navvies.

5895. You think that the requirements might be more adequately met if you had trained sick nursing?—Yes.

5896. Do you think it is expedient to treat tuberculosis, malignant and offensive diseases in poorhouses, and if so, what arrangements do you think should be made therefor?—Sufficient accommodation for isolation and efficient nursing is all that is needed to permit of tuberculosis, malignant and offensive diseases being satisfactorily treated in poorhouses. Those diseases, particularly tuberculosis, require special and almost constant attendance. In a poorhouse such as ours in Oban it was manifestly impossible for a single trained nurse (although supposed to have been receiving assistance or superintendence from the matron, herself practically untrained, and whose proper duties as matron presumably took up most, if not all, her time) to tend all the sick and infirm, numbering in all between forty and fifty. In medium-sized poorhouses special attention to patients suffering from tuberculosis is therefore out of the question unless the nursing staff is increased.

5897. Now take your case of a single trained nurse. Does this trained nurse attend to both sick and infirm and tuberculous cases?—Yes, she will try to do that.

5898. You say that you have between forty and fifty sick and infirm?—That is so.

5899. One nurse is quite unable to overtake all the work that that involves?—Yes, even with the help that the matron may be able to give her, because the matron has other duties that take up a good deal of her time.

5900. Has it ever occurred to you whether, in place of further trained nursing, probationers would serve the purpose?—Yes, I think they would, along with trained nurses.

5901. You would suggest that in the larger poorhouses, where there are a number of trained nurses, provision should be made for the training of probationers?—Yes.

5902. Have you had any difficulty in getting a supply of trained nurses?—The nurse that we have was the only applicant.

5903. Can you tell us how you treat phthisis cases in the Lorn Combination Poorhouse?—They are fed in the usual way, every two hours, as far as possible. One difficulty is that there is no verandah where they can lie or sit in the open air. Three of our cases were advanced, and I had no hope of their coming to much. They did well in the summer time, but in the winter time they went back, and three out of the four died. The fourth man got better, and is now working in Glasgow.

5904. In winter you don't have them outside at all?—No. I have the windows open as much as possible, but they shut them when my back was turned.

5905. Did the patients themselves shut the windows?—Yes, they would try to shut the windows themselves.

5906. Have you all the appliances that you think necessary for the treatment of these cases?—I would like to have some covered place where they would be sheltered.

5907. So far as clothing and all that goes, you have everything you want?—Yes, but they require more attention from the nurse. They require to have someone always with them to see that they take their food regularly. A consumptive patient won't eat unless he is made to eat. Latterly I used to find their milk lying accumulated.

5908. The nurse was not able to supervise the cases as thoroughly as was necessary?—No.

5909. You have some suggestions to make as regards the classification of the inmates?—Yes. Instead of three classes—(1) Sick, (2) Infirm, (3) Ordinary, I would propose two classes—(1) Sick and Infirm, with a nursing staff sufficient for both, and (2) Ordinary. 'Infirm' and 'Infirmary' suggest sickness, and I think it is

always possible to find evidence of disease among those classified at present as infirm. They suffer from chronic gastric catarrh, anæmia, chronic Bright's disease, rheumatism, chronic ovarian and uterine diseases, etc. They are not always confined to bed, and occasionally go out of doors. As long as they are retained on the infirm list, they actually fare worse than the ordinary inmates, being allowed the same kind of food, but less of it. (Rule LXVII., Class D, page 53).[1] I would include all males over seventy, and females over sixty in the Infirm Class. The Ordinary inmate is adequately defined in Rule XXV., page 33,[1] as one who is certified by the medical officer to be 'free from any 'disease' and presumably fit for work, *i.e.*, test work. There should be hung above the head of each 'infirm' as well as each 'sick' inmate's bed a chart showing patient's name, age, employment, date of admission, weight on admission, class, and religious persuasion. On the back of the chart would be noted diet, medicinal treatment, and progress of case. It might also be feasible to keep a case-book, with a short account of patient's previous history, noting the poorhouses he had visited, etc. The infirm would be allowed ordinary or special diet at the discretion of the medical officer. A glance at the chart would enable the Governor, nurse and doctor to see what each inmate was getting, and there would be no excuse for forgetfulness. The charts and case-book would be used as permanent records, both as regards the quantities of extras supplied as well as the patient's history. I have come across on page 36 of the Poorhouse Rules an extract from the Visiting Officer's Report, dated 16th August 1880. He divides the inmates of a poorhouse into two classes only—(1) The Sick, Infirm and Children; (2) Test cases, including the dissolute, etc. 'The first,' he writes, 'should be retained in the poor-'house by kindness, and the second should be repelled 'by strict discipline and deprivation of indulgences.' In my opinion he thus strikes the true keynote of an enlightened system of poorhouse administration. These words, instead of appearing in small print in a foot-note, are worthy of being carved above the entrance to every poorhouse in the country.

5910. What you suggest comes to this, that these charts should contain particulars as to the patient, and should be preserved in the poorhouse for a certain number of years?—Yes.

5911. Is that done now?—I have ordered the charts on my own responsibility.

5912. There was nothing of that kind before you went to the Lorn Combination Poorhouse?—No.

5913. Was there nothing over the bed?—No. Of course it is very difficult to change things rapidly, even in Oban, and I have been doing things only gradually.

5914. Do you know whether there is an absence of charts in all Highland poorhouses?—Yes, they have no charts.

5915. *By Mr Barclay.*—You suggest that the sick and infirm should be put together, with a nursing staff sufficient for both? Our present scale is for sick alone, one in twenty. Would you make any difference?—I mention that afterwards when I suggest one nurse and probationer for twenty sick and infirm.

5916. *By the Chairman.*—Have you considered this point—suppose the Board were to lay down a rule that there shall be one nurse for every twenty sick and infirm, that might, in certain conditions, suggest to the Poorhouse Committee that they ought, as far as possible, to reduce the number of sick and infirm, and accordingly certain inmates might be removed from the sick and infirm to the ordinary class in order to escape the obligation to provide another nurse, or do you think that the power the medical officer has at present in regard to the supervision of the treatment of the sick and infirm would prevent the Parish Council or Poor-house Committee from taking any such step?—I don't think there is any great tendency to do such a thing.

5917. The alternative would be to make it a condition that there shall be a nurse for a certain number of inmates, taking the sick, infirm, and ordinary together, without distinguishing between them?—Of course in winter we have more ordinary inmates, and therefore we would require more nursing.

5918. That might assist towards getting more nursing, although it would not be required?—No, but we get more sickness then among our sick and infirm—our sick are more sick and our infirm are more infirm.

5919. Assume that a House Committee might be induced, from reasons of economy or parsimony, to keep the number of trained nurses as low as possible, do you think it would prevent that if the rule were, 'You shall have a trained nurse for every twelve, 'fifteen, or twenty inmates, irrespective of whether they 'are sick, infirm, or ordinary?—No, I rather incline to the idea that it would be better to have them for the sick and infirm alone, and not to mix them up with the ordinary.

5920. You think there should be one nurse and one probationer for every twenty sick and infirm?—Yes.

5921. That is sick and infirm, as classified by the medical officer?—Yes. I don't think it is a difficulty that could not be got over. Of course it is not always easy to define infirm, but it is easy to define ordinary, and all the others would be sick.

5922. The difficulty is as between the infirm and sick, and not as between the infirm and ordinary?—Yes.

5923. You are of opinion that the powers and duties of the medical officer with respect to the sick and infirm should be the same?—Yes. The responsibility and control should be complete. Rule 34,[1] which states that the House Governor and matron shall fix the hours of rising and going to bed for the sick, infirm, and young children, and determine the work to which such inmates may be put, should be altered in favour of the medical officer. Rule 35[1] should add the infirm to the list of those whose diet the medical officer may direct in writing.

5924. You suggest that the classification of the children should be altered?—Yes, I would make the classification as follows:—

(1) Under one year or until able to walk.
(2) One to five years.
(3) Five to fourteen (school age).

5925. You propose to make an alteration at both ends, your first class, instead of being as it is at present, under two years, you propose to make under one year, and in the third class you propose to classify children up to the age of fourteen?—Yes.

5926. What has led you to make that suggestion?—I think that when young mothers come in with a child, that child after a year can be taken over by somebody else and looked after by them, even although the mother went out to work. The child would be at the breast for the first nine months or so and would not require much solid food. It is after a year that they require more solid food, but I think that perhaps after a year they might be put into another part of the house. I am also of opinion that all the children should be weighed once a month, and a record kept by the medical officer. All under five should, weather permitting, spend the most of the day in the open air. Children of school age should be allowed as much time in the open air as is compatible with the season and their home tasks. In summer their home lessons might be learned out of doors. They should be fed *ad lib.*, and encouraged to ask for a 'piece' at any reasonable time if they were hungry.

5927. All this is subject to the views you have given us, that you think that all children should be boarded out?—Yes.

5928. You are led to form that opinion because you think that the interest of the children require it; they are better, as a rule, separated from such mothers as children who are in poorhouses usually have?—Yes.

5929. What have you to say as regards the powers and duties of the medical officer with respect to the general health of the inmates?—Once a week, or once a fortnight, the medical officer might inspect the inmates

[1] Poorhouse Rules and Regulations.

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before and when leaving the dining room, with a view to satisfy himself as to their general health, cleanliness of their persons, and their food. His annual report to the Local Government Board might be partly based on such information. In Rule 8,[1] which deals with the cleanliness in the poorhouse, I would substitute 'as 'often as the medical officer may consider necessary' for the words 'as often as may be necessary for cleanliness.' The medical officer's annual report should deal with questions of ventilation, heating, lighting, and drainage. Each annual report should contain a copy of a certificate from a qualified sanitary inspector stating that the poorhouse is in a thoroughly sanitary condition.

5930. As arising out of this, will you tell us what are your duties in regard to the applicants and the inmates of the poorhouse after they go in. Of course you see every applicant, and you medically inspect and examine them?—Yes.

5931. You are the person who says to what wards they shall go, whether the sick, infirm, or ordinary?—Only if they are sick.

5932. You are final as regards that?—As regards the sick.

5933. I suppose you see the sick every day?—Yes.

5934. How often do you see the infirm?—I see them every day also, because I pass through the different wards.

5935. In addition to that, if there is any ordinary inmate who desires to have your attendance, you give it?—Yes.

5936. Are you apprised of that through the Governor?—I ring a bell every day when I go in. All the inmates know the doctor's ring, and they are invited to come to the surgery if they want to see me.

5937. You suggest that each year there should be a certificate from a sanitary inspector stating that the poorhouse is in a thoroughly sanitary condition?—Yes. The only qualified sanitary inspectors are employed by the local authority.

5938. *By Dr Mackenzie.*—It is only through the local authority that it would be operative?—Yes.

5939. *By the Chairman.*—You have been led to think that that is a desirable thing?—Yes, it is a thing that is apt to be overlooked until something happens, unless it is done regularly.

5940. You have some further suggestions to make as regards the rules?—Yes. To Rule 18 (20),[1] which states that it shall be the duty of the House Governor 'to provide for and enforce the employment of all 'inmates to the extent of their ability,' etc., and to Rule 38,[1] which states that 'the inmates of the several 'classes shall be kept employed according to their 'capacity and ability,' I would add, 'as certified by the 'medical officer.'

5941. You are of opinion that the matron should be responsible for the comfort and cleanliness of all beds and bedding?—Yes, it should be no part of a nurse's duty to take charge of the beds of the ordinary inmates.

5942. In regard to admission and discharge of inmates you are of opinion that there should be in every poorhouse two probationary wards?—Yes.

5943. That is one for the males and one for the females?—Yes. The admission certificate should state the poorhouse last visited, the applicant's exact age, the employment, and when or how last employed. All inmates should be weighed on admission and discharge. An admission register should be kept by the medical officer giving details of each inmate, the number, name, age, employment, weight, disease, class and diet (whether ordinary or special). No infirm or sick inmate should be discharged by the House Committee or inspector of poor without a certificate from the medical officer.

5944. That means that you propose that no infirm or sick inmate shall leave the poorhouse until he is reported on by the medical officer as fit to go?—Yes.

5945. You also mean this, that they should not be permitted to discharge themselves?—Yes, if that can be done.

5946. You think that steps should be taken to have a rule of that kind made and enforced?—Yes.

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5947. You have cases of this kind, people leaving the poorhouse partially cured and finding it necessary to come back again in a short time and the cure requiring to be begun again?—Yes.

5948. *By Dr Mackenzie.*—Your point here is that no House Committee or inspector of poor shall take the responsibility of discharging a pauper without a certificate from the medical officer?—Yes. I would also say that no sick or infirm inmate should be transferred to the ordinary list without the consent of the medical officer.

5949. *By the Chairman.*—On page 237 of the Rules[2] is printed what appears on the back of the certificate on admission?—That does not state where or when employed last. Sometime they say to us that they have come from Lochgilphead when they have really come from Connel Ferry.

5950. The next point is as to infectious diseases. If you have any cases they are removed to the infectious diseases hospital?—Yes.

5951. I suppose you have no difficulty about that?—No.

5952. If you require to call in extra nurses, you still require to get them from the South. There is no supply of nurses in the Highlands?—No. When applying for nurses for the poorhouse there is difficulty in getting them. As I said, there was only one applicant for the post we filled recently.

5953. If it was found possible to establish schools for probationers in some of the larger poorhouses, that might provide for wants such as you say you have?—Yes.

5954. What have you to say as to the deaths of inmates (reports, post-mortem examinations, etc.)?—Rule 18 (Clause 29, footnote 2, p. 18[1]) 'four days' should be altered to 'twenty-four hours,' and 'forty-eight' hours should be altered to 'twelve hours.' Consent to a post-mortem examination by the medical officer should depend upon the existence of relatives known to him, or who may reside 'within a reasonable 'distance.' In every case where the medical officer performs a post-mortem examination at his own discretion, his reason for so doing, and the result of his examination, should be put on record.

5955. In suggesting these alterations, I suppose you have taken into account simply the circumstances of the poorhouse, because at present forty-eight hours and the four days are found in some cases to be absolutely necessary on account of communications with the Fiscal and other things which require time?—By that time the patient is buried. It means six days altogether. Nobody is kept that time; in poorhouses they are only too glad to get them under the ground as soon as possible. This would mean keeping the body six days before the medical officer would have the chance of making a post-mortem examination.

5956. You are of opinion that the time should be shortened as far as possible?—Yes, six days is too long.

5957. You think that we should take steps to communicate with the Crown Office authorities in regard to that, to have the time shortened, if possible?—Yes.

5958. In your experience you have found that the time at present is too long?—Yes, it does not give the medical officer a chance to have a post-mortem at all.

5959. You say as regards the punishment of inmates, that it should remain as at present, except that in Rule 59[1] you would put after 'confinement,' 'or by extra 'work'?—Yes.

5960. You think that the existing rules are sufficient, except that in Rule 59[1] the words 'extra work' should be added?—That is so.

5961. That comes to this, that you propose to extend Rule 59[1] to all cases of the exercise of discipline and punishment?—I did not mean test cases; I only meant sick and infirm.

5962. Don't you think that in test cases the medical officer ought to certify before there is confinement?—

[1] Poorhouse Rules and Regulations.

[2] Board's Rules, etc., to Parochial Authorities.

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I don't think that that is necessary if they are certified as free from disease.

5963. But that may not be known until you have made an examination?—If some rule was made to hand them over to the police, then there would be no examination there.

5964. Do you suggest that they should be handed over to the police rather than dealt with inside the poorhouse?—We have had so little experience that it does not count for much.

5965. Do you have many punishments?—No, it is a very rare experience. I should make the case of a mother thrashing her child in the poorhouse unduly a matter for punishment. We had a case of that kind the other day, where a young mother started to thrash her child of one and a half years, and thrashed it badly according to the report of the matron. I should make that a punishable offence. There is a reference to unlawful assault; I don't know whether it would come under that head or not.

5966. Will that case be brought under the notice of the Poorhouse Committee?—I am sure it will.

5967. What is your opinion as to the medical officer making the annual report to the Local Government Board?—The annual report might be made to the House Committee, who would send a copy to the Local Government Board, but the Local Government Board should mention the lines upon which the report should go.

5968. The next point is as to complaints by paupers of illness?—All ordinary inmates should have an opportunity daily of consulting the medical officer. The Governor should take down at roll call every morning the names of all who wish to consult the doctor.

5969. Is there a roll call in the Lorn Combination Poorhouse?—There is a roll call according to rule, but I don't know that there is any regular roll call in practice. The Governor is supposed to see the inmates in the morning when they get up.

5970. We are led to understand that the roll call rule is in abeyance. Do you think that a good thing?—No. The roll call is a good thing. In small poorhouses a man may not feel well and may not get up, and no one will know anything about him until breakfast time.

5971. It is in the smaller poorhouses that the roll call may serve a good purpose still?—Yes.

5972. In the larger poorhouses you don't think that it would be necessary?—No, unless for the Governor to see that they were all clean and so on. I have myself found a man lying upstairs in the night wards, and no one had known that he had not been down—he had not been missed.

5973. We come now to trained sick nursing. You say that in all poorhouses there should be night attendance?—Yes.

5974. In such a case as yours, where you have only one trained sick nurse, it is impossible that she can give attention during the night?—Yes.

5975. How do you provide for that in your poorhouse with from forty to fifty sick and infirm?—If there is anyone very ill, then one of the inmates sits up.

5976. I should fancy that that is a very inefficient form of nursing?—Yes, very. Sometimes some of the old people may tumble out of bed on to the floor.

5977. *By Dr Mackenzie.*—You would not consider a warder sleeping in the same ward as night attendance?—No.

5978. *By the Chairman.*—We shall be glad to hear what more you have to say as to trained sick nursing?—In all poorhouses where there is not a trained head nurse or lady superintendent (*i.e.*, where the daily average number of sick does not exceed sixty), the matron should be a trained hospital nurse, and be head of the nursing staff. Where, however, the size of the poorhouse would warrant the Local Government Board in supposing that the proper duties as matron (*i.e.*, the general care of all the female inmates; the supervision and instruction of the children; instruction and training a probationer (nurse), or probationers, directing and superintending the employment and recreation of all the infirm and ordinary female inmates, etc.) would take up most or a great deal of her time, then she ought not to count as one nurse under the circular of 31st July 1879.

5979. I suppose your views as you have expressed them would lead to this, that in the Lorn Combination Poorhouse you propose that the matron should be head of the nursing staff?—Yes, she should exercise general supervision, but she should not count as a nurse. I don't mean that we should have the matron and one nurse as we have at present.

5980. I am speaking of the relative position of the two, the matron and the trained nurse. You think that the matron where she is a trained nurse should be head of the nursing staff?—Yes, because her duties would give her some care over the sick and infirm as well as the others. She is supposed to have a general supervision over them.

5981. *By Mr Barclay.*—You would propose that she should have two nurses under her?—Yes.

5982. Or a nurse with a probationer?—That would be rather little.

5983. *By the Chairman.*—You think that her salary should not rank as against the medical relief grant where her proper duties take up the most of her time? You think that her salary should not rank as against the grant unless she is able to give a large amount of her time to nursing duties. That is a very difficult thing to deal with?—It really depends on how she interprets her other duties.

5984. *By Dr Mackenzie.*—Would your purpose, in not allowing the matron to count as one, be to secure absolute separate jurisdiction?—No, my idea is to get another nurse for nursing pure and simple, and the matron should supervise and do a little duty when the nurse is absent,—she should look after the welfare generally.

5985. Would the fact of her counting as one for the grant make an actual difference in those duties?—What I mean is that as the matron is busy she cannot give much attention to the sick.

5986. You think it would be better that the two nurses should count independently of the matron where you have forty sick?—Yes; and yet I would have the matron supervising when she is a trained nurse.

5987. What it comes to is this, that you want an additional nurse that would count?—Yes. I mean that, supposing we have over 20 sick, we should have *two* nurses *plus* the *matron* (also a trained nurse) who would give such superintendence as her other duties would permit.

5988. *By the Chairman.*—You think that the standard of training as at present fixed should stand?—Yes.

5989. You also think that the supply of nurses might be regulated and helped by the appointment of probationers who would sleep at home?—Yes. They would serve for one year, and then, by arrangement with the Queen Victoria Jubilee Nursing Association, they would continue their training in some large hospital with a view to become Queen's nurses. No doubt many of them would return to poorhouses when they had completed their training.

5990. That actually points to this, that, taking your own case, you may get probationers to come and begin nursing in the poorhouse in Oban from the surrounding districts, and if they take to the work and determine to pursue it they would then become qualified nurses, going through the curriculum required for that?—Yes.

5991. Do you think you would get them?—It would be an incentive. The difficulty is for young girls to get on to the staff of a hospital; there are nine or ten applicants for any vacancy that there is in any hospital.

5992. If this proposal were adopted as you suggest, would you get probationers in Oban?—Yes, I think so, on the understanding that they would continue their training afterwards. After a year's training in the poorhouse they would know what a poorhouse was like.

5993. What proportion of nurses to sick do you think is required for efficient nursing?—I would group the sick and infirm together, and for every twenty I would suggest one trained nurse and one probationer.

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5994. Do you think that rules specifying a nurse's duties should be drawn up?—Yes. They should have regular hours on and off duty, and they should be responsible with the matron to the medical officer for the comfort and cleanliness of the sick and infirm inmates, including their beds.

5995. As a whole you are of opinion that the salaries of medical officers are not what they ought to be?—That is so.

5996. You don't suggest that they should be regulated otherwise than as is done at present, that is by poorhouse committees?—It is very difficult to think of any other plan than the present one. The medical officer will do his work more efficiently and cheerfully when his salary bears a due proportion to the time and attention he gives to his duties. I think there is a case for more liberal salaries to the medical officers of poorhouses. I believe the success of poorhouse administration will in future depend a great deal upon the time and attention given to the work by the medical officer.

5997. We come now to outdoor relief. What have you to say as to the adequacy of the medical relief arrangements at present in force?—The fault is rather in the surroundings, and the lack of proper nursing, than in the rules laid down by the Board of Supervision for outdoor medical relief. It is one thing for the medical officer to order medicines, suitable diet, etc., and quite another matter to be certain that the sick pauper gets it, or that it is put to the best use if he does get it.

5998. How do you propose to meet that difficulty, by better nursing?—By appointing nurses and compulsorily sending patients to the hospital.

5999. In your experience there are cases now treated as outdoor cases which would really be better inside the poorhouse?—There are a great many such cases.

6000. *By Mr Barclay.*—Have they been offered the poorhouse and have they refused to go?—Yes, that is quite a common experience. We find that when they are sick they cling more to their own place than they do at other times.

6001. *By the Chairman.*—Is that prejudice against the poorhouse growing, or is it getting less?—I think that if poorhouse hospitals were on the lines of the cottage hospitals that would be done away with in time.

6002. Suppose the view were taken that some of the poorhouses in the Highlands might be made into hospitals, while others would be poorhouses proper for the treatment of test cases, that would, to some extent, remove the difficulty, because you say the prejudice they have to enter a poorhouse does not extend to their entering a hospital or infirmary?—Not so much, but still there are certain people that won't think of a hospital until they are in a very bad way, and even then they won't go.

6003. But they are beginning now to discover the benefits from cottage hospitals and infirmaries?—Yes, there is an improvement.

6004. Have you had cases under your notice where a sick pauper has not got medicines or suitable diet or stimulants that have been ordered for him and her, and where they have been put to a bad purpose and use by other persons staying in the house?—Yes, especially money given every week; very often the husband or the wife drinks the money instead of putting it to use for the benefit of the pauper.

6005. Have such cases been brought under the notice of the Parish Council who give this aliment?—I am not aware that they have.

6006. These are cases with which probably the Parish Council ought to deal, and refuse any relief except the poorhouse?—Of course the pauper may be deserving, while the drunken wife may use the money, and in such a case it would be rather hard to deprive the pauper of any aliment at all. I suggest that the inspector of poor should be able to give them aliment in kind.

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6007. I am afraid there would be abuse there also. There is a rule of the Local Government Board that all aliment is to be given in money and not in kind. There were so many abuses that that was found to be necessary. There is no difficulty in transforming kind into money?—There is a difficulty in small country towns. Food is not so negotiable as money or drink.

6008. In regard to subscriptions to nursing associations and the appointment of nurses for the outdoor sick, you are of opinion that the appointment of nurses is the better and more desirable course?—Yes.

6009. Have you thought as to whether the medical relief grant should be extended to outdoor nursing?—I have not thought about that.

6010. You are of opinion that boarded-out children should be visited quarterly by a medical officer, and their physical condition, comfort, and surroundings should be certified, as is done by the Board of Lunacy in the case of their boarded-out patients?—Yes.

6011. Have you had much experience of boarded-out children?—No.

6012. Have you known of any case where, owing to the want of inspection, the boarded-out children have not had the usage they ought to have had?—No.

6013. Our view is that the boarding-out system has been very successful as a whole, and the grievances and complaints have been very few and far between?—Of course if it was carried further there might be greater difficulty in getting suitable people, so that supervision would be more necessary.

6014. You say that they should be visited quarterly by a medical officer. Is that by a medical officer of this Board or of the parish of settlement?—The medical officer of the parish in which they reside.

6015. The present rule is that their foster parents may call in any medical attendance, not necessarily the parochial medical officer, because the object is that, as far as possible, the taint of pauperism shall be removed from them, and that none of the pauper surroundings, in the shape of inspector or medical officer, shall, if possible, be associated with them. At present, when necessary, the foster parent is entitled to call in a medical man to look after them, at the expense of the parish to which they are chargeable?—I did not know that.

6016. What have you to say as to the expediency of obtaining compulsory powers of removal to a poorhouse or general hospital, or other lodging, when a sick pauper has no relatives to look after him or her, or when the case is obviously one for poorhouse or hospital treatment?—I would strongly advocate this course, as being humane, and in many cases the only solution of the difficulty. I have often wished for such compulsory powers. It could only work for good.

6017. You think that the tenure of parochial medical officers should be the same as that of public health medical officers?—Yes.

6018. Have you an ambulance in your poorhouse?——No.

6019. *By Dr Mackenzie.*—How do you do in the removal of sick cases?—Is a nurse sent for them, or are they brought in anyhow?—If they are accident cases, they will be taken in the small police ambulance.

6020. How do you do if they are sick cases, like pneumonia or bad heart cases?—We get them in in a cab.

6021. You have always someone that is responsible for them?—Yes; in one case I went myself.

The Committee adjourned.

SEVENTEENTH DAY.

FRIDAY, 27TH MARCH 1903.

At the Local Government Board Office, Dublin.

Present:

Mr J. Patten MacDougall, *Chairman*.
Dr W. Leslie Mackenzie.
Mr R. B. Barclay.

Mr J. Jeffrey, *Secretary*.

Dr E. Coey Bigger, called and examined.

6022. *By the Chairman.*—You are a Poor Law Medical Inspector under the Local Government Board for Ireland?—I am.

6023. How long have you held that office?—For two years and a half.

6024. You are also a D.P.H.?—I am.

6025. How is the administration of medical relief in Ireland regulated?—Under two systems: one relating to medical relief to poor persons in the workhouse hospitals, and the other to medical relief to poor persons outside the workhouse, known as dispensary relief.

6026. Boards of Guardians in Ireland have charge, not only of the administration of the Poor Law, but also of the public health to a certain extent?—The Guardians have nothing to do now with public health, it is under the District Councils, who are a separate body, although the members of the rural District Council are members of the Guardians. The Guardians of an urban district are elected by the Local Government electors and have nothing to say to the rural District Council, as they do not represent a division in the rural District.

6027. In connection with some of your workhouses there are public health hospitals where you treat infectious diseases?—We don't look upon them as public health hospitals. They were originally started about the same time as the Poor Law. In the year 1843, by the Poor Law Relief (Ireland) Act, the Guardians were empowered to provide relief for poor persons affected with fever and other dangerous contagious diseases in houses hired or rented for the reception and medical treatment of such poor persons during their illness or convalescence, or by appropriating for that purpose portions of the union workhouses. As a matter of fact, what happened in connection with every workhouse in Ireland—practically every one—was that a fever hospital was attached to it; this is always a separate detached building.

6028. Is it a fever hospital for paupers only?—No, for poor persons. There is no hard and fast rule. A poor person might mean a person in respect of whose maintenance in the hospital provision is made by some friend or relative or a person who pays the cost of his maintenance.

6029. Have the public health authorities any recognised right to send patients there?—The public health authorities have no jurisdiction over the fever hospitals in connection with the workhouses. The Act empowering a poor person to be relieved in a fever hospital was passed thirty-four or thirty-five years prior to the passing of the Public Health Act. I think after the passing of the Public Health Act the Public Health authorities did not see why they should erect hospitals, seeing that infectious cases requiring hospital treatment could be treated in the workhouse fever hospitals. In Dublin, Belfast, and Londonderry, infectious cases are received into hospitals in these cities by arrangement or agreement, under Sect. 155 of the Public Health (Ireland) Act, 1878, between the sanitary authorities and the hospital authorities. Belfast Corporation have provided a hospital for smallpox, and they are going to build one for other diseases. With regard to the point raised of overlapping, the sanitary authorities look after the contact cases and so on, and the Board of Guardians send for the infectious cases and receive them and treat them, and are responsible for them.

6030. And pay for them?—It is taken out of the poor rate.

6031. *By Dr Mackenzie.*—The removal of a fever case does not involve pauperism?—It does not imply pauperism.

6032. The giving of medical relief pauperises the recipient?—No. Neither does the dispensary relief. Outdoor relief, in the form of money or food, would imply pauperism.

6033. You would not call that medical relief?—No. Outdoor relief is given without being medical.

6034–5. Under the first of the Irish Poor Law Statutes, the Poor Relief Act of 1838, I understand that workhouse hospitals were merely an adjunct to the workhouses, and were used solely for those of the inmates who from time to time required medical aid?—Yes. In 1862 a further extension of the Poor Law Acts was made. Sect. 3 of the Poor Relief (Ireland) Act of that year made it lawful for the Guardians to admit into the infirmary of the workhouse any poor person requiring medical or surgical aid in hospital, and to provide for their treatment and maintenance therein. Further, under sect. 7 of the same Act the Guardians were empowered to send any inmate of the workhouse requiring special medical or surgical treatment to any special hospital.

6036. That, I suppose, means this, that where there is any case requiring special treatment, the Guardians were empowered to send that case to the larger infirmary for treatment, and such treatment justified their paying for it out of the rates?—Yes. What happens fairly frequently is this. A person with, say, some eye affection, who cannot be operated on locally, is sent to Dublin, Belfast, or Cork for special treatment. He must first be admitted as an inmate of the workhouse before he can be sent. A person who is on the books and is sent on may not have resided for any length of time in the workhouse. If the case is that of a dispensary patient, he cannot be sent on without being first admitted by the Guardians to the workhouse. They pass a resolution to send him on. The charge for conveying the person and for treatment in hospital is put on the ratepayers.

6037. What have you to say in regard to the blind, deaf, and dumb?—The destitute poor who are blind, deaf, and dumb may be sent to institutions. I refer to sect. 14 of the Poor Relief (Ireland) Act 1843, and the Poor Afflicted Persons Relief (Ireland) Act of 1878.

6038. The regulations governing the administration

of the workhouse hospitals are contained in the Workhouse Rules of 1849, the General Regulations of 1882, the Order of 4th May 1896 as to calling in extra professional assistance, and the Union Accounts Order of 1899, and the Nursing Order of July 1901, all of which you put in?—Yes. I also hand in at the same time copies of the suggested diet scale, and the Guardians are asked to adopt this scale, or something practically on the same lines. For the sick inmates proper, we do not suggest any dietary scale, it is entirely in the hands of the medical officer, not in the hands of the Guardians at all. The Board of Guardians adopt a dietary scale for the healthy classes which must be approved and sanctioned by the Local Government Board before it is put in force. Inmates are dieted according to the scale for the different classes, and must receive the diet of their class. In certain cases the Guardians allow some of the able-bodied inmates extras for doing certain duties. (*Hands in papers,*[1] *vide* Appendices XLIII. and XLIV.)

6039. Have you a diet for the ordinary pauper?—The workhouse regulations of 1849 lay down rules for the framing of dietaries for all classes of inmates. In 1893 the attention of the Local Government Board was directed to the fact that the dietaries in English workhouses and Scottish poorhouses were generally better and more varied than in Ireland. The Board accordingly addressed a circular letter to Guardians and requested them to consult with their medical officers with a view to securing a somewhat more liberal diet for workhouse inmates, especially the aged and infirm classes. In 1899 the Board forwarded to the Guardians a copy of the suggested scale of dietary mentioned in reply to previous question. This scale had reference mainly to the children, the aged, the infirm, and the lunatic classes.

6040. Has that been generally adopted?—In a large number of workhouses it has been, and in a great many others it has been adopted with certain modifications, with certain little things left out; I think it has been the means of raising the dietary scale. That is almost general.

6041. Has any objection been taken or lodged against it from any quarter?—Yes. Some Boards of Guardians have not adopted it.

6042. Because it is too expensive?—Yes.

6043. Are there any objections raised from the other point of view, that it is not sufficient?—No. If they want to go a little bit further, we have no objections. It has been made out with a view to economy, and at the same time to be a sufficient diet. It has been chiefly in the interest of the children and infirm. Where the whole scale has not been adopted, they have given the children lunch. That has been generally adopted.

6044. I should like to know what steps were taken by your Board here before they issued this circular approving of a diet on this scale and footing?—They received dietary scales from a large number of institutions.

6045. *By Dr Mackenzie.*—Was there any detailed expert investigation to ascertain the physiological properties of the food sent to the Board as a comparison?—I don't think it was made out physiologically, although it was made out having regard to the different constituents of the diet, the different elements that make up a proper diet.

6046. Has any means been taken since that diet was instituted to ensure that it was really sufficient? What test have you to say that it is sufficiently administered; for example, that the diet prescribed is actually used or consumed by the paupers, that they do not lose weight? Do you simply take the general results?—The different inspectors inspect the different workhouses, and if there are any complaints regarding the dietary, they inquire into it; but further than going into the matter in that way I don't think there is any special investigation. I presume you mean by taking the weight?

6047. Have you any other check except general observation?—We are satisfied that the diet is sufficient.

6048. Have you found, as a matter of fact, that there is any waste in the diet, that a great deal of food is left unconsumed at each meal?—I don't think there is. Perhaps in one or two particulars there has been mentioned a waste of bread, or something of that kind, but it has only been a very small proportion.

6049. Have you any complaint of monotony of the diet as leading to waste, the same substance being repeated so frequently?—No. I don't think there has been any complaint of monotony of diet where the suggested dietary scale has been adopted. It has been where there has been a routine dietary, but the suggested scale gives a good deal of variety.

6050. When that scale is adopted the variety is sufficient?—There have been no complaints to my knowledge where the suggested scale has been adopted, regarding the insufficiency of it. I may mention that the dietary comes under the notice of the medical officer of the workhouse, whose duty it is to see about the sufficiency or insufficiency.

6051. *By Mr Barclay.*—This suggested diet scale does not affect the first two classes of the able-bodied paupers?—No.

6052. *By Dr Mackenzie.*—What have you to say about the diet of able-bodied people; are they on the old diet?—In the small workhouses there are so few able-bodied that they are doing some work, more or less special work, and are mostly put on one of these diets. You may get the dietary scale in the Dublin Workhouses, and you can compare it.

6053. *By Mr Barclay.*—Is it the case that classes one and two have only two meals a day?—No. That does not apply anywhere in Ireland.

6054. Are the workers allowed meat?—There are so few able-bodied inmates in smaller workhouses throughout Ireland, that I think most of them are put on that suggested scale.

6055. This applies to the larger houses as well as the smaller?—It may not apply to a large workhouse like the workhouses in Belfast and Dublin; in these the diet of the healthy classes has not come under my notice, nor has it been referred to me in any way so far as the able-bodied are concerned.

6056. The able-bodied in Belfast and Dublin come under this scale?—I cannot tell you what their diets are, but you can obtain a copy of their diet scale.

6057. *By the Chairman.*—Can you say what powers the Board has to enforce the scale of diet?—I don't think they have any power of enforcing it.

6058. *By Dr Mackenzie.*—Have you any indirect method of enforcing it?—It is our duty to see that the inmates are properly fed. It is also part of the functions of the Guardians.

6059. *By the Chairman.*—As regards outdoor relief, by sect. 5 of the Poor Relief (Ireland) Act of 1847 the Poor Law Commissioners were empowered to direct the Guardians to appoint medical officers for affording medical relief out of the workhouse in those cases in which it appeared expedient that such appointments should be made. That provision was repealed by the Act of 1851, known as the Medical Charities Act, under which the present system of dispensary relief in Ireland was established?—Yes. The Act of 1847 was really more or less of a temporary Act, on account of the famine. A great famine occurred, and in many places there were no doctors at all, and it helped to bring into prominence the necessity of having the Act of 1851.

6060. Under that Act the several unions in Ireland are divided into so many dispensary districts as appear necessary from time to time, regard being had to the extent and population of each district; and the Local Government Board are authorised to fix the number and qualifications of the dispensary officers, such as medical officers, compounders of medicine, and midwives; and the Guardians are to provide dispensaries or offices for the medical officers of the districts, and all medicines and medical appliances?—Yes.

[1] The General Orders of the Local Government Board (Ireland) are published in the volumes of Statutory Rules and Orders. The general rules and orders handed in by Dr Bigger have not been printed in the Appendix.

6061. The Local Taxation Account, I understand, is applied to covering half of the salaries of the medical officers and half the cost of medicines and medical appliances?—Yes.

6062. That is both as regards outdoor and indoor relief?—Yes.

6063. Under the Local Government (Ireland) Act of 1902 the amount of local taxation account which is to be devoted to that purpose is now limited to a sum not exceeding the amount payable during the financial year 1902 in the different unions. Can you give us the amount?—The amount paid in the year ended 31st March 1902 was £55,406, 8s. 7d. for salaries of medical officers, and £17,381, 16s. 3d. for medicines and medical and surgical appliances.

6064. Then, accordingly, if the salaries increase, the grant won't meet quite the half of them?—If the Grant should not be sufficient there should be a general reduction all round. The amount was practically up to its full last year.

6065. Are the administration rules under which the grant will be distributed in future stereotyped by the legislation of 1902 as well as the amount of the grant? The grant in 1902 was applied to certain specific purposes. Has the Local Government Board power to review these purposes or to limit them in any shape or form, or are they stereotyped just as the amount of grant is?—The only additional purpose is that specified in the Act of 1902, half the cost of temporary medical officers and half the cost of temporary trained nurses.

6066. Accordingly, the Local Government Board has not now power to deal with that grant, otherwise than as it was dealt with in 1902?—With those exceptions.

6067. I understand you have made several alterations relative to medical officers, medicines, and nursing in workhouses since the Local Government (Ireland) Act of 1898 came into operation?—Yes. So far as medicine and nursing are concerned, we made a new Order.

6068. In the workhouses in Ireland the large majority are sick and infirm, and such ordinary inmates as you have are employed in doing the work of the house, in scrubbing, cleaning, and other such work, and if you had not them to do it you would require outside assistance?—Yes. A number of the able-bodied are women with illegitimate children, and they cannot leave without taking the children with them.

6069. How do you distribute dispensary medical relief to poor persons in Ireland; is it by means of tickets?—Yes. The dispensary relief is given by ticket. The tickets are signed by members of the Boards of Guardians, wardens, or relieving officers.

6070. And the tickets are of two kinds, one which entitles the applicant to treatment and advice at the dispensary being printed in black, the other in red, which entitles him to attendance at his own residence?—Yes. That ticket entitles him to both attendance of the medical officer and the necessary medicine.

6071. *By Mr Barclay.*—What is a warden?—A person appointed by the Guardians under Sect. 50 of the Act 1 & 2 Vict. c. 56 to do this duty alone, and nothing else; he is generally a clergyman, or he may be a shopkeeper in the district. If the Guardians live a number of miles away they may appoint wardens to be convenient so as to give facilities, in order that the people can get tickets within a reasonable distance.

6072. *By the Chairman.*—The days and hours fixed for the attendance of medical officers at the dispensaries are shown on notices posted throughout the district, and in a conspicuous place at the dispensary, which is also used as a vaccination station?—Yes. In a very large dispensary district there may be two or three dispensary stations, where the dispensary doctor may attend once or twice a week, and also vaccination stations in other parts of the district.

6073. And in these large places there are compounders of medicine?—In the populous districts and towns they may appoint a dispenser of medicine for two or three districts.

6074. In the majority of cases the dispensary officers compound their own prescriptions?—Yes. Compounders only apply to a few places.

6075. The regulations governing the administration of local relief outside the hospitals are the dispensary rules of 24th February 1899, and the amended rules of 23rd March 1901?—Yes.

6076. In addition to the Poor Law system of medical relief there is also a system of county infirmaries and county and baronial fever hospitals, supported partly by contributions from County Councils and partly by voluntary subscriptions?—Yes; about twenty-eight county infirmaries, seven county fever hospitals, and six baronial fever hospitals in Ireland.

6077. These institutions receive patients on the recommendation of subscribers in terms of sect. 82 to 86 of the Grand Jury Act of 1836, sect. 15 of the Local Government (Ireland) Act of 1898, and sect. 2 of the Local Government (Ireland) Act of 1902?—Yes.

6078. As I understand it, your grant is given simply for one trained nurse in each workhouse?—Yes.

6079. You require each workhouse to have trained nursing for the sick inmates?—Yes, or rather half the salary of one 'trained' nurse is offered to the Guardians as an inducement to appoint.

6080. You require at least one trained nurse in each workhouse?—Either a 'trained' or a 'qualified' nurse; the Act giving the grant for a trained nurse was for the object of trying to induce the Guardians to appoint one. There is not a fully 'trained' nurse in some of the workhouses. I cannot tell the exact number. There are workhouses where nuns act as nurses.

6081. *By Dr Mackenzie.*—You have no workhouses absolutely without nursing in some form or other?—No.

6082. You have some paid nurses, whether fully trained or not, in every workhouse in Ireland?—Yes. (Statement as to number of nurses subsequently handed in. *Vide* Appendix XLVIII.)

6083. *By the Chairman.*—In accordance with the Orders of the Local Government Board?—Yes.

6084. Are these enforced?—Yes. We have power to say how many nurses should be employed. (*Hands in specimen order, vide* Appendix XLV.)

6085. *By Dr Mackenzie.*—That applies not only to nurses but ward attendants and ward maids?—Yes.

6086. Is there anything else specified that the Order applies to besides the matter of the staffing?—The same Order regulates the several officers to be appointed in each workhouse. The medical officer is supreme in the way of directing the control of the hospital. The master's power is limited to disciplinary control. In the absence of the medical officer, the nurse in charge is in charge of the infirmary.

6087. Whether she is a trained superintendent nurse or an ordinary nurse?—Yes.

6088. *By Mr Barclay.*—In almost every one of your workhouses the hospital is a separate building from the workhouse?—Yes, nearly in every case.

6089. *By Dr Mackenzie.*—Do you have such a thing in Ireland as a nurse matron who is also a trained nurse, she being the only trained nurse in the workhouse?—We have given the Guardians power in certain circumstances to appoint a matron who may be a trained nurse. As far as my knowledge goes, I don't think we have such.

6090. I refer you to article 4 of the Nursing Order: in fixing the proportion of nurses in any workhouse hospital, what circumstances do you take into account? Have you any fixed standard in relation to the number of patients, say one to twenty, or one to ten, or one to thirty?—No, we have not any fixed standard. We have been guided largely by the proportion mentioned in the standard books and guided by the standard one to ten or twelve, but it does not absolutely bind us in any way. For instance, in Belfast there are about 1400 patients, and there are 110 nurses.

6091. The proportion of nurses that you would insist upon under your Nursing Order has absolutely nothing whatever to do with the distribution of the grant in aid of poor nursing?—No.

6092. As to the duties of the medical inspectors of workhouses, how many inspectors of the Local Government Board staff deal specially with workhouses

Dr E. Coey Bigger. 27 Mar. 1903.

in Ireland?—There are two inspectors for workhouses.

6093. As to the duties of the medical inspectors of the workhouses relatively to those of the general inspectors, are they sufficiently indicated in these forms you hand in?—Yes. (*Hands in forms of Reports, vide* Appendices XLVI. and XLVII.)

6094. The duties are so arranged that there is no confusion or unnecessary overlapping between them?—There may be a little overlapping, but at the same time it has not caused any friction so far as I am concerned. I have never had any friction. The medical inspectors have a great many duties besides reporting in that form.

6095. For your ordinary general medical inspection of workhouses you use this general form, but in addition to that you have frequently general inquiries and reports to prepare in regard to workhouse matters that do not come under this form?—Yes, and particular investigations on special points.

6096. How do you get your instructions?—From the Board.

6097. Are you instructed directly from the Board to make any given inquiry?—Yes.

6098. How often do your general inspectors visit all the workhouses in Ireland?—Twice a year.

6099. How many workhouses are there in Ireland?—159.

6100. How many general inspectors have you?—Eight. A general inspector has a great many duties to do besides inspecting the workhouses. He has sometimes to hold inquiries in regard to labourers' cottages under the Labourers' Act.

6101. Do they do any work under the Public Health Act?—I don't think so. This is done by the medical inspectors, of whom there are five.

6102. Going back on the hospital question, do you take any idiots, dipsomaniacs, and epileptics into your workhouse hospitals?—They are taken in as paupers, but not as lunatics. They are admitted as paupers, and the doctor may send them to a department which he may call the lunatic wards. They are lunatics, but not admitted in the usual form of admitting a lunatic. An absolutely mad person might be admitted by the line of the relieving officer.

6103. *By Mr Barclay.*—To the ordinary wards of a workhouse?—Once a person enters the workhouse it is the medical officer's duty to say where he shall be placed.

6104. Do you have separate wards where they could be looked after?—In the majority of cases we have separate wards. We are discouraging the treatment of lunatics in workhouses.

6105. *By Dr Mackenzie.*—In the admission of any pauper is a medical certificate required, or is it simply a certificate from the medical officer?—Not necessarily the medical officer.

6106. Who classifies the patients on admission?—The doctor.

6107. On page 24 of the General Order, article 64, subsect. 2, the duties of the master are laid down; does that section mean that the master has to do with the classification over and above the medical officer?—It is the medical officer that sends the person to the particular ward. It is only the master's duty to see it is carried out.

6108. In actual fact, the position is that all inmates of the workhouse, including those in the general workhouse and hospital, pass through the medical officer's hands?—Yes. He has to carry that out. If you look at article 4 you will find it says, 'As soon as the pauper 'is admitted his name and religious persuasion shall be 'duly entered in the register.'

6109. Have you any method of examining ordinary inmates so as to ascertain whether they should be reclassified, or whether there are persons among them that should be sent to the infirm wards? Is there any subsequent examination by the medical officer?—Yes. He sees them every day.

6110. Have you any medical inspection of the ordinary inmates?—According to the rules, the master is directed to call the medical officer's attention to any case requiring his attention.

6111. In your experience has that been found satisfactory?—Yes.

6112. Is there any arrangement in any workhouse where the patients have direct access to the medical officer, where they can go themselves personally, or must the complaint of illness come through the master or matron?—Practically they could go direct to the medical officer.

6113. In regard to misbehaviour and the punishment of paupers, you are aware of sect. 58 of the Poor Relief (Ireland) Act of 1838, which says, 'And 'be it enacted, that every person who shall refuse to 'be lodged and maintained in the workhouse of any 'Union, or abscond out of such workhouse while his 'wife or any child whom he may be liable to maintain 'shall be relieved therein, and every person maintained 'in a workhouse who shall refuse to be set to work, or 'shall be guilty of drunkenness, insubordination to the 'officers of the Union, or disobedience to the rules 'prescribed or sanctioned by the Commissioners for 'the government of such workhouse, or of other misbehaviour therein, and every person who shall introduce or attempt to introduce spirituous or fermented 'liquors into any workhouse contrary to the orders of 'the Commissioners, shall, on conviction thereof before 'any Justice of the Peace, at Petty Sessions in open 'Court, either by the confession of such offender or by 'the evidence on oath by one or more credible witness 'or witnesses, be committed to the common gaol or 'house of correction, there to be kept to hard labour 'for any time not exceeding one calendar month.' Are you familiar with the application of that section?—No, it has not come within my duties in any way. I cannot give any evidence on that.

6114. Do you know, as a fact, whether the punishments in the poorhouses in Ireland are numerous?—I think punishment is seldom administered.

6115. You know that cases have been raised in sect. 58 and brought before a Justice?—Yes.

6116. There is no return or anything of that sort you could hand in?—No.

6117. It is not within your province?—No.

6118. Article 17 of the General Order of the Commissioners says, 'The master and matron of the work-'house shall, subject to the directions of the Board of 'Guardians, fix the hours of rising and going to bed 'for the sick, the infirm, and the young children, and 'determine the occupation and employment of which 'such inmates may be capable, and the meals for such 'inmates shall be provided at such times and in such 'manner as the Board of Guardians may direct.' Is that really an operative rule?—As far as the sick are concerned he has no power whatever. That is done away with by the Nursing Order.

6119. Practically that is superseded by the Nursing Order?—Yes.

6120. With regard to article 51 in the matter of punishment, is an appeal given to the Guardians?—That rule is still in force.

6121. Do you know if it is operative?—It is in force, and is acted upon.

6122. In regard to boarded-out children, the Local Government Board in Ireland have two lady inspectors for boarded-out children?—Yes.

6123. How many boarded-out children have you officially?—According to the annual report, the number is stated to be 2755 on the 31st March 1901. I understand, although it is not in my department, that there are regulations for guiding the Guardians in the boarding-out of children.

6124. As to the medical officers of unions, can they be removed from office by the Guardians without an appeal to the Board?—No.

6125. Both workhouse officers, outdoor officers, and dispensary officers can be removed from office only by approval of the Local Government Board?—The Guardians can suspend, but the Local Government Board have power to remove that suspension.

6126. That applies to all classes of Poor Law medical

officers, the in-door as well as the out-door?—Yes, but some minor or assistant officers can be dismissed by the Guardians themselves.

6127. Within your experience have you found that the medical officer might frequently or at all be placed in such a position in the discharge of his duties that he might be hampered in his work unless he had this appeal to the Local Government Board?—The medical officers have every confidence, knowing that they have an appeal to a body such as the Local Government Board. It gives them more independence.

6128. You can say from your experience that you think it is a good regulation?—Yes, a first-class regulation.

6129. Supposing it did not exist, you would suggest it might exist?—Yes.

Mr William Lawson Micks, called and examined.

6130. *By the Chairman.*—You are Poor Law Commissioner of the Local Government Board?—I am a Commissioner to whom Poor Law administration has been assigned under Sect. 102 (4) of the Local Government (Ireland) Act, 1898.

6131. You find you don't have enough able-bodied people to do the household work in workhouses?—That is so.

6132. And, in fact, you might go the length of saying that recently the workhouses have tended more and more to become hospitals for the infirm and sick?—Yes.

6133. You have it under consideration now to devote some of the workhouses, especially of the better class, to the destitute?—Yes.

6134. In these workhouses you would not treat the sick?—No.

6135. Do you draw a distinction between the sick inmates who would be in one workhouse and the infirm who would be in another?—Yes. In some cases we have workhouses that are only six or nine miles from each other, and it is thought that some workhouses might be reserved for one class, *e.g.*, aged and infirm. The able-bodied infirm you could send by rail, and if you have a workhouse suitable you could send them there.

6136. How would that be done?—We think we will have to get legislation for that.

6137. *By Mr Barclay.*—Are these workhouses in the same union?—No, there is only one workhouse for each union.

6138. *By the Chairman.*—It is because they are not in the same union, that in order to put inmates into the house of another union you would require legislation?—Yes.

6139. We want to know whether, in the return of paupers from Ireland, you include those paupers who, either in your workhouses or outside, get medical relief, because medical relief does not pauperise?—No person is under legal disabilities as a pauper because he or she receives dispensary medical relief, as may be seen from the Act 48 & 49 Vict. cap. 46.

6140. And they are not included in the returns of paupers?—The sick inmates of a workhouse are included. If they pay for the cost of maintenance they are not paupers as regards electoral disabilities.

6141. Are those that get workhouse medical relief, as contrasted with dispensary medical relief, included in your total return of paupers?—They are included in the inmates. Over all Ireland we have comparatively very few indeed in the year who pay for cost of maintenance.

6142. I show you a return of statistics regarding pauperism in Scotland and Ireland, drawing the comparison between them. The total number of paupers in Ireland in the year 1901 is represented as being 98,825?—I understand that does include all those who are in the workhouse hospitals receiving medical relief, but it does not include those who get outdoor medical relief at the dispensaries or elsewhere. The 98,800 odd includes persons who pay for their maintenance in workhouse infirmaries, but the number of persons who do pay is comparatively small, and may be neglected for the purpose of comparison.

The Committee adjourned.

EIGHTEENTH DAY.

MONDAY, 13th APRIL 1903.

At the Local Government Board Offices, Edinburgh.

Present:

Mr J. Patten MacDougall, *Chairman.*
Dr W. Leslie Mackenzie.
Mr R. B. Barclay.

Mr J. Jeffrey, *Secretary.*

Miss Wade, called and examined.

6143. *By the Chairman.*—You are Superintendent of the Scottish District Training Home and Edinburgh District Nurses Home under the Jubilee Institute for Nurses?—Yes.

6144. You have occupied that position for how long?—For 10½ years.

6145. There are now 224 Queen's Nurses in Scotland under 150 affiliated branches, of which 24 are under two County Associations?—Yes.

6146. These 224 nurses are all throughout Scotland?—Yes.

6147. They are apart from those you are engaged in training, and those who are doing work in Edinburgh as probationers?—Yes.

6148. How many do you have at Castle Terrace undergoing training as probationers?—We have had twenty this winter. Our ordinary number has been eighteen or nineteen. The following table shows the number

Miss Wade. 13 April 1903.

of Queen's Nurses in Edinburgh and Glasgow and the different counties of Scotland:—

Edinburgh	22	Kinross	—
Glasgow	28	Kirkcudbright	2
Aberdeen	10	Lanark	30
Argyll	30	Linlithgow	1
Ayr	13	Midlothian	12
Banff	2	Nairn	—
Berwick	2	Orkney	1
Bute	1	Peebles	2
Caithness	3	Perth	6
Clackmannan	—	Renfrew	23
Dumbarton	6	Ross and Cromarty	1
Dumfries	5	Roxburgh	3
Elgin	5	Selkirk	2
Fife	9	Shetland	1
Forfar	15	Stirling	5
Haddington	2	Sutherland	—
Inverness	3	Wigtown	1
Kincardine	2		

6149. You have charge, as superintendent, of the training of probationers by the Jubilee Institute, and you are also acquainted with the history of the nurses until the time they cease to be under the control of the Jubilee Institute, that is, for five years?—Yes, or as much longer as they work under the Institute.

6150. As I understand, what happens is this: your probationers are trained for the first two years in hospitals or infirmaries either in Edinburgh or elsewhere?—Yes, for at least two years.

6151. Then they come back to you, and they have, as a part of their curriculum, to attend a course of lectures at the Jubilee Institute in Castle Terrace, given by duly appointed medical gentlemen, and they have also, after that, to attend any classes in Edinburgh they may be appointed to attend?—Yes, that is practically what happens.

6152. What do they do after the lectures?—They nurse sick poor in their own homes under the district superintendent,—during six months they apply what they have learned in hospital to the work of the district. It is under very different conditions, and they have to be trained to do it properly. A hospital nurse is under quite different conditions when dealing with a patient. In fact our Jubilee Nurses spend most of their day outside,—they go out at 8.30 in the morning and nurse in the district, and then in the afternoon they have lectures, and they go out again in the evening. The lectures go on for six months, and after that they are qualified.

6153. If they pass the examination?—There is no final examination. There is an examination after each lecture, which they generally pass, and then they are qualified to be placed on the Queen's Roll.

6154. Having been placed on the Queen's Roll they are under obligation to continue Queen's Nurses for at least two years?—Yes, they get appointments in various places at the end of the six months. They are appointed to charges of districts in the country.

6155. Having been so appointed, they are obliged to continue there?—They must serve the Institute for two years. We have a good many nurses whom we have not sent to hospital, but who have come to us at the end of their hospital training. But even these have to pass through the six months before they are put on the roll. They have to do the six months no matter what training they may have had.

6156. To what hospitals do you send your probationers to undergo instruction?—Hitherto we have had twelve in the Royal Infirmary, two in Leith Hospital, two in Barnhill, two, and sometimes three, in Dundee Royal Infirmary, and two in the Aberdeen Royal Infirmary. Then I had three for three years together in Bolton, and two or three at various times for one year. To those who have gained a certificate, either in a children's hospital or a fever hospital, we give one year's general hospital training to qualify them.

6157. *By Dr Mackenzie.*—That is over the six months?—Yes, the six months is compulsory: they must have it.

6158. *By the Chairman.*—Do you find that the training your probationers get at Barnhill is sufficient for your purpose?—Yes, I think they get a very good medical and surgical training. In many of the acute hospitals they won't take chronics, which forms a very important part of our work. One reason why I like the poorhouse training is that they cannot afford to despise the chronic cases as in an acute hospital, where they get into the way of speaking of chronic cases as if they were not important.

6159. That being so, I suppose you would approve of your probationers having experience which they would get in poorhouses, say for a certain period, of acute cases, and for another period of chronic cases, assuming these to be in separate wards?—Yes, but I think they are pretty much mixed up. The chronic cases are just as important. Of course in Barnhill they get acute cases, and they also get operations. They must have these in order to be qualified.

6160. *By Dr Mackenzie.*—The main bulk of the work of your nurses in the country districts is in connection with chronic cases?—I would not say that that forms the main bulk of their work, but it is a very important part of it. We have a number of acute cases.

6161. *By Mr Barclay.*—Is it a two or three years' training that they get in Barnhill?—Two years.

6162. For their own probationers it is three years?—It is a special arrangement with us.

6163. *By Dr Mackenzie.*—Do they give you a certificate from Barnhill for your purpose?—Yes.

6164. You spoke of lectures being given to your probationers. Are these lectures given in your own offices, or are they given in a hospital?—They are given in our own offices: the lecturers come twice a week.

6165. They are general lectures — they are given by medical men?—They are lectures on special medical subjects, such as fever, hygiene, and obstetrics. One point in which I think the Poor Law work is good is in regard to the chronic cases, as these, of course, must be made a specialty of in Poor Law hospitals.

6166. *By the Chairman.*—If you found that there were other poorhouses similarly equipped and furnished with medical and surgical appliances as Barnhill is, would you approve of your probationers being sent there?—Yes.

6167. Barnhill is the only poorhouse in Scotland to which you have hitherto sent your probationers?—Yes, we have had nurses from other poorhouses, but that is the only one we send them to.

6168. When you send your probationers to Barnhill do you pay them for the time they are there?—Yes.

6169. You pay them £5 for the first year and £10 for the second year?—Yes.

6170. The poorhouse authorities find them board, lodging, and also uniform?—Barnhill does not find them uniform.

6171. You find the uniform?—Yes. Bolton finds them uniform, but Barnhill won't do it.

6172. The present system is that the Jubilee Institute pays the probationers £5 the first year and £10 the second year, and finds them in uniform, while Barnhill provides the food and lodging, and gets the benefit of their work?—Yes.

6173. The system has been found to work well?—Yes, it works very well indeed.

6174. In Bolton you don't pay them the £5 and the £10?—No.

6175. Is that a workhouse?—Yes, Bolton Union Infirmary. We send nurses there on two different systems. We send those who have already gained a certificate in a *special* hospital for one year's general training, and we pay a fee of £10 for them for one year: we pay the nurses no salary, because we pay that fee, and the Bolton authorities provide them with uniform and everything else. Then I send nurses there for three years' training. They are taken in at the same terms as their own probationers, and are paid the same. I simply recommend these: I send up their names to the Board, and they are considered, and I hear whether my probationers have been accepted or not.

6176. Have you an age limit with your probationers?—It is a little elastic: it depends on the hospitals. The Royal Infirmary of Edinburgh won't take them under twenty-five, but I have had them taken younger in Barnhill and Bolton.

6177. What do you think it should be?—I should like them at twenty-two, particularly if it is a three years' course.

6178. We have been told that if you do not begin earlier you are not likely to get the best kind of nurses, because they make up their minds at seventeen or eighteen what profession they are to follow, and accordingly you may lose some that you might get?—I don't think a girl of seventeen or eighteen would know her mind about what she was going to do, but if she did know her mind, and thought that she would like to go in for nursing, then she is none the worse of waiting for two or three years. She will come back to it again if she really wants it.

6179. *By Dr Mackenzie.*—Do you find that at that age they are apt to break down?—Yes. A certain matron that I knew used to take them at twenty, but now she won't take them at less than twenty-two, because those at twenty almost invariably broke down.

6180. *By the Chairman.*—It has been suggested to us that we should require probationers to pass a certain educational standard, that frequently nurses are found who are not able to write or even read sufficiently well, for the purposes of their duties?—I think it is very important that they should pass an educational standard.

6181. Do they do that with you?—I judge of their education. We have no examination: we judge of their education for ourselves.

6182. Have you declined, at the Jubilee Institute, to take in any on the score that they were not sufficiently educated?—Yes; if they did not appear to be sufficiently educated, or were in such a social position that we thought that they could not be sufficiently educated. I generally inquire of them when they come for interview if I am not satisfied with their handwriting and that sort of thing; I ask them when they left school, and whether they have attended any classes since. If they have left school at fourteen and have not troubled about their education since, then I would not think that they were sufficiently educated.

6183. *By Mr Barclay.*—What educational test would you have? Who is to be the judge? Would the leaving certificate be sufficient?—If they have left school at fourteen and have not attended to their education since then, I don't think that they can be quite up to the standard. I have not thought of any special standard. I generally talk to them and judge by the way in which they answer me.

6184. *By the Chairman.*—Of course you see their handwriting when they make their application?—Yes, they are obliged to make all their applications in their own handwriting, but of course the handwriting of some very nice girls is very bad, and one does not like to make it a final test. I have sometimes talked to them and found that they have attended evening classes, and in various other ways have improved themselves.

6185. *By Dr Mackenzie.*—Of course a good deal depends upon their occupation?—Yes, a great deal depends upon that.

6186. *By the Chairman.*—Do you require them to produce testimonials as to their character?—Yes, certainly.

6187. Have they also to pass a medical examination?—They have to produce a health certificate, containing various questions which we send to them to fill up and take to their doctor.

6188. From what class do you find your probationers generally come?—They mostly come from the farming class. A good farmer's daughter has generally a very good education, and then she has been taught to work, which is a very important thing. I don't care to take servants unless I cannot help it.

6189. *By Dr Mackenzie.*—Have you more applicants than you can provide for?—Just now I have, but that is because of some difficulties in another hospital. I have a good many waiting that I don't know when I will be able to consider.

6190. Have you ever had any difficulty in getting probationers?—We have very seldom had any difficulty in getting untrained ones. It has happened once or twice, but very rarely. We have vacancies for a great many more trained than untrained.

6191. *By the Chairman.*—You find that a number of your nurses leave you after the two years. Is that because of the inducements that are offered to them in private nursing and the better pay?—Sometimes it is, but we don't have very many leaving exactly at the end of their two years. They sometimes leave later on: some are tempted by the co-operations, by the big fees and private nursing.

6192. What do they get now in county nursing?—After they leave the Training Home?

6193. Yes?—£35.

6194. They begin with £35?—Yes. Of course after the two years the committee may raise the salary,—we don't interfere with that, but they generally have an idea that they must not raise the salary. After working three or four years they begin to feel that they want to get on a little bit, and I think that is what is sometimes the difficulty: the country branches do not seem to think of raising their salaries. We have some nurses working ten years in the same district, and then they begin to think after those years that they ought to be making a little more money, because they hear of others making a great deal more in co-operations.

6195. Is their time fully occupied?—It varies very much. In scattered country districts, as in Argyllshire, they are at times extremely busy and at others have very little to do. In the small country towns they are always fairly busy.

6196. They are getting more work as time goes on, and their services are becoming better known and more appreciated?—Yes; a great many places began with one nurse and have now two nurses.

6197. Do they get lodgings and uniform over and above the £35?—Yes, and board. It is very good: it is better than many sisters get in hospital. It is quite as hard work, or harder work at times, but then there are other times when it is not so hard.

6198. *By Dr Mackenzie.*—And then they are independent largely and have a great deal more freedom?—Yes, but of course some districts are very scattered and they have very long walks, which they begin to find trying. They are supposed to have an area of two miles, but even that means a good deal of walking.

6199. *By the Chairman.*—Are there any pensions in Scotland in connection with the Jubilee Institute?—There are two pensions.

6200. Do you mean pension funds or pensions?—There are two pensions.

6201. There is no pension fund for nurses in Scotland, but there is one in the South?—A great many Scotch nurses belong to that pension fund, the Royal National Pension Fund.

6202. *By Dr Mackenzie.*—What control has the Institute over the nurses in the locality during the two years?—We inspect them. We are supposed to do that twice in the year, but at all events we do it three times in the two years, as it is sometimes very difficult to do it twice in the year. In Argyllshire and some of these outlying places it is almost impossible to visit them more than once a year. They must keep the rules, and the committees who employ them engage also to keep the rules of the Institute.

6203. For all routine purposes they are under the direct control of that committee—it is the Local Executive Committee?—Yes.

6204. They provide the funds?—Yes. We don't interfere with them; we only want a guarantee that the funds are sufficient.

6205. And if these fail then the engagement terminates?—Yes.

6206. Have you ever had to withdraw a nurse for

pecuniary reasons?—It has happened once or twice. There was one district in the south of Scotland where a large contributor of £30 gave up contributing after two or three years, as he thought that the people ought to do it themselves, and then that district was disaffiliated, as the people did not make up the funds.

6207. Have you had any difficulty in getting nurses to go to outlying districts?—No. It is in the agreement that they will serve us wherever we send them for two years. Sometimes they pull rather a long face, but still they go where they are sent to. After they have served some years they generally ask to be removed to a more populous place.

6208. Have you any nurses in the islands?—We have one in Tiree, a few in Mull, two in Lewis, and then we have one in North Ronaldshay.

6209. *By the Chairman.*—That nurse applied to be sent there?—Yes, the one who was there first. She spent two winters there and I think she did very well.

6210. *By Dr Mackenzie.*—Do you have any in the West Highlands, in the mainland?—Only in Argyllshire and in Fort-William and Aviemore. I think we have twenty-two in Argyllshire on the mainland.

6211. They are under obligation to go where you send them for two years?—Yes.

6212. Do many of them remain longer than the two years?—We had one at Loch Buie for ten years. She only left last year to go to South Africa, and now she is back and has applied for another district.

6213. *By the Chairman.*—Supposing it were arranged in the future that the poorhouses themselves desired to train their own probationers, and to make the course a three years' course, do you think your Institute would be willing to take nurses from them?—Yes, I think so. I think they would like the Institute to pay them part of the time at all events. That is the arrangement with one hospital; when they go for a three years' training we pay the first two years and they pay the third.

6214. Which hospital is that?—Leith, and I have also one at Aberdeen Infirmary.

6215. Is the training at Leith General Hospital very complete?—Yes, I find them very well trained.

6216. Have you ever had complaints as to the food and cooking and service in the hospitals to which the probationers are sent? We are told that in some of the small country poorhouses there is complaint on the part of the nurses occasionally as to the food and the cooking?—Yes, I have heard of that. They are mostly complaints that the food was good enough but spoilt in the cooking.

6217. Have you had any complaints as to the accommodation for the nurses?—No, I have never heard of any complaints as to that.

6218. You are not speaking from personal experience of the hospitals and infirmaries themselves?—No.

6219. You are speaking from what you have heard from your probationers and nurses?—Yes. I have been both in Barnhill and Bolton, but I don't think I saw the bedrooms in either of them.

6220. You cannot tell us anything about the question of accommodation, as to whether there is any real ground for the objection that is sometimes taken to the accommodation provided. Your view would be, I suppose, that the nurses should be accommodated separately, each one should have a separate room?—It is better that each one should have a separate cubicle, if possible. I have never heard any of the Barnhill nurses complain of their accommodation.

6221. They get a certificate from Barnhill?—Yes.

6222. Does that certificate rank high in the nursing world?—No, that is the worst thing about it. Of course three years' training in the Royal or Western will rank higher than two years' training in Barnhill. We think that when we put on the top of that our own training, it makes them as good as many of the three year ones.

6223. *By Dr Mackenzie.*—In the training of nurses, udging from your experience, what would you say would be the right proportion of probationers to each training sister?—I am not very competent to give an opinion on that, because I have been so long out of hospital management. I only know what they are from what they appear to me when they come back. I don't have sufficient experience to enable me to give an opinion.

6224. It would depend a great deal on the work of the hospital?—Yes, I think so.

6225. And opportunities for individual cases and so on?—Yes, and also on the kind of cases. Very heavy cases need more nurses than other cases.

6226–7. Would you consider that a sick ward of any kind with chronic or acute cases could be efficiently nursed under a superintendent with a staff wholly consisting of one-year probationers? Suppose you had an hospital with say 50 or 100 sick, would you consider that a single trained nurse with a staff of probationers would be sufficient?—No; you would want some more responsible persons than that. One superintendent could not be everywhere, and you could not trust new probationers with an important case. The superintendent could not be held responsible for any mistakes that might be made quite innocently.

6228. *By the Chairman.*—Second year probationers would be better than first year probationers?—They should be.

6229. I suppose that some of the first year probationers tail off and leave?—They don't take probationers for one year now.

6230. But supposing a probationer went one year, and found herself, or was found to be, quite unsuitable for the work, then she might leave or be asked to leave?—Yes.

6231. That does happen?—Frequently.

6232. That would be a very unsatisfactory kind of nurse to have?—Yes. I know what happened to me when I was a young probationer. I had not been six months in the hospital when in six weeks I had three different raw probationers under me, none of whom they kept. It is very hard on the staff and senior probationers. That may happen constantly, because you cannot tell whether they are suitable or no until you have tried them.

6233. Is there anything else you can tell us as to the training part of the work?—I think the final examination in the hospital is very important. The training of the sisters and teaching staff is very important.

6234. *By Dr Mackenzie.*—Would you consider that the training that is possible in a poorhouse of 200 beds, with perhaps an average of 40 to 60 sick, some of them acute, the majority chronic, would afford sufficient material for the proper training of probationers?—I don't think so. We would not accept them.

6235. *By the Chairman.*—It has been suggested as an alternative to a resident medical officer, that a hospital of 250 beds is sufficient. It would be your opinion that a resident medical officer was necessary in order to afford a proper qualification for a nurse?—I suppose that when there is a resident medical officer it means that the hospital is of a sufficient size. It depends very much on what you mean by the resident medical officer. If it is just a young freshly-passed doctor, I don't think that that has much to do with the training of the nurses, but if what is meant is an experienced man, as is the case in Barnhill, then it is different.

6236. *By Dr Mackenzie.*—You make it a condition that there shall be a resident medical officer?—That means that there shall be lectures there, and that is a condition.

6237. Supposing you had conditions as to lectures being afforded by visiting physicians or surgeons, and two or three hundred patients, would you accept that as sufficient training?—If it was guaranteed that we should have the lectures and the practical teaching from the medical officer, then I suppose that would be sufficient, but I have not considered that question.

6238. Your personal opinion is that you would not consider the mere fact of the medical officer residing in the hospital as being a necessity?—No. It depends

on their personal qualifications. The teaching is important.

6239. If you have the teaching and the number of beds, that is the criterion you go by; it is not necessarily the mere fact of there being a resident officer?—That is so.

6240. In the cases where you send to the far-off parts of the Highlands, do you usually send natives of these places or people belonging to the Highlands?—We send many who are not natives, but the Argyllshire Association send us nurses from their own county to be trained and sent back. We have one in Stornoway not a native, and one, a native, in a place called Back in the Lewis.

6241. *By the Chairman.*—That woman was a native of the Lewis?—Yes.

6242. And trained by you at the expense of the authorities in Stornoway?—At the *request* of the Stornoway Committee, but at the *expense* of the Institute.

6243. Don't you find that a large number of your probationers are from the Highlands?—Yes, a great many are from the Highlands.

6244. *By Dr Mackenzie.*—Your rules preclude your sending nurses to poorhouses?—I don't understand.

6245. They preclude your sending them to serve in the poorhouses in the same way as they would serve in the districts?—Yes; the object of the Institute is to supply nurses for nursing the poor in their own homes.

6246. That precludes your arranging with a Parish Council to serve in the poorhouse?—Yes, I think so. Of course that is a question for the Council.

6247. You see no objection, if it be within your powers, to make arrangements to supply nurses to local hospitals or poorhouse authorities?—Our special object is the nursing of the poor in their own homes. The Institute was founded to nurse those that are not suitable for hospital, or that have come out of the hospital or are where there is no hospital.

6248. When you speak of their own homes, you mean their own individual homes?—Yes. They also nurse in parochial lodging-houses. I saw one at Aviemore, and the nurse said that she had had a patient there.

6249. A pauper patient?—Yes, I think so.

6250. *By the Chairman.*—You recognise these as being in their own homes?—Yes, these small places are more of that nature.

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APPENDIX I.

Handed in by Mr JOHN THOMSON. (Q. 15.)

Return of Sick in Govan Poorhouse.

Year.	No. of Sick under Treatment.	Total Daily Average.	Daily Average Sick.	Percentage of Sick.
1893	1632	695	224	32·2
1894	1489	788	218	27·7
1895	1577	825	224	27·1
1896	1611	829	228	27·5
1897	1830	887	231	26·0
1898	1793	884	240	27·1
1899	1776	865	232	26·8
1900	2036	874	240	27·5
1901	2042	899	267	29·7
1902	2359	936	294	31·4

APPENDIX II.

Handed in by Mr JOHN THOMSON. (Q. 82.)

Rules and Regulations by the House Committee for the Management of Govan Combination Parochial Hospital, Merryflatts, Govan, 8th April 1891. *Approved by Board of Supervision, 15th May* 1891.

RULES AND REGULATIONS by the Board of Supervision for the Management of Hospitals and Infirmaries in Poorhouses, where a Trained Nurse or Lady Superintendent is employed.

The following Rules and Regulations shall come into operation when the appointment of a trained head nurse or lady superintendent, together with a statement of her salary, age, and previous experience has been reported to the Board of Supervision, and the Board have expressed themselves satisfied as to her fitness for the responsible duties of the office.

[Here follow the Rules and Regulations issued by the Board of Supervision on 29th April 1880. A copy of these Rules and Regulations will be found printed on page 285, Appendix LXVIII.]

Govan Combination Poorhouse Hospital.

RULES AND REGULATIONS by the House Committee, for the guidance of the Lady Superintendent, in addition to those issued by the Board of Supervision, dated 29th April 1880.

1. To superintend the Hospital, and appoint and suspend all nurses and assistant nurses who may be considered necessary to carry out efficiently the work of the Hospital, reporting to the Governor, and subject to the approval of the chairman, medical officer, and Governor, to select and appoint probationer nurses if their employment shall be sanctioned by the House Committee, suspending and reporting to the Governor those whom she may find unsuitable.

2. To take charge of and be responsible for the linen, clothing, bedding, stockings, table napery, crockery, furniture and other articles confided to her care, and prevent waste, damage, or loss in the articles provided for the use of the Hospital. She shall keep in a book a correct account of above-mentioned stock, such book to be at all times open to the inspection of the Governor and of the Visiting Committee.

3. The ordinary inmates required to perform the daily scrubbing and cleaning in the Hospital shall be supplied by the Governor of the Poorhouse on the application of the lady superintendent of the Hospital, and during the time they are employed in the Hospital they shall be under the entire control of the latter. She shall point out to them their duties, and shall report to the Governor if any of them refuse to comply with her orders.

4. To enforce the observance of good order, cleanliness, punctuality, industry and decency of demeanour amongst the patients, and to provide the female portion with sewing for the use of the Institution, or other employment suitable to their condition and to the extent of their ability.

5. To accompany the medical officer on his visits to the patients in the wards, and see that his instructions in each case are duly attended to by the nurses.

6. To receive from the Dispensary the medicine and appliances for each ward, and hand these to the nurse in charge.

7. To attend to the proper ventilation of the Hospital, as directed by the medical officer, and obey the orders of the House Committee conveyed to her through the Governor.

8. To report to the medical officer any sudden illness or unexpected change in the condition of any patient.

9. To report to the Governor, in writing, the dangerous illness or death of any patient, and whether any patient requests the services of a clergyman other than the chaplain of the Poorhouse.

10. To receive the food and cordials for the patients, superintend their division, and see that the quantity required by each nurse is provided.

11. To see that the *daily washings* are done in the Hospital washing-house, and dried in the Hospital drying-room; she shall also keep a note of all the clothes she sends to the general washing-house, forwarding a duplicate copy with them, and check the same when returned.

12. Before leaving the Hospital, to inform the Governor where she will be found, and never to be absent one whole night without leave from the chairman or acting chairman of the House Committee obtained through the Governor. To nominate during her absence a member of the nursing staff as her substitute, reporting her nomination to the Governor; the nurse so nominated shall, during the lady superintendent's absence, perform all the duties hereinbefore detailed.

13. Pauper assistants will be provided from the Poorhouse when necessary, but the lady superintendent is required to utilise as far as possible the labour of convalescents in the ordinary duties of the wards, and to insist on the *personal* performance of all nursing operations by the staff nurses.

Rules for the Guidance of a Day Nurse.

1. To receive from the night nurse a report of how the patients passed the night, and of any change which may have taken place in the condition of any of them.
2. To see that all the patients are bathed once a week (the temperature of the bath to be 90 degrees), and that in every respect their persons are kept clean.
3. To give careful attention to the condition of the beds throughout the day. Attend to the state of the bed and body clothing, that it be kept clean and properly aired, reporting any deficiency to the lady superintendent.
4. To see that all chamber utensils, lavatories and closets are kept clean, that the ward is properly ventilated, and that all cast-off dressings and other offensive material are removed from the ward to the place appointed for their reception.
5. To receive the food, cordials, and medicines for the patients, see the same properly served to them (cordials and medicines being administered by her own hands), and that special diets are given in accordance with the directions of the medical officer. In the event of cause for complaint arising as to quality or quantity, to report through the lady superintendent to the medical officer and Governor.
6. To abstain from administering or using, or permitting to be used, any medicines or appliances other than those directed by the medical officer, and to see that the patients do not receive food, drink, or other articles from friends or others visiting them, that visitors do not remain in the ward more than half an hour, unless by special permission of the lady superintendent, and that the utmost quietness be maintained.
7. To write on the back of each patient's admission card the address of his or her nearest relative or friend, and in all cases of serious or unexpected illness to report the same to the lady superintendent.
8. To place before the medical officer at his visit, the 'Treatment and Diet Card' of each patient, and to see that any changes which he may note thereon are duly observed.

Note.—It is important on many grounds that the 'Treatment and Diet Card' shall be carefully attended to.

Rules for the Guidance of a Night Nurse.

1. To commence duty at 8 p.m. and cease at 8 a.m.
2. To ascertain from day nurses the patients requiring medicines, applications, or special care.
3. To remove commodes immediately after use, and have them properly cleaned.
4. To keep dirty patients as clean as possible; by means of slip-sheets and other conveniences.
5. To summon the assistant medical officer when there is any noticeable change in a patient.
6. To permit no talking in the wards after 8 p.m.
7. To see that all the patients are washed daily, assisting those who require help, and that the beds are regularly made every morning.
8. To report to day nurses any changes that may have occurred during the night.

Time Table for Nurses.

Day Nurses.

Breakfast,	7 a.m.
Duty,	7.30 „
Dinner,	12.30 p.m. to 1 p.m.
Tea,	4 „ to 4.30 p.m.
Off Duty,	8.30 „
Supper,	8.30 „

Night Nurses.

Breakfast,	8 a.m.
Exercise,	8.30 to 10 a.m.
Bed,	10 a.m.
Rise,	6.30 p.m.
Supper,	7 p.m.
Duty,	8 p.m. to 8 a.m.

Day nurses will be allowed off duty every second Sunday, from 10 a.m. till 9 p.m., and an afternoon every second week, from 2 p.m. till 9 p.m., at the discretion of the lady superintendent.

Note.—No nurse can claim an absolute right to absent herself when, perhaps, a critical case might demand her presence.

Night nurses, when the condition of the patients admits, will be allowed 3 hours every Sunday, and one night off duty every fortnight, but in no case shall they leave the Hospital without the permission of the lady superintendent.

* Allowance for Nurses' Meals.

Weekly Stores.		Daily Stores.	
Butter,	¾ lb.	Meat,	½ lb. { without bone, uncooked.
Cheese,	¼ lb.	Bread,	1 lb.
Tea,	¼ lb.	Milk,	1 pint.
Sugar,	1¼ lb.	Potatoes,	½ lb. { in their skins.
Bacon,	1 lb.	Vegetables, *ad libitum*.	
Sago or semolina,	¼ lb.	Fish, twice a week in place of half the quantity of meat.	
Oatmeal,	¼ lb.		
Rice,	¼ lb.		
Peas,	¼ lb.		
Flour,	1 lb.		
Eggs,	6		
Preserves,			

Varieties of Meat.

Roasting beef.	Roasting mutton.
Boiling beef.	Stewing meat.

Pork occasionally when in season.
Fed veal when in season.

APPENDIX III.

Handed in by Dr J. M'C. Johnston. (Q. 553.)

State Provision for the Care of the Destitute Sick.†

By John M'C. Johnston, M.A., M.D.,
Medical Officer, Town's Hospital, Glasgow.

* * * * * *

Our charitable institutions—despite endowments and contributions, enormous yet inadequate—are quite unable to cope with the whole; and a large residuum is swept back upon the parish and the rates. A diseased person is a victim, and is treated as such provided his ailment, surgical or medical, is grave, yet capable of speedy cure; or provided the subscriber's line is available, or the infirmary beds not all bespoken. But public charity has no room for the chronic class, the incurables, be advanced or recurring cancers, chronic ulcers, multiple tubercular bones and joints, the chronic bronchitics, permanent paralytics, and the crowds of destitute persons who suffer from phthisis. A man gets drunk, and is run over on the street, and his fractured bones, his wounds, his abused digestion, his whirling brain, receive the best treatment that charity can give, without money and without price. His wife suffers from advanced cancer or phthisis. She is a chronic: an incurable. She is removed to the poorhouse hospital. If she has sons working and earning good wages, or a daughter, a grandson, a granddaughter, a grandparent, male or female, in a position to maintain, then these relatives are charged for her support at the rate of five shillings and sixpence per week, though smaller contributions down to one shilling are accepted if the full amount is unattainable. She is branded a pauper, and her relatives taxed in accordance with the laws of the realm.

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Almost all our public hospitals were designed originally for the relief of the destitute sick; but of recent years a higher class has ousted the pauper from his place.

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If a person of small means and modest household, dissatisfied that the general practitioner's advice and the well-meaning but untrained attentions of his female relatives cannot cure him, awakes to a knowledge of the fact that he can secure the services of the high-feed consultant and the trained nurse; that he can exchange his small, noisy, ill-ventilated tenement for the airy spacious ward of an infirmary; that he can relieve his friends of the burden of attending upon him, at the sole cost of a little wrench to his domestic feelings; who can blame him if his attitude is one of self-satisfaction that he has had the courage to make a good bargain?

It is a truism that the management of our infirmaries, so far from inculcating principles of self-help among the population, makes for pauperising. * * * * Herein, also, Britain stands alone in glorious isolation. The pay system is universally recognised elsewhere in the civilised world.

For the following examples of this I am indebted to Burdett's great work on the *Hospitals and Asylums of the World*.

* This allowance to include the night nurses' meal during the night, which will be given from the Hospital kitchen.

† Read before a meeting of the Glasgow Eastern Medical Society held on 7th March 1900. As Dr Johnston expresses his views on many matters of poorhouse hospital administration, extracts from the paper have been set forth at some length.

In America, with its enterprise and push, there are few endowed charities, and very little free medical relief. Hospitals are either denominational or municipal; and in out-door and in-door departments alike, applicants must produce vouchers for their social standing and ability to pay.

Emergency cases are admitted without question, but within a few days a call is made upon the friends. Commonly a prospective balance-sheet is drawn up for the year or half-year, the number of pay-beds is arranged accordingly, and, as the finances afford, a larger or smaller number of free beds is provided. By this means the American hospitals exhibit no growing annual deficit.

In Norway and Sweden, public hospitals are under State control. The general hospital of Christiania, with its combination of parochial and paying systems, is said to be almost perfect in practical working. The State assumes as an axiom that all citizens can pay. Part of the income is derived from endowments and property. Patients are graded in three classes, the two higher according to their means, while the lowest are parochial cases to be paid for by the poor-law authorities. These alone are made use of for clinical demonstration to students. Government control is exercised in this only that an annual budget is presented to Parliament, and any deficit is made good by the State.

In Germany, Italy, Austria, and Hungary, all public hospitals are subject to regulation by the State; but many are directly managed by the municipal councils or communes. In all, the payment system is enforced, paupers being paid for out of the public funds. The general hospital of Hamburg, of very early foundation, was originally designed as a hospital and almshouse combined. Suggestions for the separation of these departments were made as early as 1793.

In Russia, the same principle is followed. Municipalities with no hospital of their own contribute to a joint-hospital, on similar lines to that of our poor-law combinations. Only the very poor are admitted free. In large towns, rates are levied for hospital purposes, and all ratepayers are eligible for gratuitous treatment. The medical staff is paid by the State.

Belgian hospitals are under the management of communal councils, but are supported from a common fund. All donations go to swell this fund, and cannot be dedicated, at the will of the donor, to a special institution.

In Denmark, as a precaution against abuse, patients treated gratuitously are deprived of political rights. They are paid for by the commune to which they belong.

Switzerland also believes in the pay system, daily payments varying from eighteenpence up to twelve shillings.

Throughout France, with the exception of special regulations for the city of Paris, one uniform system obtains. In each commune a committee, subject to the prefect and the municipality, is elected to administer all hospitals of the demesne. It consists of the mayor and six members, two of whom are elected by the municipal council and four by the prefect. They report all transactions to the Council, which in turn reports to the prefect, who communicates with the central government. Almshouses and hospitals are classed together, and patients are admitted on terms very similar to that of our parochial cases.

In Paris, a central Board, established at the Hotel Dieu, controls all hospitals and almshouses in the city. Here free consultations are given, and the medical staff certify all cases as to their suitability for hospital. They also certify the incurability of paupers, that they may be admitted to the almshouses. These are designed for the reception of incurables, the aged and infirm, and destitute children. Boarding-out of poor children in the country, the employment of wet nurses for suckling orphan infants and foundlings, freeholds for aged married couples, have been established factors in this administration for years. All commissariat arrangements for hospitals, asylums, and almshouses alike are centralised in common stores. Thus, with great economical advantage, much variety can be given to diets, and the food is more certain to be good and unadulterated. Further, labour in the almshouses is organised and specialised, *e.g.*, one establishment does all the mending of linen and bedclothes, one makes clothes and boots, another has a spinning-house. The able-bodied can earn small sums by their labour. In addition to the ordinary almshouses, there are 'retreats,' reserved for a superior class of the aged and infirm, who pay for their own maintenance.

Superior diet is given to all who pay for it; but the ordinary full diet of hospital patients, who subsist on charity alone, includes bread, wine, milk, soup, roast meat, poultry, fish, and eggs.

Returning to home affairs, one must not forget that the poor-laws of England and Scotland were originally framed with a view to the rigorous treatment of the sturdy beggar, and to the care of the helpless and infirm. The hospital class is of subsequent growth, and has outgrown the clothes provided for it. The Local Government Board, in their reports, designate all inmates of poorhouses sometimes as poor persons, at others as paupers. No able-bodied person can be legally admitted to the poorhouses of Scotland. The English poor-law is different.

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Now, a recent report of the inspector of poor for the parish of Glasgow shows that, out of 7122 applications for relief in a period of four and a half months, 5019 were made on the plea of ill-health. The remainder comprised widows, children, deserted wives, lunatics, etc. Applicants are classified as follows:—

1. Those who become paupers by their own acts—such as criminality, drunkenness, improvidence, immorality, indolence.

2. Those who become paupers through misfortune, or by the fault or crime of others—such as desertion (women and children), illegitimacy, death of bread-winners, disease, old age, accident, weakness of intellect.

These classes are not mutually exclusive. Many illnesses may arise from evil living; but a large proportion are the common property of mankind. It is therefore unfair to stigmatise all with a name implying disgrace and contempt, the more when it is understood that many are partially, or wholly, supported in poorhouses and parish asylums by their relatives.

Our general infirmaries at the present day are compelled to limit admission to acute cases. This general rule is somewhat modified by the influences of the medical schools, which require examples of all kinds of clinical material. The allotted term of residence expired, many seek admission to the poorhouse; though our peculiar native system of management enables many to go the round of the public institutions before they enter the house of abandoned hope.

We have similarly the typical pauper of peregrinating habits, unpleasantly familiar to every poor-law inspector. These are the Weary Willies who, after tramping the country, are stranded in some remote parish, foot-sore, and home-sick. They seek the shelter of the local poorhouse, and, as the law demands, are despatched at the public expense by rail or ship to their native parishes. The greatest parasite of them all introduced himself to me about ten years ago. There are few hospitals, public or parochial, in Great Britain, that he has not honoured with his presence. He has a large cavity, with all the signs that delight the clinician, at the base of his left lung. His apices are *thesauri* of bubbling râles. His apical impulse is felt in the axillary line, and each valve seems to have murmurs peculiarly its own. He knows his clinical worth. By shamming weakness or fainting, the portals everywhere open for him. Unfortunately, success has spoiled him. He tyrannises over the young nurse and callow resident until he is reported and expelled. He leaves an impression. He is never admitted again. The last time I saw him (râles and murmurs as before), he had been reduced to try a district asylum. He got certified all right by prancing into a chemist's shop, with a knife in his hand, demanding poison. But they did not let him go when he tired of the asylum. He did not mean to repeat the experiment.

These select characters are few in poorhouses. The chronic or incurable cases discharged from general infirmaries are more numerous. Then follows the criminal class, discharged prisoners, and cases from police offices. Next in order come the inmates of model lodging-houses, followed by the destitute and homeless. But those applicants for relief who have homes of their own, or who live in lodgings, are four times as numerous as the last.*

The inmates of poorhouses are classified as follows, with regard to their allocation to different departments in these institutions:—(1) Children under 2 years; (2) children between 2 and 15 years—(*a*) males, (*b*) females; (3) adults, able to work—(*a*) males, (*b*) females; (4) infirm—(*a*) males, (*b*) females; (5) hospital cases—(*a*) males, (*b*) females.

Before entering into details of the last class, which we have specially to deal with, a few remarks about the others, as having some bearing on the subject, may not be inappropriate.

So many of the children are below the normal standard, mentally and physically, that a resolution was recently passed by the Glasgow Parish Council, providing that all children under 5 years of age be included in the hospital department. It has for a number of years been the practice to board-out in the country, under guardians, as many of these above tender years as possible; though the lack of legal powers to enforce separation from dissolute and drunken parents often presents a barrier. That this is a great advance upon the old method of rearing and educating the young within the walls of the poorhouse, and compelling parents to remove them, when they take their own discharge, to scenes that do not, as a rule, make for future usefulness and self-discipline, cannot be denied. But it is not ideal. The guardians are usually poor and uneducated, and their

* See reports of late inspector of City Parish, Glasgow.

methods of training cannot be gauged altogether by their apparent cleanliness, seeming honesty and plausibility, even by the most astute. That children should be reared amidst family surroundings is good, provided that the character of the family is good. But for the large numbers that fall to be dealt with by city parishes, there is necessarily increased difficulty in securing suitable homes.

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The existence of an able-bodied class in a poorhouse is a contradiction of the terms of the law. The official book of rules and regulations 'divides all inmates roughly into two 'classes, viz. :—(1) The sick, infirm, and children ; (2) test 'cases, including the dissolute classes, deserted wives, and 'persons whose families should support them. The first class 'is to be retained in the poorhouse by kindness ; the second 'is to be repelled by strict discipline and the deprivation of 'indulgence.' The statutory diets for class (2) are (*a*) If not working, meal and milk twice daily, bread and broth once ; (*b*) if working, the addition of 4 oz. of boiled meat.* The kind of milk is not specified, being left to the discretion of the Parish Council. In some poorhouses, buttermilk alone is given to these classes ; in others, skimmed milk ; in a select few, sweet milk.

Herein the State shows clearly that the poorhouse is no more to be regarded as a charitable institution than a prison is. The classification is rough, very rough, on the deserted wife, and person whose family should support him.

The late Barony Parish inaugurated a most important routine of revising all recent admissions at fortnightly intervals, whereby, on a medical statement of fitness for work, the able-bodied were periodically dismissed. Wherefore, class (2) is now practically composed of those who may be fit for light work, but who are incapable of earning a full livelihood. We find among them—epileptics ; paralytics of all kinds and degrees ; the weak-minded ; cases discharged from asylums ; chronic alcoholics ; cases of sciatica, lumbago, rheumatism ; cases of phthisis, if very chronic ; chronic bronchitics, who break down every winter ; a number who suffer from cardiac valvular lesions, and chronic nephritis ; the blind and deaf ; stiff joints, from old dislocations, sprains, or fractures ; old tubercular and specific lesions ; ulcers that are constantly breaking down ; varicose veins ; urethral strictures ; maimed and amputated limbs, from accident or operation, etc. Few of them but have passed through the hospital, and will again ; few who can withstand the rigour of winter, and the stress of labouring work combined—to quote the words of an eminent medical member of the Local Government Board, who one day witnessed the procession crowding into the dining-hall of the City Poorhouse :—'The most wretched body of men that 'can be seen anywhere.' What treatment—testing is an absurdity—should be meted out to these ? Their occupations are limited to the keeping of wards, preparing firewood, tending pigs, working in the grounds, teasing hair or old ropes, a few assisting the house tradesmen—as joiners, smiths, bakers, tailors, shoemakers, etc. The females are specially engaged in washing and laundry work. A delightful innovation was recently made by the Brabazon Society, under whose guidance some really beautiful work has been executed by some most unlikely-looking individuals. Wood-carving, fancy pottery, wire-work, designing of fancy patterns for the embellishment of furniture, are great advances on hair and oakum teasing. Many hospital chronics and convalescents can contribute their share, and, when fully organised, the scheme should produce a large output of valuable work.

Under the present rules and regulations medical direction is confined to answering the question—Is the individual fit or unfit for work ? The medical officer may prevaricate by saying—'Some kind of work, a little work, or light work.' But lay authority does the rest. And so you may find a man with chronic phthisis baking bread, chronic ulcerated legs trudging behind a barrow, a hospital warder under treatment for stricture, another changing places with a patient and finally dying in the place he ruled, a double aortic murmur racing to the stroke of a two-handed saw—they never die of hard work, however,—a discharged asylum case wringing clothes with a tubercular carpus.

There is, however, another side to this picture. Work and test diet are often prescribed as disciplinary measures in the case of those who make a practice of discharging themselves from the poorhouse, and who, after a brief interval, spent in a very questionable way, apply for readmission. These pauper pests trade upon the public and the parochial authorities by making use of their physical disabilities. They are as often, perhaps, in prison as in the poorhouse, in both of which they rely upon their feebleness to exempt them from work. We have no law in Scotland under which they can be compulsorily detained for a reasonable period, such as six months or one year. A measure of this kind is, in some cases, badly wanted.

* Recently, the Local Government Board has suggested the occasional addition of suet pudding to the soup or broth.

For those who can work but refuse, meal and buttermilk are good enough ; but those who are able and willing to do something towards their support should be encouraged in various ways.

1. A list of all employments could be drawn up, and each person interrogated as to past occupation. The task-master could submit the list, with the proposed labour marked off, to the medical officer, who would decide, after examination, what specific task could be undertaken. This would limit the authority of the House Governor and matron, and add to the responsibilities of the medical officer. But it should prove a protection to the inmate, and thus ultimately secure the comfort of these officials as well.

2. As is done in the almshouses of Paris, the individual might have some return for his labour. The Brabazon Society does a little in this direction. On the whole it is questionable if money should be given, but why should a man not be able to replace his rags by comfortable garments when leaving the institution ? The co-operation of the police would here be necessary to prevent some of these articles reaching the pawnshops. Further, the daily reward might be more than 4 oz. of tasteless muscle fibre boiled for hours in the broth pot.

3. Some recreation might be provided between the hours of supper and bedtime. At present, this takes the form of evening prayers only. Kensington Workhouse supplies male and female instructors who, in this interval, teach reading, writing, knitting, and sewing. Paid officials are constantly present, and offensive language and conduct are strictly dealt with.

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The infirm class is one of those 'to be retained in the 'poorhouse by kindness.' The diet officially consists of meal, milk, soup, bread, and tea. Tea is apparently synonymous with kindness. There is no precise definition of the word infirm. Generally speaking, it seems to mean persons over sixty-five years of age, who do not make themselves obnoxious in any way, and who do not make a practice of raiding the streets. But, if revision is commensurate with its purpose, they all are infirm who are permitted to remain for a month in the ordinary wards of the poorhouse. To provide a more liberal and varied diet for all well-conducted infirms, to secure the services of a trained scientific cook in the kitchen, to replace the narrow shelves that in the dining-halls serve the double purpose of chapel book-boards and food-boards by normally constructed tables, to serve buttered bread on plates in neatly cut slices in lieu of the huge chunks of the correct statutory weight, which in great part become the spoils of the piggery, are suggestions neither extravagant nor new. They are accomplished facts in many London parishes, and, in great part, the work of a woman-guardian—Miss Louisa Twining.

We have now arrived at the last class—the hospital cases. In the Glasgow City Poorhouse, extending our observations over a period of six years, 1893 to 1898 inclusive, the average total admissions per annum were, in round figures, 8000, and of these 4500 were hospital cases. The average number of deaths per annum was 640, of whom 80 died within three days of admission. *Verbis aliis*, 22 were admitted daily—12 to hospital, 10 to house, and nearly 2 died. Of those who died 25·9 per cent. suffered from phthisis ; 15 per cent. from paralysis ; 11·3 per cent. from pneumonia ; 11·1 per cent. from cardiac diseases ; 9·3 per cent. from bronchitis ; 5·1 per cent. from senile decay ; 4·2 per cent. from cancers ; 5·1 per cent. from renal diseases—total, 87 per cent. Compare this with statistics of deaths in 19 metropolitan poor-law infirmaries during 1893 :—16·3 per cent. from phthisis ; 13·5 per cent. from bronchitis ; 9·5 per cent. from paralysis ; 7·3 per cent. from senile decay ; 5·9 per cent. from cardiac ; 4·3 per cent. from cancers ; 3·7 per cent. from renal diseases—total, 60·5 per cent.

There is a striking difference in the percentage of deaths from phthisis, ours being one-half greater. Diseases of the respiratory organs form about one-third of all cases treated. Out of 906 cases of pulmonary disease occurring in six months, 409 were bronchitis, 245 phthisis, 137 pneumonia. Cases of acute lobar pneumonia are at some seasons admitted in considerable numbers. I have sometimes seen as many as twelve under the fastigium at one time. Representing respiratory diseases as equal to 9, then, in comparative frequency of occurrence, heart diseases equal 4, venereal diseases equal 1·3, paralyses equal 1·1, rheumatism equals 1. Medical diseases are in proportion to surgical diseases as 12 is to 5. But these are almost all chronic, if we except fractures, sprains, dislocations, acute abscesses, wounds, burns, and cellulitis.

Though the bulk of these cases is chronic, it does not follow that they have less value clinically than the acute type. Legally, they cannot be used for teaching purposes, because the patients are in the poorhouse hospital through necessity, and not of their own free will. Unlike the occupants of voluntary institutions, they cannot be expelled for misconduct or disobedience of rules. It is supposed that

to subject them to compulsory examination would be to take unfair advantage of their position. In my opinion, the objection is absurd; for a great number of them are quite familiar with the rules of the infirmaries, and those who are not would, I am certain, follow the example of submission given by those who are. It is only at rare intervals that nurses complain of the conduct of any under their charge. The example of the majority has usually a completely restraining influence upon the naturally rebellious.

There is at present a vast amount of clinical material lying unused at your doors. There are constantly in the City Poorhouse about 70 cases of phthisis, representing all stages; more of bronchitis in the winter months; often as many cases presenting cardiac murmurs. Acute pneumonia I have already alluded to. Paracentesis (thoracis and abdominalis) is performed about 30 times per annum. How many students pass their final examination who have ever seen death from apoplexy, advanced renal disease, alcoholic poisoning, meningitis, epilepsy; or from bronchitis, heart failure, or pneumonia? * * * * Such defects in medical education our poor-law hospitals could remedy. As a rule aneurisms are not kept in voluntary hospitals until they rupture or the heart fails. Epileptic fits are incidents, not daily phenomena. To the senior student, the end of the hemiplegic or paraplegic, helpless and dirty for months or years, is unknown. To him the progress of the fracture, which he has seen so artistically splinted and bandaged by the house surgeon, is supposed to agree with the theory that logically proves itself so superior to the older, clumsier, but more secure fixation. At the poorhouse he would see rueful victims, who had successfully wriggled out of their lashings, present themselves with dangling splints, rags of plaster or bandage hanging around them, and fragments like figures in Euclid.

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Parochial hospitals in Scotland have not yet been separated from the poorhouses. In England, they may be together or miles apart. They have a separate existence in London, Manchester, Salford, Chorlton, Birmingham, Leeds, and other populous centres; but, in most country unions, for economical reasons, they form part of the workhouse, though the infirmary usually forms a detached portion of the building.

In the Metropolitan infirmaries, the following scale of cubic space in the dormitories is demanded—Sick, 850 cubic feet per head; lying-in women, 1200 cubic feet per head; sick cases of an unusually offensive character, 1200 cubic feet per head.

In Scotland, there is no special allowance, that I am aware of, for offensive and lying-in cases; and for the sick generally, 800 cubic feet only is required. A lay Governor is the head official over the whole institution. He is responsible only to the House Committee of the Parish Council for the proper management and discipline of all departments. His duties include the supervision of all stores; keeping of accounts; classification of all inmates (sick excepted); discipline of inmates, assistants, and servants; reporting defects in sanitation; superintending all diets, clothing and work of inmates; and observing whether the medical officer is regular in his attendance on the sick.

The medical officer's statutory duties are—to attend the poorhouse daily, subject to the orders of the House Committee, and also when sent for by the Governor or matron; to make a cursory examination of inmates on admission, 'such as would enable him to detect infectious disease, or 'such as would be made in a case of apprehended illness;' to report insane cases; to give all necessary directions as to classification, diet, and treatment of sick inmates; to keep sick-diet books; to report to the chairman of House Committee any defects in diet, warmth, or any sanitary or hygienic deficiencies; to vaccinate children; to keep registers of sick; to report on special cases; to certify inmates as to fitness for work; to promote peace, order, and obedience to the rules generally.

Writing reports and giving directions sum this up, unless something more vigorous is implied in the last clause. I need hardly say that, with 600 sick cases under a medical officer and two assistants, reports and police duties are small items in practice.

In 1878, the Board of Supervision, now Local Government Board, directed the consideration of House Committees to the advisability of employing trained nurses in sick wards. The request has been pretty generally complied with. Where the number of sick averages 40, two nurses are required; for 60, a head nurse, with two trained assistants; for larger numbers, a head nurse, and one trained nurse for each 30 patients. At present in Scotland, we find poorhouse sick wards staffed as follows:—

1. An untrained matron, with inmates to act as nurses.

2. An untrained matron, with one or two trained nurses acting under her.

3. A trained head nurse, with a trained staff under her; an untrained matron presiding over all other departments.

4. A trained nurse ruling over the whole establishment, with trained nurses in the sick wards.

The house matron is the Governor's second in command. She supervises the female side of the house. Where a head nurse is employed, the matron is excluded from the sick wards, her duties there becoming those of the nurse.

Let us now turn our attention to some practical points in administration, the outcome of these regulations.

Where an untrained matron has the control of trained nurses, the advertisement, 'trained nurse wanted,' is seldom out of the papers. The regulation is at fault, since it is based on the supposition that a house matron and a nurse can possibly get to understand one another. There is at least consistency in an untrained matron employing inmates for nursing duties. * * * * A nurse, or even a ward scrubber, must be an able-bodied person, and as such should not, according to the statute, be allowed within the poorhouse at all. She belongs to the class 'that is to be repelled by 'strict discipline'—to wit, hard work and scanty fare. Of the genus 'pauper nurse,' hard things have been said for the last thirty-five years, in London, in the provinces, in Scotland, and in Ireland. She has been called ignorant, vicious, immoral, indifferent to the comfort of her patients, mercenary, cruel. Every now and again some belated country parish awakes to the discovery that the inmate nurses in their poorhouse purloin the patients' food, selling part of it to other inmates, if the loot affords; that they take bribes from the friends of the sick; that their tender mercies are limited to those who can pay for them; that the friendless and helpless are cruelly neglected, and even assaulted, if they complain to officials or visiting members. All quite true, and to be expected from the system. Would any able-bodied person, with but the shreds and patches of a character, accept such a position—to attend, for twelve hours a day, on thirty sick people, with nothing but meal, milk, bread, soup, and 4 oz. of boiled meat, for diet and sole recompense? For the visiting councillor or head officials, there are specious exhibitions of solicitude. Their visits are signalled beforehand, and surprises are as difficult as they are rare. I have heard of pauper nurses of the male sex, who gathered round the ward fires at night, and fuddled themselves helpless on methylated spirit and cough mixtures containing morphia. I have heard of one, deputed to keep a delirious patient from coming to grief during the night, gathering together the floor rugs and making himself a snug bed before the fire, to be at last aroused by his patient crashing through the window. Such scenes and worse have been enacted many times, and in many poorhouses in Great Britain.

The system dies hard. Even in Glasgow, its *coup de grace* has but recently been delivered. Many of the Metropolitan Boards have entirely abolished pauper labour in their infirmaries. They recognise that, even for scrubbing and washing up, healthy women of good character should be employed, and that they should be paid for their work.

To encourage the employment of trained nurses, Government provides that, under the medical relief grant, half salary, with 3*s.* per week in respect of the cost of rations, lodging, and uniform, be paid for each nurse if the regulations are complied with. Each nurse must have two years' training in a public hospital, which is a recognised training school for nurses. Under these conditions, something like thirty-six nurses is the full complement of Glasgow Parish. The ratio, 1 to 30, is small, compared with the one nurse to 8 or 10 patients in general hospitals, or the 1 to 5 of infectious hospitals. But the scheme has been long enough in operation to show that the supply can only be kept up by training probationers, who, *cæteris paribus*, are more generally useful and contented than those who are trained elsewhere. To adequately recruit the staff, the number of probationers has to be at least equal to the number of trained nurses. We thus get a working proportion of one nurse to 14 or 15 patients. We give a three years' training, midwifery included. Probationer nurses are drawn from a more educated class than asylum attendants. But I think we could, with advantage, copy the example of the Medico-Psychological Association, who have instituted an examination for the purpose of granting certificates for nursing of the insane. There ought to be some standard qualification for hospital nurses.

When a lady superintendent of nurses and a house matron both figure on the list of officials, a delicate situation is created. The former has full charge of the hospital under the Governor; but the house matron has entire control of all washing and laundry work, cooking of patients' food in the general kitchen, supplying of clothes for patients and of nurses' uniforms, and providing pauper labour for the hospital wards. The house matron, whose sphere of influence has been curtailed by the new *régime*—she formerly controlled the hospital—would be superior to her sex if she viewed the change with favour and complacency. She seldom understands the trained nurse, and the misunderstanding is reciprocated. If these two officials are

always complaining of one another's acts and orders, their respective characters suffer in the estimation of the committee; if they don't, errors in management are passed over without protest, and the patients suffer.

In country poorhouses, where the number of sick is not large, a medical officer in general practice is employed to make a daily visit. But in large institutions, with populous hospital departments, the Metropolitan example is followed—the medical officer, with one or two resident assistants, devotes his whole time to the duties of his office. There is this difference, however—the medical officer in Scotland is not confined to the hospital. His duties are exercised over every department of the poorhouse as well. In the hospital department he prescribes the work, and has the training of the nurses; but he has no legal voice in their appointment, distribution, suspension, or leave of absence. In these matters, the Governor and lady superintendent are the constitutional authorities—the medical officer is but an influence. He can order medicines, and any special articles of diet, for any inmate in any part of the institution; and his directions must be obeyed, alike by the Governor and the youngest probationer nurse. He is allowed, by his rules, to report sanitary defects directly to the chairman of House Committee, thus ignoring the Governor. No person can be admitted to, or removed from, a sick ward without his sanction. Any inmate in the house has the right of consulting the medical officer or his assistants, and must be treated as they direct. For example, a robust-looking man is ordered by the Governor to break stones. He complains to the medical officer, who sends him to hospital. The man has aortic disease; but if such incidents are frequent, how can a layman be expected to acknowledge the genuineness of all cases, especially when the man boasts of the transaction, and instigates others to pursue like tactics. If the medical officer pursues a policy of caution, by taking doubtful cases under his own observation, he is liable to the charge of softness or weakness of character; while, if he subordinates his judgment to the demands of discipline, sudden deaths in the ordinary wards of the poorhouses would be more frequent.

We may dismiss the idea of making a medical man governor of the whole establishment, at least on the lines of the present duties of governors; for many of these duties are of such a nature as few professional men would care to undertake. There remains the remedy proposed at Hamburg one hundred and seven years ago—the complete separation of the hospital department. It is to be adopted under the new hospital proposals of the Glasgow Parish Council. No one supposes that the advantage will be unqualified. The precarious tenure of health possessed by many ordinary inmates of the poorhouse, the disinclination of hospital convalescents, through lack of means, debility or indolence, to re-enter the world of work, the desirability of testing doubtful cases, will necessitate more frequent and more efficient transport. At present, many sick and infirm persons are discouraged from seeking in-door relief, since they must do so through the poorhouse. In future, one would expect that, with comfortable and well-equipped hospitals, there would be a greater tendency on the part of relatives to get rid of burdensome cases. Many would personally, or through their friends, be willing to contribute to their support, if the traditional hall-mark of pauperism were removed.

About one-third of our hospital cases are of an acute or temporary character. It has, therefore, been thought advisable to have three hospitals—two in populous centres, of 200 beds each, with additional accommodation for cases of suspected insanity, and one of 1200 beds, on a suburban site, for chronic cases. The last is to have special accommodation for the aged and for children under 5 years of age. They are to be of the most modern design, and a minimum cubic space of 1200 feet per head is to be allowed.

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APPENDIX IV.

Handed in by Dr Laura Stewart Sandeman. (Q. 1637.)

Rules and Regulations for the Management of the East Poorhouse Hospital of Dundee Combination.

Visiting Medical Officer.

1. He shall, with the assistance of a resident qualified medical man, attend to the sick inmates in both poorhouses of the combination, in accordance with No. 48 of the Poorhouse Rules and Regulations, and shall visit the poorhouses at least three times a week, and when specially requested by the Governor, matron, or head nurse to do so.

2. To prescribe the course of instruction to be given probationer nurses during their period of training (three years), and take part along with the resident medical officer in imparting such instruction to said nurses. Also to prepare suitable examination paper or papers for probationer nurses at the close of their period of training, and to grant jointly with the resident medical officer a first or second class certificate of competency, according as each nurse shall exhibit proficiency in the subjects on which she is examined.

3. To see that the case books are properly and regularly kept.

4. To record his visits to the hospital in a book provided for the purpose.

Resident Medical Officer.

1. He shall perform all the duties required by No. 48 of the Poorhouse Rules and Regulations in connection with both poorhouses of the Combination.

2. To visit the probationary wards of the East Poorhouse at 10 a.m. and 6 p.m., and dispose of the cases admitted since the previous visit.

3. To visit between the hours of 10 and 11 a.m. the inmates in the ordinary wards reported to be sick, and take up all new cases.

4. To visit all hospital cases between the hours of 11 a.m. and 1 p.m.

5. To visit the lunatic wards daily.

6. To visit any inmate of the poorhouse or probationary wards who is reported to be ill, when sent for by the Governor, matron, or porter.

7. To take full notes on the patients' bed slip of the history and present condition of every patient as soon as possible after admission, and to record on said bed slip the disease and progress of the case.

8. To attend the dispensary daily after completing his round of the hospital, and prepare the necessary medicines, etc., in accordance with his prescription book, and which, after being labelled with the names of the patients and directions for use, shall be given in charge of the head nurse for distribution.

9. To carefully examine any inmate of the poorhouse or hospital when required by the Governor or matron to do so, and to write a certificate in regard to the case.

10. To fill up and sign the necessary certificate in all cases of vaccination, and hand it to the Governor for transmission to the inspector of poor or registrar.

11. To assist in giving the prescribed instruction in a systematic manner to the probationer nurses, and to grant jointly with the visiting medical officer certificate of competency of the first or second class, according as each nurse shall exhibit proficiency in the subjects on which she is examined at the close of her period of training.

12. To keep the following books, namely:—

1. Medical officer's register.
2. Medical officer's sick-diet book.
3. Medical officer's monthly report book.
4. Medicine order book.
5. Record of stimulants given out.
6. Register of births.
7. Register of vaccination cases.
8. Register of physical condition of lunatics on admission.
9. Lunacy case book.

13. He shall not be absent from the hospital for more than six hours at a time, and on leaving shall intimate to the Governor or head nurse the probable hour of his return, and where he will be found in the interval should he be required.

14. To be in the hospital for the night by 11 o'clock, except when otherwise arranged with the Governor.

Head Nurse.

1. The position of the trained head nurse of the hospital shall be the same in all respects in relation to the Governor as that of the matron of the poorhouse to the Governor as regards the ordinary inmates, and the head nurse shall be guided in the discharge of her duties in the management of the hospital by the Rules and Regulations of the Board of Supervision for the management of Poorhouses, in so far as they can be applied, and she shall conform to any additional rules which may be deemed necessary by the House Committee, and approved by the said Board.

2. It shall be her duty to appoint, with the approval of the Governor, all nurses, probationer nurses, and female servants who may be considered necessary by the House Committee and the Board of Supervision for carrying on efficiently the work of the hospital, and to suspend any of these who may be found insubordinate, inefficient, or otherwise unsuitable. Every suspension must be reported to the Governor, who will take such action with regard to the person or persons suspended as he may deem necessary, reporting such action to the House Committee and the Board of Supervision.

3. To superintend the hospital and all the nurses, probationer nurses, and other servants employed therein, and take charge of and be responsible for the linen, clothing, bedding, stockings, table napery, furniture, and other articles confided to her care, and prevent waste, damage, or loss of all property of the House Committee within the hospital.

4. To enforce the observance of good order, thorough cleanliness, punctuality, decency of demeanour, and industry amongst the patients; and she shall receive from the poorhouse store, as required, materials for providing the female portion with sewing and knitting, and they shall be kept so employed to the extent of their ability.

5. The daily cleaning work in the hospital shall be done by ordinary female inmates, and the head nurse shall apply to the Governor for such number of said inmates as may be required for that purpose; and during the time they are employed in the hospital they shall be under the entire control of the head nurse; she shall point out to them their duties, and report to the Governor if any of them refuses or neglects to comply with her orders.

6. Pauper cleaners or washers (as distinguished from pauper ward assistants) shall not be supplied with food of any description in the hospital, but must go to the dining hall of the poorhouse at the usual hours for their meals; nor must they be permitted to linger in or about the hospital after their work is done, but shall be sent to the poorhouse with the instruction to report themselves to the matron.

7. The laundry work of the hospital shall, if possible, be done by lunatic inmates under the charge of a laundress attendant, and, failing suitable inmates of that class, by ordinary inmates under the direction of a qualified laundress; and the whole laundry arrangements shall be under the entire control of the head nurse.

8. To give special attention to the proper heating and ventilation of the hospital as directed by the medical officer, and shall conform to his instructions as to the treatment of the patients, and as to all matters affecting the dietary and hygiene of the hospital. In all other matters she shall obey the regulations of the hospital and the lawful orders of the Governor.

9. To accompany the medical officer in his visits to the patients in the wards, and also in his visits to the probationary wards and the ordinary wards of the poorhouse, and see to the removal of any sick inmate in either of the latter who is ordered to the hospital for treatment.

10. To attend (with a probationer nurse) the medical officer at all cases of midwifery, and report in writing to the Governor the date and hour of the birth, and also the names of mother and child.

11. To see that the medicines, appliances, and stimulants prescribed by the medical officer for the patients in the several wards are handed to the nurse in charge of each. Medicines, etc., prescribed for inmates in the ordinary wards of the poorhouse and for patients in the lunatic wards shall, in the case of the former, be sent to the Governor's office, and, in the case of the latter, handed to the head attendant.

12. To write up daily on Form C, provided for the purpose, the number of the several classes of diet required for each of the wards, and also any extras ordered by the medical officer in his sick-diet book, and send the same every afternoon at 3 o'clock to the Governor's office.

13. To receive daily from the poorhouse stores the necessary supplies of food for the patients, in accordance with the diet sheet (Form F), and also for the resident medical officer, nursing staff, and other officials, in accordance with their scale of rations, and see to its being properly cooked and served.

14. To make a daily return on Form E, provided for the purpose, of the names of all patients admitted to or discharged from the hospital; also the names of all patients who are transferred from one ward to another, and send the same to the Governor's office every morning at 9.30 o'clock.

15. To report at once, in writing, to the Governor all repairs required either in the buildings, fittings, or furniture of the hospital.

16. To compare from time to time the quantities of articles of clothing, bedding, and general furnishings in each ward with the inventories, and report to the Governor should any be unaccounted for.

17. To preside at dinner in the nurses' mess room, where all meals shall be taken. No food shall be taken to bedrooms except in case of sickness. Bedrooms shall not be used as sitting rooms; the apartment adjoining the mess room, which has been provided for that purpose, shall be so used by the nurses.

18. To visit each ward of the hospital at least once a week during the night, and record the time of her visit in the nurses' report book, and initial the same.

19. To inform the Governor and resident medical officer when she has occasion to leave the Hospital, and state the probable time of her return. She shall not be absent a whole night without permission of the Governor.

Charge Nurses.

1. Each nurse shall have charge of the ward or wards of the hospital to which she is appointed, subject to the supervision of the medical officer, Governor, and head nurse, and shall be held responsible for the cleanliness, ventilation, and temperature of the same; as also the care of the patients, and the general conduct of the ward assistants employed under her.

2. To conform to the hours specified in the following time-table:—

Nurses on Day Duty.

Rise,	6.30 a.m.
Breakfast,	7 to 7.30 a.m.
On duty in wards,	7.30 a.m. to 1 p.m.
Dinner,	1.15 to 1.45 p.m.
On duty in wards,	1.45 to 5 p.m.
Tea,	5 to 5.45 p.m.
On duty in wards,	5.45 to 8.30 p.m.

Off Duty –2.30 to 10 p.m. one day a week; and on Sundays, 9.30 a.m. to 1.30 p.m., or 2 to 9.30 p.m.

The head nurse may withhold leave to go off duty should the exigencies of the hospital require it.

3. On commencing duty in the morning, to receive the night nurse's report (in the nurse's report book) of any changes or anything particular that may have occurred during the night, and personally receive from her the keys of the medicine cupboard.

4. To see that all the patients are washed every morning before breakfast. Those able to rise will wash themselves in the lavatory, and the patients unable to leave their beds will be supplied with portable basins for that purpose, and shall receive all needful assistance.

5. To give special attention to the personal cleanliness of the patients, reporting to the medical officer and head nurse should vermin or the ova of vermin be found on the person of any of them.

6. To bathe each patient once a week (unless specially exempted by the medical officer), the temperature of the water being from 94 to 100 degrees, to be ascertained by thermometer before any patient is allowed to enter the bath.

7. To see that a patient's bed slip (Form K) is attached to each patient's bed, bearing his or her name, age, poorhouse register number, ward name or number, religious belief, diet class, and date of admission; also all extras ordered for the patient by the medical officer.

8. To write on each patient's bed slip (immediately after admission) the name and address of the patient's nearest relative or friend.

9. To accurately fill up the daily diet sheet (Form B) provided for the purpose, showing the number of the several classes of diets and extras required for the patients in the ward or wards under her charge, and deliver the same to the head nurse every afternoon at 2 o'clock.

10. To receive the patients' food in conformity with the diet sheet, and see to the meals being served as quickly as possible after their arrival from the kitchen; and that any patient unable to take a sufficient quantity of food at the regular meal times receives nourishment during the intervening hours.

11. To report any complaint regarding either the quantity or quality of the food to the medical officer, Governor, and head nurse.

12. To prevent any food being retained by the patients about their beds.

13. To see that the bedding and bed linen are maintained in good order, and that the beds are properly made every morning before 10 o'clock; also that the wards, lavatories, passages, and stairs are thoroughly cleaned and ventilated.

14. To take care that every article of clothing given to a patient is clean and in good repair, and to change at once any that may be torn or stained.

15. To see that the bed and body linen of the patients are changed at least once a week, the flannels once a fortnight; and that each patient is supplied with a clean towel weekly for his or her own special use, and which shall be hung near the bed occupied by the patient.

16. To see that all foul linen is without delay removed from the ward and deposited in the receptacle kept for the purpose outside the ward, and in which such linen shall be removed to the laundry.

17. To make *two* lists on form M, provided for the purpose, of all dirty linen, etc., before being removed to the laundry, and to hand one of the lists to the laundress when the articles are taken there, and which she shall count out to the laundress and obtain a receipt on the other list, signed by that official, for the articles then left with her.

18. To report to the head nurse every Monday morning any deficiency in the number of articles received from the laundry on the previous Saturday.

19. To see that the clothing, bedding, and general furnishings of the ward or wards of which she has charge are maintained in quantity according to the inventories, and render an account of the same to the head nurse when required.

20. To receive from the head nurse daily at the dispensary all medicines, medical and surgical appliances, and stimulants prescribed by the medical officer for the patients, and to keep them locked up in the medicine cupboards for administration at the periods ordered, which duty she shall perform with her own hands.

21. To see that all cast-off dressings and poultices are at once removed from the ward and placed in the receptacle kept for the purpose outside the ward, and that such receptacle is removed twice daily and its contents destroyed by fire, the receptacle being on each occasion thoroughly cleansed and disinfected before it is again used.

22. To pay special attention to the symptoms of the patients, and inform the medical officer immediately in case of any marked change in the condition of any patient.

23. To report to the Governor the serious illness of any patient, so that a relation or other friend may be summoned without delay, and also to inform the Governor when any patient desires the services of a clergyman other than the chaplain of the poorhouse.

24. To maintain good order and quietness in the wards, and rebuke unseemly language on the part of any patient.

25. To enter in the Nurses' Report Book the names of patients requiring special attention during the night, stating any particular treatment ordered for them, the report to be handed to the night nurse, along with the keys of the medicine cupboard, and to see, before going off duty, that the report is clearly understood by her.

26. To take night duty when requested by the head nurse to do so.

Nurses on Night Duty.

1. To conform to the hours specified in the following time table:—

Rise, ...	7 p.m.
Supper, ...	7.30 to 8 p.m.
On duty in wards, . . .	8 p.m.
Night meal (in ward kitchen),	12.30 to 1 a.m.
Off duty, ...	8.30 a.m.
Dinner, ...	9 to 10 a.m.
Exercise (out-door, weather permitting), . . .	10 to 11.30 a.m.
Bed, ...	12 noon to 7 p.m.

Off-duty.—One night every two weeks, and leave of absence every alternate Sunday from 9 a.m. to 4 p.m., beginning duty on that day at 10 p.m.

The head nurse may withhold leave to go off duty should the exigencies of the hospital require it.

2. On commencing duty for the night, to receive, along with the keys of the medicine cupboard, the day nurse's report (in the Nurses' Report Book) of the several wards of which she is to take charge, and to carry out all directions therein contained.

3. To remove the bedpans and other chamber utensils immediately after use, and clean them properly.

4. To keep all dirty patients as clean as possible by means of slip sheets and other conveniences.

5. To remove all foul linen from the ward without delay, and deposit the same in the receptacle for the purpose outside the ward.

6. To remove from the ward at once all cast-off dressings and poultices, and place the same in the receptacle for the purpose outside the ward.

7. To summon the medical officer and head nurse in all cases of doubt or emergency.

8. To be as quiet as possible in her own movements, and prevent any talking after 9 p.m.

9. To see that all patients able to rise wash themselves and comb their hair every morning in the lavatory before breakfast, and to perform that duty for those who are unable to leave their beds.

10. To assist in making the beds, and to see that all chamber utensils are thoroughly washed with hot water every morning.

11. To enter in the Nurses' Report Book any changes or anything particular that may have occurred during the night, and to call the day nurse's attention to each entry before going off duty, and to hand to her the keys of the medicine cupboards.

PROBATIONER NURSES.

1. To conform to the hours specified in the time table for nurses on day duty.

2. To assist the nurses every morning in washing those patients who are unable to wash themselves.

3. To assist in making beds and cleansing the chamber utensils.

4. To assist in serving the meals of the patients, and render all needful aid to the more feeble of them who require assistance.

5. To see to the patients' breakfast, dinner, and tea things being properly washed after each meal, and that the ward kitchen and scullery are kept clean and in good order.

6. To act generally under the instructions of the nurse in charge of the ward, and obey all lawful orders of the medical officer, Governor, and head nurse.

7. To take night duty when requested by the head nurse to do so.

GENERAL RULES AND REGULATIONS FOR THE GUIDANCE OF ALL GRADES OF NURSES.

1. To wear while on duty the uniform dress provided by the House Committee.

2. Except in cases of emergency, not to enter any ward but that in which her duties are to be performed.

3. Not to engage in needle or other work for herself while on duty, but devote her whole time to her official work.

4. To see that the temperature of the wards is not allowed to rise too high nor sink too low (it should be kept as near 60 degrees as possible), and record the same every six hours in a book provided for the purpose; each entry to be initialed by the nurse who makes it.

5. To see that the openings of ventilators and windows of the wards are regulated according to the directions of the medical officer.

6. Except during severe frost, to keep the windows of the water-closets open and the doors always shut.

7. To permit no cooking of any description in the wards, nor any article to be washed or dried therein.

8. To take care that no article belonging either to the hospital or a patient is removed from a ward by any visitor.

9. To prevent any patient, on being discharged from the hospital, taking away any clothing or other article belonging to the hospital without permission of the Governor.

10. To enforce strictly the separation of the sexes, and prevent patients from entering any other ward except the one in which they are themselves being treated.

11. Patients (with the exception of those in the maternity, Lock, and infectious wards) may be visited by their relatives and friends every Saturday afternoon between 2.30 and 5 o'clock, but not more than two persons shall visit any patient at one time, nor must they be allowed to remain longer than thirty minutes in a ward without the permission of the Governor or head nurse. A clergyman may visit any patient in the hospital who is of the same religious belief as himself, at any reasonable hour.

12. Patients permitted to receive visitors, in terms of the foregoing rule, will be supplied with two visitors' cards for transmission to such of their relatives or friends as they may desire, and subject to the provisions of Rule 11 every person wishing to visit a patient must exhibit a visitor's card to the porter at the gate before admission.

13. Patients may receive donations of small quantities of tea, sugar, fancy bread, and fruit from visitors, but the use of such articles by the patients shall be regulated by the nurses. No other article of food, and no liquor, shall be given by a visitor to a patient.

14. Smoking tobacco shall not be allowed in any part of the hospital between the hours of 9 a.m. and 4 p.m.; nor shall any patient be permitted to smoke in a ward at any time to the annoyance of any other patient in the ward.

15. Close to, but outside, each of the large wards shall be kept a receptacle for the slip sheets and other foul linen of the ward, and which, with its contents, shall be taken to the laundry at least twice daily. Two such receptacles shall be provided for a ward, each to be used only on alternate days, and to be thoroughly cleaned and aired on the day it is not in use.

16. All the dirty linen, flannels, stockings, bedding, towels and clothing of every description of the infectious wards, and also the clothing and bedding of any other ward on which vermin or their ova may be found, shall be taken direct to the disinfecting chamber for the purpose of disinfection before being given over to the laundress, as directed by Rule 17 for the guidance of charge nurses.

17. Every death must be immediately reported to the medical officer and head nurse, and the nurse in charge shall write on the deceased's bed slip the date and hour of death, and send the slip as soon as possible to the Governor's office.

18. In every case of sudden or unexpected death, the body shall not be removed from the ward until after it has been seen by the medical officer.

19. Subject to the provisions of Rule 18, the body of a deceased patient shall be removed to the mortuary as soon after death as possible, and the nurse in charge shall see that it is properly washed and dressed *after having been so removed*,* and that a card bearing the name and date of death is attached securely to the sheet or shroud.

* The body is dressed before removal. 'I am convinced this 'has a good effect on other patients, who would otherwise feel '"nobody cared" if this "mark of respect" were neglected as 'far as their knowledge went. Patients are, of course, screened 'off before death. Nurses (and friends) attend to them.'—Dr L. STEWART SANDEMAN.

20. Immediately after a death, to take possession of any letters, money, or other articles which may be found in the bed or locker of the deceased, handing the same to the head nurse for delivery, along with a written list, to the Governor.

21. When a patient is to be discharged from the hospital and transferred to the ordinary wards, clothing must be got for such patient from the poorhouse clothing-in-use store, and the patient will be brought by the porter before the Governor or matron for the purpose of being sent to the division in which he or she is to be located.

22. When a patient desires to leave the poorhouse on being discharged from the hospital, notice to that effect must be sent to the Governor's office, and on the day following such notice the patient's own clothing will be sent to the hospital, and the patient will, as soon as possible thereafter, be discharged by the porter.

23. No nurse or other female official shall leave the hospital without having first obtained a pass from the head nurse, which shall be left with the porter as she goes out, and taken up to the head nurse immediately on her return.

24. No nurse or other female official shall receive any visits in the hospital without permission of the head nurse.

Pauper Ward Assistants.

(Day Duty.)

1. One or more pauper assistants will be employed in each of the large wards as the head nurse may consider needful.

2. They shall begin duty at 6.30 a.m. and leave off at 8 p.m., and will be allowed one free afternoon from 2.30 to 6 p.m. weekly.

3. They shall assist to do the cleaning in the wards under the directions of the head nurse or the nurse in charge, and shall obey her instructions generally.

4. They shall polish the waxed floor of the ward every day except Sunday, and for such time as the nurse shall direct.

5. During the temporary absence of the nurse, they shall carefully watch all the patients, especially those who are very ill, and immediately call her should any patient become worse.

6. No pauper assistant shall apply poultices or dressings to any patient, nor administer any medicine or stimulant, nor make the bed of any helpless patient; but they may be employed in assisting the nurse to discharge those duties.

7. They shall take their meals in the ward kitchen:—Breakfast at 8 a.m., dinner at 1 p.m., and supper at 5.30 p.m. They shall not be allowed, and are strictly forbidden, to take any of their food in the hospital ward.

8. Pauper assistants shall not be allowed to bring into the hospital any article of food for the use either of themselves or patients, and no such article shall be taken from the hospital by them.

9. They must always be clean and tidy in their persons.

Pauper Ward Assistants.

(Night Duty.)

1. One pauper assistant will be employed during the night in each ward where, in the opinion of the head nurse, her services are required.

2. They shall be on duty from 8 p.m. till 8 a.m., and must on no account lie down or sleep during that period.

3. They shall obey the head nurse or the nurse in charge of the wards, and carefully watch patients who are seriously ill, and immediately call the nurse should any patient become worse during her absence from the ward.

4. They shall begin the cleaning work in the wards every morning at 5.30 o'clock.

5. They shall assist in making the beds of those patients who are up, but who cannot make their own, and they shall assist the nurse in changing the helpless patients, but shall on no account undertake that duty themselves; nor shall they apply poultices or dressings to any patient, or administer any medicine or stimulant.

6. They shall take their meals in the ward kitchen—Breakfast at 8.30 a.m. and supper at 6.30 p.m., and they will be provided with a suitable meal during the night.

7. They shall go to bed at 10 a.m. and rise at 6 p.m., a ward being set apart in the poorhouse for them to sleep in.

8. They shall not be allowed to bring into the hospital any article of food either for themselves or the patients, and no such article shall be taken by them from the hospital.

9. They must always be clean and tidy in their persons.

Patients' Meals.

The ordinary meals of the patients will be served at the following named hours:—

Breakfast, . .	8.45 a.m.
Dinner, . . .	1.45 p.m.
Supper, . . .	5.45 p.m.

The foregoing Rules and Regulations and Dietary Table were approved by the Parochial Board of Dundee Combination on 7th February 1893, and by the Board of Supervision on 4th March 1893.

EAST POORHOUSE HOSPITAL, DUNDEE.

PATIENTS' DIETARY TABLE.

	Breakfast.			Dinner.													Supper.		
				Monday and Wednesday.			Tuesday and Thursday.			Friday.		Saturday.		Sunday.						
	Oatmeal.	Skimmed Milk.		Bread.	Broth.	Beef.	Bread.	Rice Soup.	Beef.	Fresh Fish.	Potatoes.	Bread.	Potato Soup.	Bread.	Rice.	Sweet Milk.	Sugar.	Oatmeal.	Skimmed Milk.	Sweet Milk.
	Oz.	Pint		Oz.	Pint	Oz.	Oz.	Pint	Oz.	Oz.	Oz.	Oz.	Pint	Oz.	Oz.	Pint	Oz.	Oz.	Pint	Pint
No. 1 Diet, . . .	4	¾		8	1½		8	1½		8	16	8	1½	4	3	½	¾	4	¾	
	Bread	Butt'r	Tea.																	
	Oz.	Oz.	Pint.																	
No. 2 Diet, . . .	6	½	¾	5	1½	2	5	1½	2	8	12	5	1½	4	3	½	¾	3		½
																		Bread	Butt'r	Tea.
																		Oz.	Oz.	Pint.
No. 3 Diet, . . .	6	½	¾	5	1½	2	5	1½	2	8	12	5	1½	4	3	½	¾	6	½	¾
No. 4 Diet, . . .	4	½	¾	4	1		4	1		4	8	4	1	4	3	½	¾	4	½	¾
No. 5 Diet, . . .	For Infants below two years—8 ozs. white bread and 1½ pints sweet milk per day, to be prepared as the medical officer shall direct.																			

TEA.—Each ration of ¾ pint to be made with ½ oz. tea, ¾ oz. sugar, and ¼ of gill sweet milk.

BROTH.—Each ration of 1½ pints to be made with 4 oz. beef (including bone), 1½ oz. barley, ½ oz. pease, and 2 oz. vegetables.

RICE SOUP.—Each ration of 1½ pints to be made with 4 oz. beef (including bone), 1½ oz. rice, and 2 oz. vegetables.

POTATO SOUP.—Each ration of 1½ pints to be made with 2½ oz. tinned beef or mutton, 1 lb. potatoes, and 2 oz. vegetables.

BEEF TEA, when ordered by the medical officer, will be made with 8 oz. lean beef to each pint.

N.B.—All articles of diet, except those specified in the dietary, and also articles included in the dietary, in excess of the quantities therein specified, are to be treated as extras, and must be ordered by the medical officer in his Sick Diet Book, and the quantity in each case stated.

APPENDIX V.

Handed in by DR LAURA STEWART SANDEMAN. (Q. 1639.)

Report on Tuberculosis in Parochial Hospital.
(Prepared in terms of Instructions of Poorhouse Committee.)

During the year, from 1st July 1901 to 30th June 1902, there were 105 admissions into this Hospital for tubercular diseases :—

Men,	45
Women,	55
Children,	5
	105

Of these cases 81 were admitted suffering from phthisis pulmonalis.

Men,	33
Women,	48
	81

The remaining 24 cases.

Men,	12
Women,	7
Children,	5
	24

were suffering from *Tubercular Bone Disease, Lupus, or Tubercular Glands.* Of these admissions 10 cases were re-admissions for a second time, and one case for a third time. 24 patients have died, 42 have been discharged. Of those discharged a number have been able to return to work, but their cases have not been followed ; some of them will doubtless return. Several who are able to work are in the General House, as there is not accommodation in Hospital for all cases.

In Hospital.—There are at present in Hospital, under treatment, 17 cases :—

Men,	7
Women,	10
	17

suffering from phthisis, and 8 patients suffering from one or other of the above-named tubercular diseases.

(These figures may not correspond with the admissions for the year, as we had patients in Hospital under treatment last July.)

Treatment.—Open air. As far as possible the patients are out all day, wrapped in blankets if necessary.

Phthisical patients sleep in beds at one end of the ward, with the windows on both sides constantly open. This will not be possible during winter on account of the other patients, and therefore separate wards are much needed.

We purpose utilising the Cancer Ward in the block for the women phthisical patients, and removing the cancer patients elsewhere. There are practically never more than three cancer patients at one time requiring isolation treatment. The ward is large and airy, its disadvantage being that it is upstairs, which makes it more difficult for advanced cases to get outside. The ward contains 13 beds, has excellent ventilation, and will only require, in our estimation, a trifling outlay to get a sufficient supply of hot water. The increase of our nursing staff has made it possible thus to isolate our women phthisical patients.

The men are treated in the Medical Ward, and so far we do not see how isolation in their cases can be carried out, although it is most desirable, both for themselves and for the other patients, who undoubtedly run a certain risk in spite of all possible care.

Food.—Phthisical patients get No. 3 Hospital diet, with 1 pint of milk and egg extra. This is very much less than the quantity of milk and rations prescribed in sanatoria, but unless it be an understood factor in the expenditure we do not feel justified in increasing the dietary, except in a few cases that absolutely require it.

Clothing (Personal) and Bedding.—Is frequently changed, and all precautions as to disinfecting are taken when a patient dies or is discharged, before another occupies the bed. We have in order, marked bed-covers, and may see it right to ask for distinctive blankets.

Dishes.—All phthisical patients have separate blue dishes and spoons, as recommended by the Local Government Board.

Spitoons.—Patients going about use pocket spitoons, and in some cases are allowed to take them when discharged, as they are not expensive, and it is to the benefit of the ratepayers to be protected.

Medicine.—Is given as required—Cod liver oil and malt. General tonics and sedatives.

Work.—With regard to patients who are able to work, through the courtesy and co-operation of the Governor we have recommended suitable out-door work. The dust and confinement of the rope shop has an exceedingly bad effect on all chest diseases, but especially on phthisis, and the work has a most disheartening effect upon those engaged upon it.

(Signed) J. MACKIE WHYTE, M.D.,
Visiting Medical Officer.

(Signed) L. STEWART SANDEMAN, M.B.,
Resident Medical Officer.

East Poorhouse,
Dundee, 11*th July* 1902.

THOMAS RUSSELL, *Chairman.*

APPENDIX VI.

Handed in * by DR LAURA STEWART SANDEMAN.

Report on Certain Cases of Scurvy in Dundee Parochial Hospital.

There were four or five cases in all, with one death.

Four were in the male ward, where the bedridden and more or less helpless patients are. One, an old man, in another ward. None in female wards.

The cases occurred in June 1901.

The first case occurred in a man of 40, an epileptic with partial paralysis, and was at first mistaken for ecchymosis, due to his having injured his foot, but in a couple of days the other signs made diagnosis certain. This man died. The other patients in the wards were examined specially, and watched for several weeks, but only the above-mentioned number developed it.

It was reported at once as an injury.

Treatment.—Twice a week the broth or soup is made from tinned-meat, which varies the monotony of the dinners. This was stopped, and fresh meat used for three months. This was longer than I consider necessary.

The quantity of vegetables was doubled in the broth all over, and the individual scurvy patients put on cabbage as an extra. This cabbage was cut up by the nurse in charge of the ward, and added to the broth for the ward. The scurvy patients had milk ; they also had lime juice.

This year, about the same season, *i.e.*, the end of May and June, when the supply of winter vegetables was over, and the new ones not plentiful, I was not satisfied with the soup, and had the quantity of hard dried green peas and of split peas increased by one-quarter per head of the usual amount. We used the tinned meat all this summer without bad results.

* Subsequent to the date of her examination as a witness.

I do not think scurvy is so likely to break out in the General House, where oatmeal is so largely used, as among the old and decrepit, who can't eat porridge, who have tea and bread and dinner. In the old women's ward more milk food is used than in the men's ward, but this year I have allowed rather more milk than before.

L. Stewart Sandeman, M.B.

Parochial Hospital,
5th November 1902.

APPENDIX VII.

Handed in by Mr Jas. R. Motion. (Q. 1963.)

Parish of Glasgow.

Analysis of Applications for Relief made for the first time, for Year ending 15th May 1902.

I have frequently wondered where all the new applicants for parochial relief came from, why they came, who they were, their ages, and many other questions of a social character, all worthy of some enquiry. I therefore caused a statistical record to be compiled from the Application Records for the year ending 15th May 1902, and I now submit below a synopsis thereof, with some notes thereon, which I trust will be of some use. These figures for the year 1902 may be taken as a fair average, and typical of any year's work.

Jas. R. Motion,
1st *August* 1902. *Inspector of Poor and Clerk.*

1. Classification of Places where the Applicants came from.	Males.	Females.	Percentages. M.	F.
From Corporation Lodging Houses, (Clyde St., Calton, Drygate, Greendyke St., Hydepark St., N. Woodside Road)	278	31	4·9	0·5
From The Family Home,	22	34	0·4	0·6
From Private Model Lodging Houses, (Gt. Hamilton Street, James Watt Street Home, M'Alpine Street, Moncur Street, Garscube Lane, Watson Street, York Street, etc., Carrick Street)	622	24	11·0	0·4
From Common Lodging Houses, (Donnochie's, M'Cardle's, Scullion's and such like)	90	57	1·6	1·0
From Police Offices,	205	85	3·8	1·5
From Night Asylums,	315	126	5·5	2·2
From Prisons,	39	30	0·7	0·5
From Royal Infirmary, The Salvation Army Home, Sailors' Home, and other Institutions, such as Shelters for Children and others,	90	116	6	4
Houseless and wandering in the streets, or lying in closes,	249	85	4·4	1·5
From Private Lodgings, (Lodging with private people)	492	620	8·7	11·0
From their own dwelling-houses,	924	1122	16·3	19·8
Total,	3326	2330	58·9	41·4

2. Ages.	Males.	Females.	Percentages. M.	F.
Under 20 years of age,	306	265	5·4	4·7
Over 20 and under 30 years of age,	637	694	11·2	12·3
Do. 30 do. 40 do.	791	545	14·0	9·6
Do. 40 do. 50 do.	628	265	11·1	4·7
(Under 50 years of age there were 4131, or 73 per cent.)				
Over 50 and under 60 years of age,	460	203	8·2	3·6
Do. 60 years of age,	504	358	8·9	6·3
(Over 50 years of age there were 1524, or 27 per cent.)				
Total,	3326	2330	58·8	41·2

3. Condition.	Males.	Females.	Percentages. M.	F.
Single,	1674	708	29·6	12·5
(There were in all 2865 single men and women, equal to 50·7 per cent.)				
Widower,	483	...	8·5	...
Widow,	...	771	...	13·6
Married,	1030	369	18·2	6·5
Deserted,	139	482	2·4	8·9
Total,	3326	2330	58·7	41·5

4. Nativity.	Males.	Females.	Percentages. M.	F.
Scotch,	2040	1749	36·6	30·9
English,	211	84	3·8	1·5
Irish,	1012	479	17·8	8·3
Foreign,	63	18	1·2	0·3
Total,	3326	2330	59·4	41·0

5. Occupation.	Males.	Females.	Percentages. M.	F.
Tradesmen,	1342	...	23·7	...
Labourers,	1375	...	24·3	...
Professions,	73	...	1·3	...
Various,	348	...	6·0	...
No occupation,	188	...	1·6	...
Domestic,	...	1301	...	23·0
Cleaners,	...	264	...	4·7
Sewers,	...	117	...	2·0
Hawkers,	...	54	...	0·9
Servants,	...	129	...	2·3
Laundresses,	...	156	...	2·7
Dressmakers, etc.,	...	116	...	2·0
Millworkers,	...	136	...	2·4
Various,	...	57	...	1·0
Total,	3326	2330	56·9	41·0

6. Causation.—This causation is ascertained from personal enquiry at the individuals themselves by the various Assistant Inspectors.	Total. Male and Female.	Percentage.
Accident,	104	1·8
Criminality,	150	2·6
Desertion,	570	10·6
Drink,	1274	22·5
(Drink—Men, 1131; Women, 143.)		
Illegitimacy,	73	1·3
Illness,	1318	23·3
Immorality,	262	4·6
Improvidence,	422	7·5
Indolence,	69	1·2
Insanity,	494	8·7
Old age (with families able to support),	308	5·4
Old age (without families able to support),	241	4·3
Widowhood,	321	5·6
Orphans,	50	0·9
	5656	100·3

7. Diseases.	Total. Male and Female.
Respiratory System—	
Pneumonia,	176
Phthisis,	285
Bronchitis,	453
Catarrh,	230
Pleurisy,	135
Laryngitis,	45
Bronchial pneumonia,	30
Pulmonary congestion,	45
Influenza,	220
Tonsillitis,	20
Total,	1639
Percentage,	28·9
Circulatory System—	
Cardiac Disease,	233
Percentage,	4·1
Nervous System—	
Hemiplegia,	59
Epilepsy,	60
Locomotor ataxy,	29
Paraplegia,	25
Apoplexy,	9
Sciatica,	59
Vertigo,	31
Hysteria,	23
Cerebral tumour,	15
Paralysis,	30
Neuralgia,	19
Total,	359
Percentage,	6·3
Urinary System—	
Nephritis,	31
Urinary incontinence,	76
Hæmaturia,	15
	122
Digestive System—	
Diarrhœa,	175
Gastritis,	45
Gastric catarrh,	120
Jaundice,	20
Hæmorrhage,	145
Ulcer,	95
Total,	600
Percentage,	10·6
Integumentary System—	
Scabies,	139
Eczema,	154
Boils,	103
Phtheiriasis,	9
Total,	405
Percentage,	7·2
General Diseases—	
Senile decay,	120
Rheumatism,	322
Alcoholism—Males, 67 ; Females, 31,	98
Ague,	4
Debility,	495
Anæmia,	63
Lumbago,	140
Pregnancy, etc.,	156
Venereal,	152
Insane,	494
Not certified,	254
Total,	2298
Percentage,	40·6

8. Relief Given.	Total. Male and Female.	Per-centage.
Indoor,	3490	61·7
Outdoor,	798	14·1
Asylum,	309	5·5
Medical relief,	217	3·9
Withdrawn,	452	14·8
Lock Hospital,	26	
Refused,	320	
Sent home,	44	
	5656	100·0

9. Forty Typical Cases taken from the Applications from Private Lodgings, 1901-02.

1. Record G1/1605—Man, 22, porter, in lodgings three weeks.

2. Record G2/2113—Man, 72, carter, in lodgings three years.

3. Record G3/1577—Man, 56, labourer, in lodgings three weeks, prior in models.

4. Record G4/1302—Man, 18, with sister. Parents, poorhouse case.

5. Record G8/136—Man, 34, with brother. Wife died in Belvidere 1899. Four children. Earns 18s. per week

6. Record 8/1585—Man, 61, three days in lodgings; neglected by family. Seven over 18 years.

7. Record 9/1614—Man, 43, with brother, three weeks on tramp. Wife in Dundee.

8. Record G10/1679—Man, 51, cooper, in lodgings with single woman for five years; drunkard; phthisis. Earned 36s. per week.

9. Record 11/1178—Man, 64, widower, with daughter two months. Large family. Poorhouse.

10. Record G1/1983 — Woman, 19; old City case; phthisis; in lodgings.

11. Record G2/2143 — Woman, 21, with sister-in-law. Husband a canal boatman, said to be in Grangemouth; left him to come to poorhouse to be confined; his parents paupers.

12. Record G3/1621—Woman, 63, in lodgings three weeks, abandoned by family, who are able to assist or keep her.

13. Record G4/1301—Woman, 24, with mother three months, two children, husband in model. Parents on both sides paupers. Never had a house since shortly after marriage. Husband a labourer.

14. Record G5/1326—Woman, 70, with sister seven years. Two sisters live together; a very good case, put on roll.

15. Record G6/1536—Woman, 37, three years from Ireland, a cook. Husband died of smallpox two years ago. One child with aunt in Ireland. Three days here, prior Salvation Army Home one month.

16. Record G7/1148—Woman, 27, two months in lodgings. Husband left her, earned 33s. per week. Two children, one kept by grandparents.

17. Record 8/1610—Woman, 32, four months with mother, no children, neuralgia. Husband at the front for twenty-two months, home five months and never looked near her. Misbehaved while away.

18. Record 9/1617—Woman, 59, in lodgings six weeks, ill; family (six) won't help her.

19. Record G10/1692—Woman, 39. Husband deserted her nine days ago. Seven of a family, two away from her; unsettled for a year; lodging with an aunt. Her parents paupers. Husband a pit labourer. Youngest child one month old.

20. Record G1/1894—Man, 54, widower, quay labourer, two and a half years in lodgings. Family (three) over 14.

21. Record G1/1874—Woman, 20, servant, single, thirty days in lodgings. Infant three months. Bad girl.

22. Record G2/2024—Woman, 20, rag worker, single, over from Ireland three months. Child ten months.

23. Record G2/1998—Man, 21, shoemaker, 9/12; phthisis.

24. Record G3/1524—Woman, 18, cleaner, four months; ill.

25. Record G3/1470—Woman, 63, widow, cleaner, two years in lodgings; ill. One son, painter, unknown.

26. Record G4/1227—Woman, 30, with parents, three children. Sleeps on shake down in same room as brothers. Husband three months jail for cruelty.

27. Record G4/1249—Man, 44, labourer, drunkard, six months in lodgings; injuries. Twice married. Sons in models.

28. Record G5/1221—Man, 32, single, carter; bronchitis and D.T.'s. One year with brother.

29. Record G5/1225—Woman, 64, widow, knitter, eight years here. No family. Done old woman, nearly a beggar.

30. Record 6/1475—Man, 33, labourer, Irish case, army man. Wife injured in privates in drunken brawl. Habitually drunk.

31. Record G6/1488—Man, 62, widower, tailor; venereal; eight months from England. No family.

32. Record G7/1134—Woman, 34, single, six days in lodgings; epileptic; prostitute; often in prison.

33. Record G7/1133—Man, 36, single, labourer, four days in lodgings, prior prison, 3/12; pleurisy.

34. Record 8/1482—Man, 45, single, carter, in lodgings one year, bronchitis; earned 23s. per week.

35. Record 8/1480—Man, 60, single, coal carrier, nearly two years in lodgings; sprain; decent.

36. Record 9/1532—Man, 24, single, butcher's vanman, three months in lodgings: venereal; debauchee.

37. Record G10/1597—Woman, 14¼, single, rope worker, seven days with aunt. Parents paupers.

38. Record G10/1624—Man, 28, single, cattleman; injury; model bird; drunkard. Parents paupers.

39. Record 11/1126—Man, 36, single, carter, three weeks in lodgings; diarrhœa; weed.

40. Record 11/1119—Man, 65, widower, no family; had six, all dead; bronchitis; one month with nephew. Wife's parents paupers. Self chargeable before.

APPENDIX VIII.

Handed in by Mr Jas. R. Motion. (Q. 1963.)

Medical Relief.

Medical Officers' Returns for the six months ended 15th April 1902:—

Name.	District.	Present.			Same Period last Year.		
		Treated.	Visited.	Consultations.	Treated.	Visited.	Consultations.
Dr Black,	St. Rollox,	432	283	410	370	202	360
„ Chisholm,	Cowcaddens,	745	308	582	706	350	706
„ Couper,	Dennistoun and Camlachie,	229	236	141	371	299	224
„ Cowie,	Blythswood,	494	275	542	516	280	609
„ Cullen,	Garngad,	510	207	497	574	223	592
„ Dewar,	Townhead,	450	739	539	553	874	905
„ Findlay,	Central and Whitevale,	373	248	294	352	124	275
„ Hay,	Maryhill,	270	493	131	235	342	147
„ M'Kie,	Springburn,	228	215	142	219	161	210
„ Martin,	Parkhead,	311	375	188	310	367	193
„ Mitchell,	Central,	545	315	377	589	297	337
„ Moffat,	Anderston,	869	759	1,073	923	926	1,513
„ W. L. Muir,	Calton,	575	358	683	733	384	932
„ J. S. Muir,	Possilpark,	145	116	150	157	126	153
„ *Murdoch,	Bridgeton,	1,957	1,241	2,028	2,186	1,192	2,571
„ Murison,	Broomielaw,	211	169	78	291	268	167
„ Russell,	Shettleston and Tollcross,	230	792	139	151	236	85
„ Todd,	Garscube,	885	448	869	777	447	888
	Totals,	9,459	7,577	8,863	10,013	7,098	10,867

* Dr Murdoch devotes his entire services to the Parish Council.
Drs Findlay, Murison, Mitchell, and Black also attend the Chambers, in John Street, daily for the certification of homeless applicants.

APPENDIX IX.

Handed in by Mr Jas. R. Motion. (Q. 1963.)

Medical Officer's Report on City Poorhouse, Glasgow, for the Half-Year ending May 15th, 1902.

City Poorhouse, *May* 1902.

Ladies and Gentlemen,—I beg to submit for your consideration these details regarding the indoor sick for the half-year ending May 15th, 1902:—

Remaining in hospital at Nov. 15th, 1901—

Children,	64	
Adults,	583	
		647

Admitted during half year—

Children,	192	
Adults,	2248	
		2440
Total treated,		3087

Discharged during half year—

Adults cured,	1291
„ relieved,	438
„ died,	486
Children cured,	125
„ relieved,	42
„ died,	33
	—2415

Remaining in hospital at May 15th, 1902—

Children,	56
Adults,	616
	— 672

The average residence of those discharged and died :—

Adults cured—average residence,		19 days.
„ relieved,	do.,	28 „
„ died,	do.,	941 „
Children cured,	do.,	19 „
„ relieved.	do.,	23 „
„ died,	do.,	39 „

63 persons died within 24 hours of admission.
39 „ died on the second day.
33 „ died on the third day.
86 „ died over three days and under one week.

221 persons in all died within a week of admission.

Of the total number of deaths—

30	were	under	3	years.		
7	„	between	3	years	and	15 years.
25	„	„	16	„	„	25 „
45	„	„	26	„	„	35 „
80	„	„	36	„	„	45 „
71	„	„	46	„	„	55 „
104	„	„	56	„	„	65 „
108	„	„	66	„	„	75 „
49	„	76 years and upwards.				
519						

The percentage death-rate of all cases treated in hospital (3087) is 16 per cent.; of all who were resident in the poor-house (5785) 8·9 per cent. For the same period of last year these figures were respectively :—Of 2896 hospital cases 13·9 per cent. died ; of 5850 in the whole Institution 6·9 per cent. died. This year, out of a total of 519 deaths, 221 occurred within a week of admission ; last year, of 405 deaths, 105 occurred within a week of admission.

The following cases of infectious disease were notified to the sanitary authorities :—Erysipelas, 7 ; chicken pox, 22 ; smallpox, 8 ; whooping cough, 5 ; measles, 27 ; enteric fever, 3 ; scarlet fever, 3—total, 75.

Of 672 patients remaining on the sick list at May 15th, 485 have less than one year's residence. The remaining 187 are accounted for thus :—

Over 1 year and under 2 years,							68
„ 2 years	„	3	„				29
„ 3 „	„	4	„				21
„ 4 „	„	5	„				18
„ 5 „							51
							— 187

Sixty-four post-mortem examinations were performed during this half-year.

The following information regarding stimulants and prescriptions is supplied by Mr Halley, the dispenser :—

Stimulants dispensed for indoor patients during six months ending May 15th, 1902 :—

Brandy,	720 oz., value	£5	5	8
Whisky,	9 „ „	0	0	9½
Wine (port),	98 „ „	0	5	4
Porter,	44 bottles,	0	7	4
		£5	19	1½

Total number of prescriptions dispensed for indoor patients during six months ending May 15th, 1902, 41,565.

Eleven nurses have passed their examinations for a two years' certificate, and three passed for a three years' certificate. Six nurses passed the examination of the London Obstetrical Society for certificates in midwifery.

The chief cause of the unprecedented number of hospital cases, and of the increased death-rate, during the past six months, was the exceptional prevalence of acute pneumonia during the first four months of the year. And, whereas the usual number of such cases admitted during the half-year is about 80, this list contains 274. Further, the type was remarkably fatal, even for such debilitated subjects as ours, no fewer than 121 deaths being certified as being due to this disease. The list of operations contains seven instances of resection of rib and drainage for empyema. Of these six were the result of acute pneumonia, and all made a good recovery. The seventh was associated with pulmonary phthisis, and operation afforded but temporary relief. For the information of the professional members, I may remark that in cases of empyema, following pneumonia, I always resect a rib, as there is always present in the pleural cavity a quantity of broken-down plastic effusion, which I get rid of at once by resection, irrigation, and the use of a long scoop. Thus I find convalescence is hastened considerably.

List of Operations from 15th November 1901 to 15th May 1902.

November.	OPERATION.	RESULT.
	Resection for empyema,	Cured
	Osteotomy,	„
	Whitehead's excision—Hæmorrhoids,	„
	Tubercular sinuses—Scraping,	„
	Reduction dislocated thumb,	„
	Excision of hip joint—Tubercular,	Relieved
	Reduction of dislocation of shoulder,	Cured
December.		
	Radical operation for hernia,	Cured
	„ „ „	„
	Circumcision,	„
	Incisions on periostitis of femur,	Continued
	Radical operation for hernia,	Cured
	Whitehead's excision for hæmorrhoids,	„
	Abscess of neck—Incisions,	„
	Cellulitis of hand, „	„
	Amputation of finger,	„
	Teno-synovitis hand and forearm—Incision,	Continued
	Stretching sciatic nerve,	Relieved
	Skin-grafting for ulcer,	Improved
	Radical operation for hernia,	Cured
	Stretching sciatic nerve,	„
	Amputation of finger,	„
	Axillary abscess—Incisions,	„
January.		
	Resection for empyema,	Cured
	Radical operation for hernia,	„
	Strangulated femoral hernia,	Died
	Dilating urethral stricture,	Relieved
	Glandular abscess of neck—Incised,	Cured
	„ „ „ „	„
	Resection for empyema,	„
	Excision tubercular bone in foot,	„
	Scraping and cauterising lupus	„
February.		
	Glandular abscess of neck—Incision,	Cured
	Removal gangrenous appendix and drainage of purulent peritonitis,	„
	Fracture of patella—Wiring fragments,	„
	Drainage—Teno-synovitis of hand,	Continued
	Amputation of foot,	Cured
	Radical operation for hernia,	„
	Excision of varicose veins,	„
	Circumcision,	„
	„	„
	Excision of hydrocele,	„
	Aspiration of hydrocele,	„
	Cellulitis of scalp—Incisions,	„
	Resection for empyema,	Died of phthisis
	„ „	Cured
	Excision sarcoma of face—Partial restoration by plastic operation,	Continued
	Ligature internal carotid and jugular for tumour at base of skull,	Died 3 months after

March.	OPERATION.	RESULT.
	Whitehead's excision for hæmorrhoids,	Cured
	Excision of varicose veins,	"
	Radical operation for hernia,	"
	Circumcision,	"
	Tubercular pelvic sinuses—Opened and drained,	Died 3 months after
	Amputation of finger,	Cured
	Cellulitis of forearm—Incise and drain,	"
	Excision glands on neck,	"
	Circumcision for chancres,	"
	Double inguinal buboes—Open and scrape,	"
	Radical operation for hernia,	"
	Plastic operation to restore nose and cheek,	"
	Tubercular glands of neck scraped,	"
	Trephining mastoid antrum,	"
	Radical operation for hernia,	"
	Appendicitis—Opening and draining,	"
April.		
	Radical operation for hernia,	Cured
	Resection for empyema,	"
	Chronic periostitis—Opened and scraped,	Improved
	Amputation of finger and scraping sinuses of foot,	Improving
	Radical operation for hernia,	Cured
	" " "	"
	" " "	"
	Resection for empyema,	"
	Amputation of hand,	"
	Psoas abscess—Opened and drained,	"
May.		
	Excision of elbow joint,	Cured
	Excision of knee joint,	"
	Tubercular osteitis, metatarsal—Gouged,	Improving
	Radical operation for hernia and circumcision,	Cured
	Circumcision,	"

Table of Diseases—(a) Medical.

Respiratory System—

Pneumonia,	274	Pulmonary congestion,	6
Phthisis,	269	Influenza,	17
Bronchitis,	484	Empyema,	1
Catarrh,	10	Hæmoptysis,	1
Pleurisy (dry)	34	Hypostatic pneumonia,	2
Pleural effusion,	9		
Broncho-pneumonia,	1		1108

Circulatory System—

Cardiac valvular disease,	124	Pericarditis,	2
Cardiac degeneration,	16	Aneurism,	3
Aneurisms,	4	Pericarditis,	1
Tachycardia,	3	Syncope,	1
Cardiac arrhythmia,	6		
Cardiac dilatation,	2		162

Nervous System—

Hemiplegia,	79	Cerebral tumour,	2
Mental weakness,	61	Insular sclerosis,	1
Epilepsy,	27	Facial paralysis,	1
Locomotar ataxia,	3	General paralysis,	2
Paraplegia,	22	Spastic paralysis,	4
Cerebral apoplexy,	14	Neuralgia,	5
Peripheral neuritis,	1	Aphasia,	2
Sciatica,	7	Mental stupor,	2
Infantile convulsions,	1	Infantile paralysis,	1
Paresis,	6	Deaf mutism,	1
Senile brain atrophy,	24		
Vertigo,	1		267

Urinary System—

Acute nephritis,	8	Hæmaturia,	3
Chronic nephritis,	29	Uræmia,	2
Urinary incontinence,	6		
Cystitis,	2		50

Table of Diseases—(a) Medical—*continued.*

Digestive System—

Diarrhœa,	31	Carcinoma of stomach,	6
Acute gastritis,	13	Carcinoma of liver,	2
Gastric catarrh,	12	Malæna,	2
Gastro-intestinal catarrh,	5	Peritonitis,	9
Jaundice,	4	Tabes mesenterica,	1
Intestinal colic,	7	Stomatitis,	3
Hæmatemesis,	5	Intestinal obstruction,	3
Carcinoma of œsophagus,	2		105

Integumentary System—

Scabies,	80	Lupus,	4
Eczema,	77	Herpes zoster,	1
Phtheiriasis,	50	Acne,	2
Boils,	8	Tinea tonsurans,	5
Tinea favosa,	1	Pruritus,	1
Psoriasis,	5	Scrofuloderma,	1
Elephantiasis,	1		236

General Diseases—

Senile decay,	112	Pyrexia,	8
Rheumatism,	103	Œdema,	4
Infantile marasmus,	3	General tuberculosis,	1
Alcoholism,	15	Diabetes mellitus,	3
General debility,	18	Lead poisoning,	1
Anæmia,	2	Raynaud's disease,	1
Ague,	3	Addison's disease,	1
Lumbago,	15		290

Infectious diseases,	17	Mothers with children,	13
Diseases of women,	22	Children with mothers,	20
Maternity cases,	45		117

(b) Surgical Cases.

Diseases of eye, ear, nose and throat,	62	Tumours—Malignant,	12
Diseases of rectum,	25	Venereal diseases,	56
			155

Diseases of Bones and Joints—

Fractures,	59	Tubercular osseous caries and necrosis,	26
Sprains,	30	Rickets,	7
Dislocations,	2	Osteo-arthritis,	1
Synovitis,	17	Ankylosis,	2
Periostitis,	3		
Oestitis,	3		150

Other Diseases—

Syphilis,	19	Teno-synovitis,	2
Abscesses,	52	Cicatricial contractions,	1
Bruises,	42	Hydrocele,	2
Ulcers,	149	Gangrene,	6
Wounds,	51	Phlebitis,	1
Herniæ,	22	Amputated limb,	5
Burns,	20	Urethral fistula,	1
Cellulitis,	19	Ectopic bladder,	1
Adenitis,	10	Goitre,	2
Inflammatory œdema,	16	Epistaxis,	1
Varicose veins,	3	Paraphimosis,	2
Carbuncle,	5	Prostatitis,	2
Sinus,	4	Mastitis,	2
Bursitis,	7	Sebaceous Cysts,	1
Extravasation of urine,	2		
Appendicitis,	2		452

Table of Causes of Death.

Bronchitis,	52	Hypostatic pneumonia,	14
Phthisis,	79	Empyema,	1
Pneumonia,	121	Anthracosis,	1
Broncho-pneumonia,	5		

273 from Diseases of Respiratory System.

TABLE OF CAUSES OF DEATH—*continued.*

Cardiac valvular disease,	35	Cardiac degeneration,	11

51 from Diseases of Circulatory System.

Hemiplegia,	8	Senile brain decay,	24
Cerebral apoplexy,	16	Cerebral meningitis,	1
Paraplegia,	7	Cerebral tumour,	2
Infantile convulsions,	4	General paralysis,	1
Epilepsy,	1	Spastic paralysis,	1

65 from Diseases of Nervous System.

Chronic nephritis,	11	Acute nephritis,	2

13 from Diseases of Urinary System.

Gastro-enteritis,	1	Carcinoma of liver and pancreas,	2
Carcinoma of stomach,	4	Diarrhœa,	10
Carcinoma of bowel,	1	Peritonitis,	2
Carcinoma of œsophagus,	2		
Tabes mesenterica,	2		

24 from Diseases of Digestive System.

Senile decay,	44	Syphilis,	3
Premature birth,	4	Diabetes mellitus,	2
General tuberculosis,	5	Addison's disease,	1
Infantile marasmus,	7		

66 from General Diseases.

Bone caries,	5	Epithelioma of scrotum,	1
Fracture of femur,	1	Carcinoma of mamma,	1
Gangrene,	3	Chronic ulcers and bed-sores,	1
Burns,	2	Erysipelas,	1
Fracture of skull,	3	Tetanus,	1
Cystitis,	1	Shock following bruises,	1
Rupture of urethra,	2	Cancer of prostate,	1
Cellulitis,	2		
Epithelioma of tongue,	1		

27 from Surgical Diseases.

The average daily number in Hospital was 686.

The highest number was 736 on February 11th; the lowest, 641, on May 10th.

4142 persons were admitted to the Institution during the half year. Of these, 2245 were admitted directly to Hospital.

JOHN M'C. JOHNSTON, M.A., M.D.

APPENDIX X.

Handed in by Mr JAS. R. MOTION. (Q. 1963.)

Half-Yearly Report by Medical Officer of Barnhill Poorhouse, Glasgow.

BARNHILL, *May* 1902.

LADIES AND GENTLEMEN,—I herewith submit the following report of the patients treated in Hospital during the half-year ending 15th May 1902:—

Remaining in Hospital at 15th November 1901—		
Children,	55	
Adults,	343	
		398
Admitted during half-year—		
Children,	277	
Adults,	2165	
		2442
Total treated,		2840
Discharged during half-year—		
Adults cured,	1397	
„ relieved	467	
„ died,	289	
Children cured,	192	
„ relieved,	28	
„ died,	36	
		2409
Remaining in Hospital at 15th May 1902—		
Children,	75	
Adults,	356	
		431
Treated in Dispensary		2752

Average residence of those discharged and died—

	Average residence.
Adults cured,	18 days.
„ relieved,	36 „
„ died,	79 „
Children cured,	30 „
„ relieved,	53 „
„ died,	38 „

17 patients died within 24 hours of admission.

Including these, the death-rate during the half-year is 11·4 per cent.; for the corresponding period last year the death-rate was 7·6 per cent. The death-rate amongst adults is 11·5 per cent.; amongst children, 10·8 per cent.; as compared with 7·3 and 10·2 respectively for the same period last year. The following table gives the number of patients under treatment at different ages, and the number and percentage of deaths at these ages.

Ages.	Under treatment.	Deaths.	Percentage.
Under 3 years,	110	29	26·3
3 to 15 „	203	7	3·4
15 to 25 „	159	13	8·1
25 to 35 „	360	30	8·3
35 to 45 „	545	36	6·6
45 to 55 „	567	62	10·9
55 to 65 „	427	54	12·6
65 to 75 „	320	52	16·2
75 and upwards,	149	42	28·1

From the above table it will be seen that the highest death-rate occurs under 3 years of age and 75 and upwards, being 26·3 and 28·1 per cent. respectively. During the half-year, 12 cases of whooping cough, 1 of measles, 1 of enteric fever, and 2 of scarlet fever were removed to the infectious hospitals for treatment. It is gratifying to note that at present there are no cases of infectious disease in the Institution.

Of the 431 patients remaining in Hospital on the 15th May 1902, 383 have been in Hospital less than one year. The remaining 48 may be classified as follows:

Over 1 year and under 2 years,	20
„ 2 years „ 3 „	10
„ 3 „ „ 4 „	5
„ 4 „ „ 5 „	2
„ 5 „	11
Total,	48

Table showing the numbers treated in Hospital for the half-year ending 15th May 1902, as compared with the corresponding period last year:—

	Boys.	Girls.	Men.	Women.	Total.
1901	166	158	1491	1105	= 2920
1902	157	175	1570	938	= 2840
Increase for 1902	—	17	79	—	= —
Decrease „	9	—	—	167	= —
Total decrease,					80

The following table shows the results of treatment in the Observation Wards:—

	Males.	Females.
Remaining in O.W. 15th November 1901,	4	3
Admitted since,	70	51
Total treated,	74	54
Discharged:—		
Cured,	58	42
Sent to asylum,	13	8
	71	50
Remaining in O.W. 15th May 1902,	3	4

The total number of cases admitted into these wards during the year was 251, of whom 36 were sent to the asylum.

The stimulants used in Hospital during the half-year were :—

Whisky,	1462	ounces.
Brandy,	1580	„
Wine,	270	„
Gin,	81	„
Total,	3393	„

The cost of above is £20, 19s.

Post-mortem examinations were made in 30 cases.

The number of prescriptions dispensed is 8314.

Eight probationers completed their course of training, and after examination, were granted certificates of fitness for registration. Two pupils from Derby Nursing Institute were also granted certificates.

Chloroform was administered 132 times during the half-year.

List of Operations.

Amputation of finger,	3	Varicocele excised,	1
Excision of glands,	4	Perineal fistula, plastic,	1
Removal of sequestrum,	3	Periostitis incised,	1
Fistula in ano,	3	Paquelin cautery to back,	1
Ulcers scraped,	11	Dead bone gouged,	3
Abscess opened and scraped,	37	Hæmorrhoids excised,	4
Circumcision,	12	Carbuncle incised,	2
Urethral stricture dilated,	6	Hæmatoma opened,	2
Sinus opened and scraped,	5	Left inguinal colotomy,	1
Amputation of thigh (middle, ⅓),	1	Fissure of anus stretched,	1
Thoracotomy,	1	Curettage of uterus,	3
Adhesions, shoulder joint broken down,	1	Gastrostomy,	1
Bursa-patellæ, incised and scraped,	3	Amputation of foot (Syme),	1
Epithelioma of lip, excised,	1	Amputation of toe,	1
Lipoma, excised,	1	Glands opened and scraped,	2
Mammary abscess, incised,	4	Bubo excised,	3
Castration,	1	Incisions—Extravasation of urine,	3
Rectal stricture dilated,	1	Hydrocele tapped,	3
		Excision of hydrocele,	1
		Radical cure of hernia (M'Ewen's),	2

Table of Diseases—(a) Medical.

Respiratory System—

Pneumonia,	137	Hydro-pneumo thorax,	1
Phthisis pulmonalis,	141	Pleurisy,	44
Bronchitis,	449	Catarrh,	126
Cardiac and bronchitis,	35	Pleurisy with pneumonia,	—
Broncho-pneumonia,	24	Asthma,	1
Emphysema,	4	Pleural effusion,	2

Circulatory System—

Disease of heart,	111	Pericarditis,	2
Aneurism,	2	Anæmia,	4
Rheumatism and cardiac,	7	Syncope,	3

Nervous System—

Chorea,	1	Paralysis agitans,	1
Apoplexy,	5	Aphasia,	2
Hemiplegia,	7	Paresis,	3
Spastic paraplegia,	2	Neuralgia,	1
Epilepsy,	6	Pleurodynia,	15
Neuritis,	1	Musculo spiral paralysis,	1
Tubercular meningitis,	2	Meningeal hæmorrhage,	1

Urinary System—

Bright's disease,	11	Acute nephritis,	1
Pyonephrosis,	1	Tubercular kidney,	1

Digestive System—

Dyspepsia,	22	Migraine,	1
Diarrhœa,	28	Tubercular peritonitis,	1
Jaundice,	2	Colic,	6
Enteritis,	2	Peritonitis,	1
Gastritis,	1	Cirrhosis of liver,	1
Gastralgia,	1	Tapeworm,	1

Table of Diseases—(a) Medical—*continued.*

Integumentary System—

Eczema,	124	Tinea circinata,	1
Scabies,	2	Erythema,	1
Psoriasis,	8	Impetigo,	6
Herpes zoster,	3	Seborrhœa,	1
Phtheiriasis,	2	Urticaria,	1
Tinea favosa,	2	Lupus,	1
Tinea tonsurans,	4		

Diseases of Women—

Menorrhagia,	4	Dysmenorrhœa,	1

General Diseases—

Debility,	153	Purpura hæmorrhagica,	—
Rheumatism,	69	Atrophy,	7
Alcoholism,	9	Influenza,	13
Acute rheumatism,	11	Asthenia,	1
Plumbism,	1	Malaria,	5
Acromegaly,	1	Rachitis,	4
Addison's disease,	1		

Infectious Diseases—

Erysipelas,	10	Whooping-cough,	3

Mothers with children,	11	Children with mothers,	8
Pregnancies,	18	Births,	15

(b) Surgical.

Diseases of the Eye, Ear, and Nose—

Conjunctivitis,	24	Keratitis,	1
Otorrhœa,	3	Nasal polypus,	1
Iritis,	1	Phlyctenulæ,	1
Blepharitis marginata,	2	Adenoids,	1
Glaucoma,	2		

Diseases of Rectum—

Hæmorrhoids,	6	Fistula in ano,	5

Tumours—

Neuroma,	1	Adenoma,	1
Carcinoma of glands in groin,	1	Carcinoma mammæ,	1
Sebaceous cyst,	1	Hæmatoma,	1
Fibroma,	—	Carcinoma ani,	1
Lipoma,	1	Carcinoma pylori,	2
Uterine fibroid,	1	Epithelioma,	2
		Cancer of œsophagus,	1

Genito-Urinary System—

Varicocele,	1	Abortion,	2
Prolapsus uteri,	2	Noma,	1
Gonorrhœa,	6	Retention of urine,	2
Cancer uteri,	5	Stricture,	12
Endometritis,	1	Dysuria,	2
Bubo,	7	Hydrocele,	2
Orchitis,	7	Urethral fistula,	1
Chancre,	6	Retroversion of uterus,	1
Phimosis,	14	Ovarian cyst,	2

Diseases of Bones and Joints—

Fracture,	25	Anchylosis,	—
Bursitis,	3	Dislocation,	2
Sprain,	25	Periostitis,	3
Synovitis,	6	Rheumatoid arthritis,	5
Tubercular arthritis,	2	Fracture dislocation of spine,	2
Morbus coxæ,	2	Bunion,	1
Necrosis,	3		
Dactylitis,	1		

General Diseases—

Abscess,	82	Fæcal fistula,	1
Burn,	19	Enlarged glands,	7
Lumbago,	22	Cellulitis,	10
Footsore,	26	Varicose veins,	3
Carbuncle,	7	Syphilis,	44
Furunculus,	3	Sinus,	4
Sciatica,	5	Ulcer,	136
Gangrene,	3	Contused wound,	39
Paronychia,	1	Hernia,	7
Laryngitis,	6	Struma,	2
Bruise,	55	Lymphangitis,	1
Tonsillitis,	7	Epistaxis,	1
Pharyngitis,	11	Cut throat,	1
Whitlow,	3	Strangulated hernia,	1

TABLE OF CAUSES OF DEATH.

Pleurisy, with pneumonia,	2	Abscess,	1
Hydro-pneumo-thorax,	1	Syncope,	2
Meningeal hæmorrhage,	1	Enteritis,	3
Pleurisy,	2	Cystitis,	1
Cardiac,	1	Broncho-pneumonia,	7
Huntingdon's chorea,	1	Debility,	58
Salpingitis and pneumonia,	1	Phthisis pulmonalis,	56
Tubercular nephritis,	2	Pneumonia,	77
Erysipelas,	1	Acute miliary tuberculosis,	2
Tubercular peritonitis,	3	Acute bronchitis,	1
Aneurism,	2	Cardiac,	22
Meningitis,	5	Bronchitis and cardiac,	11
Tuberculosis and amyloid,	1	Bronchitis,	27
Rheumatism,	1	Atrophy,	8
Epilepsy,	2	Diarrhœa,	2
Bulbar paralysis,	1		

TABLE OF CAUSES OF DEATH—*continued.*

Hemiplegia,	2	Bright's disease,	2
Carcinoma ani,	1	Secondary cancer,	1
Carcinoma pylori,	1	Paraplegia,	1
Carcinoma uteri,	1	Congenital syphilis,	1
Morbus coxæ,	1	Gangrene,	1
Pleurisy,	1	Acute nephritis,	1
Apoplexy,	7	Cancer of œsophagus,	1

The average daily number in the Hospital was 425. The smallest number on any one day was 389; the largest number, 460.

3638 persons were admitted to the Poorhouse during the half-year, 1856 of whom were sent to Hospital on admission.

WILLIAM CORE, M.D.

APPENDIX XI.

Handed in by Mr JAS. R. MOTION. (Q. 1993.)

*ORDER OF ADMISSION

To the Glasgow Parish Poorhouse.

Record No.____ District____ 190__

Granted for____ Poorhouse____ Months.

Admit____

Address____

Dependants.	Age.	Birthplace.	Other Particulars.
			Relig.
			Orpn.
			Dead.
			Legit.
			Occup.

Settlement____

____ Asst. Insp.

* An order printed on white paper denotes an ordinary case; on pink paper, it denotes a test case.

ORDER OF ADMISSION TO THE GLASGOW PARISH POORHOUSE.

Chambers of the Parish Council,

Record No.____ Dist.____ No.____

Glasgow,____ 190__

Please admit the under-mentioned persons to the Poorhouse for ____ months.

Settlement____

Applicants' Name and Dependants.	Age.	Religion.	Birthplace.	Occupation.	Orphan or Deserted.	Legitimate or Illegitimate.

____ Asst. Insp.

House Governor, Glasgow Parish Poorhouse.

COPY MEDICAL CERTIFICATE.

Parish of Glasgow.

Glasgow,____ 190 .

To Dr ____ Address,____

Name of Pauper,____

Address,____

I have this day examined the above-named pauper, and hereby certify, on soul and conscience, the particulars underwritten to be true, to the best of my knowledge and belief.

(Signed)____

Medical Officer.

(Date)____

COPY MEDICAL CERTIFICATE—*continued.*

Is the pauper in good health?____

Is the pauper able to do any work?____

If so, state whether capable of any test labour in poorhouse,____

Nature of pauper's sickness or infirmity,____

Note.—Where the circumstances are such as to give rise to a suspicion of the possible development of some form of infectious disease, special attention should be directed to the case.

If Pauper has dependants, state whether they, or any of them, suffer from sickness or infirmity,____

Nature of sickness or infirmity of dependants,____

Does the condition of pauper or dependants require immediate attention and medical advice?____

COPY MEDICAL CERTIFICATE—*continued.*

Is pauper or any dependant "*lunatic, insane, idiot, or of unsound mind?*" **_____

Are pauper and dependants able to be removed to the poorhouse, Glasgow, without injury to their health?

Are pauper or dependants likely to be benefited by care and treatment in poorhouse?_____

* No person so described can be legally sent to or received in a poorhouse, unless it possesses licensed lunatic wards, and then only with the sanction of the General Board of Lunacy.

COPY MEDICAL CERTIFICATE—*continued.*

If so, state the manner in which they are capable of removal without risk of injury to their health,*_____

Is pauper able to attend Relief Committee?_____

* The medical officer will note specially any precautions which he deems necessary in conducting the removal; in particular, whether the patient can walk to the vehicle prepared for him, or whether he should be carried, and, if so, whether a stretcher is necessary; whether a nurse should accompany the patient; whether any preparation of the patient by the administration of food, stimulant, etc., is required; and any other matters to which attention should be directed.

APPENDIX XII.

Handed in by Mr JAS. R. MOTION. (Q. 1999.)

PARISH OF GLASGOW.

Proposed Amended Order of Admission to Poorhouse.

Chambers of the Parish Council,

Glasgow,_____190____.

Record No.____ Dist.____.

Please admit the under-mentioned persons to the Poorhouse for____months.

Settlement_____

Applicants' Name and Dependants.	Age.	Religion.	Nativity.	Condition.	Orphan or Deserted or Separated.	Legitimate or Illegitimate

Occupation_____ Whether vagrant?_____

Last employment_____

Character_____ Number of previous applications____

Remarks as to previous diseases, and cause of chargeabilities

Address of relatives, if any_____

_____Asst. Inspr.

House Governor,

_____Poorhouse.

PARISH OF GLASGOW.

Proposed Amended Order of Admission to Poorhouse.

Chambers of the Parish Council,

Glasgow,_____190____.

Record No.____ Dist.____.

Please admit the under-mentioned persons to the Poorhouse for____months.

Settlement_____

Applicants' Name and Dependants.	Age.	Religion.	Nativity.	Condition.	Orphan or Deserted or Separated.	Legitimate or Illegitimate.

Occupation_____ Whether vagrant?_____

Last employment_____

Character_____ Number of previous applications____

Remarks as to previous diseases, and cause of chargeabilities

Address of relatives, if any_____

_____Asst. Inspr.

House Governor,

_____Poorhouse.

APPENDIX XIII.

Handed in by Mr JAS. R. MOTION. (Q. 2008.)

Barony Parish.—Poorhouse Rules—Test Departments.

I.—MALE TEST DEPARTMENT.

1. The inmates of this department shall rise at 6 o'clock a.m., have their beds neatly made up, themselves washed, and ready to commence work by the hour of 7 a.m. The hours of employment shall be from 7 a.m. till 5 p.m., allowing 1 hour for breakfast and 1 hour for dinner.

2. The test master shall see that each inmate is provided with work which has been recommended by the House Governor, and he shall enforce the employment of all the inmates to the extent of their ability.

3. Stonebreakers are required to break 5 cwts. of whin metal; if they perform their full task they will receive for diet Class C, which is:—4 ozs. boiled beef, in addition to bread and broth. Any one breaking less than 5 cwts. will receive for diet Class B, which is bread and broth. In each case where the full task is imposed a medical certificate of fitness shall be obtained.

4. Oakum teasers are required to tease 1½ lbs. of rope; if they perform their full task they will receive for diet Class C, which is:—4 ozs. boiled beef, in addition to bread and

broth. Any inmate teasing less than 1½ lbs. will receive for diet Class B, which is bread and broth. In each case where the full task is imposed a medical certificate of fitness shall be obtained,

5. Bundlers of firewood must make up 250 bundles per day; if they perform their full task they will receive for diet Class C, which is:—4 ozs. boiled beef, in addition to bread and broth. Those making up less than 250 bundles will receive for diet Class B, which is bread and broth. In each case where the full task is imposed a medical certificate of fitness shall be obtained.

6. If the House Governor has good ground for believing that any inmate engaged at stonebreaking, oakum-teasing, or bundling, is not working to the extent of his ability, or shall refuse or neglect to work, he may punish any such inmate by placing him upon Class B diet, which is bread and broth, or he may order his confinement for a period not exceeding 12 hours, with bread and water for dinner, and report the same to the House Committee.

7. The test master shall visit the work-rooms, day hall, dining-room, and dormitories every night before 9 o'clock, and ascertain that all the inmates in each dormitory are in bed.

8. If any inmate shall curse, swear, use profane, obscene, or threatening language towards any official, he shall be considered guilty of a grave act of insubordination, and be punished by confinement in the cells for a period not exceeding 12 hours, with bread and water for dinner.

ALEX. HENDERSON, Governor.

Barnhill Poorhouse,
December 1894.

Approved by Local Government Board, 14th December 1894.

II.—FEMALE TEST DEPARTMENT.

1. The inmates of this department shall rise at 6 o'clock a.m., have their beds neatly made up, themselves washed, their hair combed, and be prepared to enter upon their respective duties when the bell rings at 7 a.m. The hours of employment shall be from 7 a.m. till 5 p.m., allowing 1 hour for breakfast and 1 hour for dinner.

2. The test mistress shall see that each inmate is provided with work which has been recommended by the House Governor or matron, and she shall enforce the employment of all the inmates to the extent of their ability.

3. Washers.—The following will constitute a full day's work for one woman, viz.:—60 sheets, or 50 shirts, or 70 shifts, or 50 shortgowns, or 100 stockings, or 100 pillow-cases. Those women who perform their full task will receive for diet Class C, which is:—4 ozs. boiled beef, in addition to bread and broth. But any one turning out less work will have for diet Class B, which is bread and broth. In each case where the full task is imposed a medical certificate of fitness shall be obtained.

4. Oakum teasers are required to tease 1½ lbs. of rope; if they perform their full task they will receive for diet Class C, which is:—4 ozs. boiled beef, in addition to bread and broth. Any female teasing less than 1½ lbs. will receive for diet Class B, which is bread and broth. In each case where the full task is imposed a medical certificate of fitness shall be obtained.

5. Scrubbers.—The number of women required will be selected to do all the scrubbing and cleaning in the dormitories, dining-hall, day hall, work-room, bathroom, etc.; the whole or a part of their time will be devoted to the performance of that work. They will receive for diet Class C, which is:—4 ozs. boiled beef, in addition to bread and broth.

6. If the House Governor has good ground for believing that any inmate engaged at washing, oakum-teasing, or scrubbing, is not working to the extent of her ability, or shall refuse or neglect to work, he may punish any such inmate by placing her upon Class B diet, which is bread and broth, or he may order her confinement for a period not exceeding 12 hours, with bread and water for dinner, and report the same to the House Committee.

7. The test mistress shall visit the work-rooms, day hall, dining-room, and dormitories every night before 9 o'clock, and ascertain that all the inmates in each dormitory are in bed.

8. If any inmate shall curse, swear, use profane, obscene, or threatening language towards any official, she shall be considered guilty of a grave act of insubordination, and will be punished by confinement in the cells for a period not exceeding 12 hours, with bread and water for dinner.

ALEX. HENDERSON, Governor.

Barnhill Poorhouse,
December 1894.

Approved by Local Government Board, 14th December 1894.

APPENDIX XIV.

Handed in by Mr JAS. R. MOTION. (Q. 2019.)

Barony Parish.—General Rules for the Instruction and Guidance of Officials and Tradesmen of Barnhill Poorhouse. Approved by House Committee, 15th March 1893; *Approved by Parochial Board, 28th March* 1893.

To ensure proper management and discipline in the institution it is absolutely necessary that the officials and tradesmen should be exemplary in their conduct, speech, and work; and offer ready and willing assistance to each other in the performance of any duty.

The manner in which duty, by responsible officers is performed, has an elevating or lowering effect on the inmates who are ever observant, and ready to detect any failing in its fulfilment or difference existing among those who are their superiors. Undue familiarity between officials and inmates is always detrimental to discipline. It is therefore desirable that all conversation between them be confined to what is rendered necessary by duty.

The following instructions are not to be understood as comprising rules applicable to all circumstances that may occur in the experience of any official. Of necessity much must depend on the intelligence, discretion, vigilance, firmness and zeal of the individual.

1. RULES.

1. Treat the inmates with kindness and humanity, being firm at the same time in maintaining order and discipline, and enforcing complete observance of all rules and orders.

2. Be examples of order, quietness, punctuality, personal neatness, and propriety of behaviour in every respect.

3. Afford all proper assistance to those with whom your duty calls on you to co-operate.

4. Do not receive directly or indirectly under any pretence whatsoever any fee or present from any inmate or person visiting the house.

5. Do not receive any visitors within the house without the permission of the Governer or matron.

6. Do not allow any familiarity on the part of an inmate towards you, nor on any account speak of your duties, or of any matters of discipline, or house arrangement in the hearing of any inmate.

7. Carefully superintend the inmates under your charge, and use the utmost alacrity and vigilance to promote cleanliness and industry, and to maintain order.

2. DUTIES OF OFFICIALS.

The duties of the various officials are generally defined hereunder, but in addition thereto each official shall perform such other duties as the Governor or matron may from time to time direct.

Governor's Clerk.

He shall have charge of all clerical and statistical work in connection with the office, enter or cause to be entered in the registers and books provided all information regarding persons admitted to and discharged from the house from whatever cause, as required by the rules of the Board of Supervision; see that all communications by and to inmates are duly transmitted and delivered, and distribute the stationery required throughout the house, as also the books, periodicals, and general literature for the use of the inmates. He shall also have charge of the mortuary, and take office duty every alternate Saturday afternoon and Sabbath.

Assistant Clerk.

He shall act as clerk in the office under the instructions of the Governor's clerk, and take duty in office every alternate Saturday afternoon and Sabbath.

House Steward.

He shall have charge of the receipt and issue of all goods to and from the store, see that they are equal in quantity and quality in all respects to those contracted for; that the weight is in accordance with the invoices, immediately reporting any defect in quality or quantity to the Governor. He shall make up all diet sheets, and issue the necessary quantities of provisions for inmates and officials, have charge of the tailors', shoemakers', and upholsterers' shops, issuing all clothing, furnishings, and bedding to all parts of the house and workshops, and entering each article or quantity separately, stating by whom ordered and by whom received, and for what purpose; take stock every half-year for the inspection and check of the sub-committee, carefully satisfying himself by personal inspection that everything is being duly cared for and kept in the best state to secure its preservation, and also make up all returns as to cost of maintenance required from time to time. He shall have charge of the dining-hall, see that it is properly cleaned and

aired, and shall superintend all meals every alternate week, including Sabbath.

Store Clerk.

He shall, under the superintendence of the steward, write up all diet and account books, check carefully all accounts rendered, see that they are in accordance with the invoices and prices as scheduled, assist in making up the various quantities for diet, and in every respect act as assistant steward; superintending in the dining hall every alternate week, including Sabbath.

Male Probationary and Infirm Warder.

He shall be responsible for the bathing of all male inmates upon admission into the house, special attention being given to the certificates filled up by the medical officer or his assistant, and any verbal instruction that may be given by them; see that the clothes of the inmates are properly fumigated, cleaned, carefully stored, and handed to the persons to whom they belong when leaving the house. He shall have charge of the infirm and turn-out wards, see that they, with all the W.C.'s, baths and lobbies attached are kept clean and well aired; also that the beds and bedding are regularly changed and in good condition. He shall also give special attention to the inmates under his care, that they wash themselves regularly and properly, that their hair is not allowed to get too long, and that their attire is clean and in good order, and that each inmate is employed according to his ability; further, by personal inspection satisfy himself that no deleterious, dangerous, or prohibited articles are secreted in the wards, beds, or clothes of the inmates. He shall on every alternate Saturday afternoon and Sabbath be on duty in the male division of the house.

Test Master.

He shall have charge of the test wards, see that they are kept clean and well aired, and that the beds and bedding are clean and in good condition. He shall give special attention to the inmates under his care, that they are regularly and properly washed, that their hair is not allowed to get too long, and that their attire is neat and in good order, and by personal inspection satisfy himself that no deleterious, dangerous, or prohibited articles are secreted in the wards, beds, or clothes of the inmates. He shall have charge of the observation ward, and pay special attention to the medical officer's instructions regarding the medical treatment of the patients therein, also superintend the stick hall and men's day hall. He shall likewise give special attention that each inmate according to his capability is fully employed, and also be responsible for keeping at hand a sufficient supply of material—such as wood, whinstone, copes, oakum, etc.—for the various classes of inmates under his charge, and after the same has been prepared by the inmates, see to its disposal, reporting at once any lack of material, or difficulty in disposing thereof. He shall on every alternate Saturday afternoon and Sabbath be on duty in the male division of the house.

Labour Master.

He shall have charge of the grounds and roads connected with the house, utilising, cultivating, and beautifying the same so far as practicable. He will be responsible for the supply of coal to all houses, rooms, wards, and sitting halls, superintend the carrying of food to the cottage hospitals, and, where necessary, to other parts of the house, and also arrange for the removal of all clothing to and from the laundry. He shall see that the squares and airing courts are kept clean and free from nuisances, and supervise the inmates necessary for the carrying on of the work entrusted to him, enforcing punctuality, industry, and good conduct.

Gateman.

He shall see that all officials (except the Governor, medical officer, and chaplain) duly sign the official time book in his custody when entering or leaving the poorhouse; also note the names of all visitors and the names of the persons visited in his book, other than in the cases where visiting lines are granted by the inspector or any of his assistants, or when a sick visiting line is issued by the Governor or medical officer. He shall see that no inmate is allowed out unless he be a messenger or possesses a pass from the Governor or matron, in these cases making a note on their re-entry whether they are within reasonable time and sober; also that such persons are not allowed to enter the house by any other way than passing through the office, keeping a general look-out to prevent improper ingress or egress from the house. He shall also check-weigh all coal, wood, etc., passing into the house, and carefully examine and satisfy himself as to all materials removed therefrom.

Night Watchman.

He shall enter on duty at 6 p.m. and continue till 6 a.m., during which period he will record all admissions, take note of all messages, reporting all cases of urgency to the medical officer or his assistant; visit the various parts of the house three times during the night at stated periods, taking note of any leakage of gas or water or other defect, reporting such to the particular tradesman whose duty it is to rectify the same.

Coachman.

He shall have charge of all horses kept for the work of the institution, see that they are properly attended as to food, work, and cleanliness, and superintend the stables, piggeries, and all the working plant—*i.e.*, carriages, vans, carts, etc.—taking due care that everything is clean and in good order. He shall also see to the preparation, sowing, and reaping of such portions of the ground as may be set apart for such purposes, and all carting of material, as well as the removal of persons to and from the poorhouse. In removing such persons the greatest care, caution, and promptitude must be exercised, and in no case should removal be effected unless a medical certificate of fitness be produced, and an order of admission from the inspector of poor or one of his assistants. In carrying out this work he shall be assisted by a vanman and carter and as many inmates as he may require, receiving all orders from the Governor.

Female Probationary Warder.

She shall superintend female admissions to and dismissions from the house, see that the clothes of inmates on admission are carefully fumigated and cleaned and afterwards put in store, care being taken that each person on leaving the house receives all articles belonging to her. She will also be responsible for the bathing of all females admitted, assisting as well as superintending when necessary. In connection with the bathing, special attention should be given to the certificates filled up by the medical officer or his assistant and any verbal instruction given by them. She shall also see that the ward is kept clean and well aired; that the beds and bedding are clean and regularly changed, and by personal inspection satisfy herself that no deleterious, dangerous, or prohibited articles are secreted in wards, beds, or clothes of the inmates. She shall likewise superintend the cleaning and dusting of the Governor's and clerks' offices, waiting rooms, entrance hall, and mortuary.

Test Mistress.

She shall be in charge of the test wards, sitting halls, bath-rooms, stairs, W.C.'s, closets, and see that they are kept clean and in good order; that the beds and bedding are in good condition and regularly changed, and by personal inspection satisfy herself that no deleterious, dangerous, or prohibited articles are secreted in the wards, beds, or clothes of the inmates. She shall also have charge of the observation wards and pay special attention to the medical officer's instructions regarding the medical treatment of the patients therein. She shall likewise have full charge of the wash-house in test department and of all female inmates put to test work of whatever class, and also be responsible for the care and safety of epileptics. She shall enforce punctuality, industry, and good behaviour in every respect from the inmates.

Laundry Mistress.

She shall have charge of the general wash-houses and laundry, and be responsible for the articles received by her to be cleaned from all parts of the house, see that they are carefully cleaned, dressed, parcelled, and despatched to the different parts of the house. She shall also enforce punctuality, industry, and good behaviour in every respect from the inmates under her charge.

Female Infirm Warder.

She shall have charge of all the infirm wards and see that they are kept clean and well aired; that all the baths, closets, sculleries, and stairs are regularly and properly cleaned; that the beds and bedding are in good condition and are periodically changed, and by personal inspection satisfy herself that no deleterious, dangerous, or prohibited articles are secreted in the wards, beds, or clothes of the inmates. She shall give careful attention to the cleanliness of the inmates under her charge both in their person and clothing, and use every means to promote and encourage good order and industry among them; giving special heed to those inmates who are unable to leave their wards that they are supplied with work according to their ability.

Female Turn-out Warder.

She shall have charge of all the turn-out wards, and see that they are properly cleaned and aired, that the beds and bedding are in good condition and regularly changed; that all baths, closets, sculleries, and stairs are kept clean, special attention being given to cleanliness of person and clothing of the inmates; and by personal inspection satisfy

herself that no deleterious, prohibited, or dangerous articles are secreted in the wards, beds, or clothes of the inmates. She shall enforce punctuality, industry, and good behaviour in every respect from the inmates.

Sewing Mistress.

She shall superintend all cutting, sewing, knitting, and repairing placed under her care, and be responsible for all material handed to her. She shall encourage and direct all inmates brought under her notice in whatever form of industrial work she may find them best suited for.

General Cook.

She shall have charge of the kitchen and be responsible for its cleanliness and tidiness in every department, as well as for all vessels used in the preparation or carrying of food, also personally superintend the preparation of the meals for the inmates, exercising particular care that no waste occurs and that the food is properly cooked and punctually served. She shall have charge of the inmates employed in the kitchen, but under no circumstances whatever give, or allow to be taken, any article of diet as an extra to any inmate under her charge or otherwise.

Children's Superintendent.

She shall have charge of all children sent to her department, and give strict personal attention to the cleanliness of their person and tidiness of attire, supervising at meals, giving attention also to the fairness of distribution and that good behaviour prevails at the table. She shall take care that all children of school age are intimated to the clerk at the office immediately on their admission, so that no delay may take place in their being sent to school, informing also that official at once as to any absenteeism from school, or quarrelling, or disobedience inside the house. She shall see that the school lessons are duly prepared, and likewise superintend the cleaning of all dormitories, sitting halls, baths, closets, lobbies, and stairs in her department.

Master of Works.

He shall direct and superintend the work of the different tradesmen employed in the house, see that all structures and repairs contracted for are executed according to specification, and inspect and sign the respective work books. He shall also note and report to the Governor any decay or defect observed by him throughout the house, acting on these and other matters on the instruction of the Governor.

Tradesmen.

The mechanic, plumber, joiner, slater, painter, and baker shall each give close attention to matters connected with their particular trades, recording in their work books the work done by themselves and the inmates employed under them, superintend the inmates under their charge, immediately reporting to the Governor any acts of insubordination or approach thereto, taking orders only from the Governor or master of works. They shall report to the Governor any breach of discipline observed by them by any inmate throughout the house.

Barber.

He shall be responsible for keeping the hair of the male inmates at a moderate length (say not more than 3 inches), whiskers to be neatly trimmed and kept short, and those that are shaved to be done at least once a week. He shall attend to the orders of the various officials in respect of inmates requiring his services, and in hospital cases act on the instruction of the medical officer or his assistant. He shall report to the Governor any inmate who refuses to be operated upon or who may use abusive or insulting language, or in any other way misconducts himself towards him.

3. Regulations for Smoking.

Inmates will be allowed to smoke between the hours of 6 and 7 and 9 and 10 a.m., and between 2 and 3 and 6 till 7.30 p.m., and then only in the men's sitting halls or in the airing court on the male side of the house. Any inmate found smoking at any other time or in any other place than those specified will be guilty of a breach of discipline, and shall be liable to punishment either by the forfeiture of his allowance of tobacco or by confinement in the cell, or both.

4. Regulations for Bathing of Inmates.

The inmates shall be bathed according to the following arrangement:—

Male Infirm and Turn-out.

The following shall be the order in which the different wards shall be taken: Males—(140) first Monday of each month; (132) first Thursday; (130) second Monday; (128) second Thursday; (122 and 124) third Monday; (131 and 125) third Thursday; (129) first and third Wednesdays; (133) second Saturday; (134) fourth Saturday; (135) second Wednesday—the inmates of the last three wards to be bathed in the test. The infirm inmates in the test wards to be bathed on the first Saturday and the turn-out inmates on the third Saturday of each month.

Female Infirm Bathing.

First Week.

Monday—94, 95, and 75 wards.
Wednesday—76, 64, and 73 wards.
Thursday—63, 61, and 69 wards.

Second Week.

Monday—62 and 54 wards.
Wednesday—56 and 65 wards.
Thursday—52 and 71 wards.

Third Week.

Monday } —67 ward.
Tuesday }
Wednesday—68 and 70 wards.

Test.

Every alternate Saturday.

Turn-out.

Every alternate week.
Thursday—57 and 58 wards.
Friday—59 and 60 wards.

If, however, the officials in charge of any of the wards shall observe any of the inmates in a dirty condition they may have them bathed immediately. Officials are enjoined to exercise the utmost care with aged and infirm inmates, and where there appears any risk incident on bathing the instruction of the medical officer should be obtained, and in the event of any inmate objecting on the ground of illness he shall be immediately taken to the medical officer for examination. The temperature of baths, unless otherwise directed by the medical officer, to range from 90 to 95 degrees, and be tested by the official by means of a thermometer.

All children shall be bathed at least twice a week.

5. Hours of Duty.

Tradesmen from 6 a.m. till 6 p.m.; breakfast, 9 till 10 a.m.; dinner, 2 till 3 p.m.; Saturday, from 6 a.m. till 2 p.m., with the usual breakfast hour. Saturday and Sabbath duty as per regulation. No tradesmen to leave the house without the permission of the Governor, and in no case will the mechanic and plumber be allowed out at the same time.

Officials from 6 a.m. to 8.30 p.m.

Females— { Breakfast, 9.30 to 10; dinner, 2.30 to 3.
{ Tea, 5 to 5.30; supper, 8.

Males— { Breakfast, 8 to 8.30; dinner, 1 to 1.30.
{ Tea, 5 to 5.30; supper, 8.

Clerks—6 a.m. to 6 p.m.
Stewards—6 a.m. to 7 p.m.

No official to leave the house without the permission of the Governor or matron, and in no case will the probationary and infirm warder and the test master be allowed leave of absence at the same time.

6. Rules and Regulations for the Guidance of Day Nurses in the Hospital, Barnhill.

1. Begin duty at 7 a.m. and leave off at 8 p.m.
2. The *night* nurse shall, before leaving, report to the *day* nurse how the patients have passed the night and any change which may have taken place in the condition of any of them.
3. The beds must be properly made and supplied with clean linen regularly, and the patients carefully washed and in every way kept clean and tidy.
4. Ascertain that the patients are supplied with the food ordered, that it is served to them at proper times, and, in case of complaint as to quantity or quality, to report through the lady superintendent to the medical officer and Governor.
5. Remove, or cause to be removed, to the laundry, all foul linen, bedding and clothing at stated times, and report any defect in the same to the lady superintendent.
6. Bathe each patient once a week unless in exceptional cases specified by medical officer—temperature of bath between 90 and 100 degrees unless otherwise ordered.
7. See that the wards are properly ventilated as directed, and that the doors of water-closets are kept shut, and their windows open.
8. Keep the stimulants and medicines locked up in the medicine cupboards, administering the same at the periods and as may be ordered by medical officer.
9. Enter in a book provided for the purpose the names of all patients who are admitted to or discharged from hospital, and leave the same every afternoon at 3 o'clock in the dispensary along with a list of any extras ordered.
10. Report at once to the medical officer any change in the condition of a patient.

11. Report at once to the Governor the serious illness of any patient, so that a relation or other friend may be summoned without delay, and inform the Governor when any patient requires the services of a clergyman other than the chaplain of the poorhouse.
12. Wear while on duty the uniform ordered by the House Committee.
13. See that the patients are orderly and quiet in their behaviour and that no unseemly language is used.
14. Allow no food to be cooked or any article of clothing to be dried in the wards.
15. Accompany the medical officer and lady superintendent when they visit the wards.
16. Give the night nurse the keys of the medicine cupboards and call their attention to serious cases and any fresh admissions.
17. Carry out in all things the directions of the medical officer, and punctually follow the time marked in the nurses' time table.
18. On no account visit in any ward or nurses' sitting room unless by permission of lady superintendent.

Time Table for Day Nurses.

Rise.	Breakfast	On Duty in Wards.
6 a.m.	6.30 a.m. to 7 a.m.	7 a.m. to 1 p.m.

Dinner.	On Duty in Wards.	Recreation Twice a Week.
1.30 p.m. to 2 p.m.	2 p.m. to 5 p.m.	3 p.m. to 6—one day, and 4 to 10 p.m.—one day.

Tea.	On Duty in Wards.	Supper.	Bedroom.	All lights turned down.
5 p.m. to 6 p.m.	6 p.m. to 8 p.m.	8 p.m. to 9 p.m.	10 p.m.	10.30 p.m.

Day nurses will be off duty every third Sunday from 10 a.m. to 8.30 p.m.
No nurse shall leave the hospital without having first obtained a pass from the lady superintendent which should be left at the office as she goes out and taken up to the lady superintendent immediately on her return.

*Allowance for Nurses' Meals.**

Weekly Stores.		*Daily Stores.*
Butter,	½ lb.	Meat, ¾ lb. uncooked.
Cheese,	½ lb.	Bread, 1 lb.
Tea,	¼ lb.	Milk, 1 pint.
Sugar,	1 lb.	Potatoes, ½ lb. in their skins.
Bacon,	1 lb.	Vegetables, 3 times a week.
Sago,	½ lb.	Fish, twice a week in place of half the quantity of meat.
Oatmeal,	½ lb.	
Rice,	½ lb.	
Peas,	½ lb.	
Flour,	1 lb.	
Eggs,	4	

Varieties of Meat.

Roasting beef.	Roasting mutton.
Boiling beef.	Stewing meat.

Pork occasionally when in season.

This allowance to include the night nurses' meal during the night, which will be given from the hospital kitchen.

7. Rules and Regulations for the Guidance of Night Nurses in the Hospital, Barnhill.

1. They shall commence duty at 7.30 p.m. and cease at 8.30 a.m.
2. They shall ascertain from day nurses the patients requiring medicines, applications, or special care.
3. They shall remove commodes immediately after use and have them properly cleaned.
4. They shall keep dirty patients as clean as possible by means of slip-sheets and other conveniences.
5. They shall summon assistant medical officer when there is any noticeable change in a patient.
6. They shall permit no talking in the wards after 8 p.m.
7. They shall report to day nurses any changes that may have occurred during the night.

Time Table for Night Nurses.

Breakfast.	Exercise.	Bed.
9 a.m. to 9.30 a.m.	9.45 to 12 noon.	12 noon.

Rise.	Supper.	On Duty in Wards.
6.30 p.m.	7 p.m. to 7.30 p.m.	7.30 p.m. to 8.30 a.m.

Night nurses will be off duty one night per month.
No nurse shall leave the hospital without having first obtained a pass from the lady superintendent, which should be left at the office as she goes out and taken up to the lady superintendent immediately on her return.

*Allowance for Nurses' Meals.**

Weekly Stores.		*Daily Stores.*
Butter,	½ lb.	Meat, ¾ lb. uncooked.
Cheese,	½ lb.	Bread, 1 lb.
Tea,	¼ lb.	Milk, 1 pint.
Sugar,	1 lb.	Potatoes, ½ lb. in their skins.
Bacon,	1 lb.	Vegetables, 3 times a week.
Sago,	½ lb.	Fish, twice a week in place of half the quantity of meat.
Oatmeal,	½ lb.	
Rice,	½ lb.	
Peas,	½ lb.	
Flour,	1 lb.	
Eggs,	4	

Varieties of Meat.

Roasting beef.	Roasting mutton.
Boiling beef.	Stewing meat.

Pork occasionally when in season.

This allowance to include the night nurses' meal during the night, which will be given from the hospital kitchen.

8. Rules for the Guidance of the Officials composing the Fire Brigade of the Poorhouse, Barnhill, Glasgow.

Engine Apparatus.

The fire engine and reel barrow are stationed at the stables, and all the other apparatus in connection with the fire brigade must be kept in the engine-room there.

Ladders.

The ladders are kept at the stables under the eave of roof, and are secured by a chain and padlock to prevent them being removed by unofficial parties. The key hangs in the box beside the key of the fire engine house.

Coachman, etc.

The coachman and carter must turn out when required by the superintendent of the brigade and convey the engine and reel barrow to the locality of the fire.

Superintendent.

The staff of officials composing the fire brigade is under the direction of Mr Smith, master of works, who will act as superintendent; but, in the event of his absence, Mr Beveridge will take charge.

Governor's Clerk or Night Watchman to give Alarm.

An alarm drum is kept in the clerk's office in charge of the Governor's clerk during the day and night watchman during the night. When notice of fire has been given to either of them it is their duty to sound the alarm and call the resident officials to the scene of the fire.

Extincteur Corps.

The following officials—viz., the steward and store clerk—will each take possession of one of the extincteurs and proceed to the fire and operate thereon. During the time they are endeavouring to extinguish the fire the remaining extincteurs will be brought forward by persons selected, and the extincteurs that have been exhausted will be removed by them to the dispensary and charged afresh by the assistant medical officer or dispenser. At this stage the superintendent will decide whether it will be necessary to

* These allowances may be varied in the discretion of the lady superintendent.

* These allowances may be varied in the discretion of the lady superintendent.

call our own fire engine into action, and if so, he will at the same time despatch a messenger to the fire alarm, situated at lodge gate, and ask the assistance of the Glasgow fire-brigade.

Fire Extincteurs.

The official or nurse in whose department or ward one or more of these extincteurs are placed shall operate with them once every eight weeks, and shall fill up the report book, stating date of discharge, whether the apparatus is in good working order, and if not, the nature of defect; a duplicate of said report to be sent to Governor's office on day of trial signed by the operator.

Salvage Corps or Rescuing Party.

A rescuing party, under the superintendence of the medical officer, comprising the following, viz.:—assistant medical officer, chaplain, test-master, infirm warder, baker, and barber—will take possession of the eight stretchers, hanging in the vestibule of store and proceed at once to the dormitories where the sick and infirm patients are located, and especially to the dormitories contiguous to where the fire originated, and remove those individuals who require assistance to a place of safety. In performing this duty they will call to their aid the matron, lady superintendent, and all the nurses and warders under their charge, who are requested to give all the assistance in their power to rescue the sick and helpless patients from the danger with which they are threatened.

Engineman.

The engineman, Alexander MacDonald, will attend at the fire engine and see that the suction pipe and all the other apparatus in connection therewith is in proper working order.

The resident officials of the fire brigade must, on no account, absent themselves or leave the premises on an evening without informing the Governor and receiving his consent for their absence—the medical officers excepted.

The fire brigade and all the apparatus in connection therewith will be under the charge of the master of works, and he will be held responsible that every article shall be kept scrupulously clean and in good working order.

It is the imperative duty of every official embraced in the foregoing regulations to thoroughly study them and be prepared, when the emergency arises, to perform the duty assigned to him or her. Failure on the part of any official will be regarded as a serious offence and he or she will be held responsible by the Board for the consequences of his or her culpability.

As a general recommendation, and to avoid confusion and excitement, officials will be careful to take their orders only from the superintendent.

APPENDIX XV

Handed in by Mr Jas. R. Motion. (Q. 2076.)

Details of Money recovered from Paupers and Relations liable, and other Collateral Relatives, by the Parish Council of Glasgow, during the year ending 15th May 1902.

No.		Cases	£	s.	d.
1	Inmates of Asylum paying part of own maintenance	4	35	17	8
2	Inmates of Asylum, maintenance partly paid by relatives	125	375	11	10
3	Boarded-out lunatics (adults), maintenance partly paid by husbands	2	0	6	0
4	Boarded-out children (lunatic), maintenance paid by parents	2	1	8	0
5	Out-door relief, repaid by relatives	7	27	13	0
6	Deserting husbands and fathers repaying per their obligations	15	25	7	7
7	Inmates of Blind Asylum, maintainence paid by relatives	4	4	2	6
8	Imbecile children in institution, maintenance paid by parents	7	12	13	0
9	Pensioners in Poorhouse	74	257	6	4
10	Boarded-out children, maintenance paid by relatives	5	27	7	0
11	Illegitimate children, maintenance paid by putative father	6	4	9	0
12	Inmates of Poorhouse paying part of own maintenance from funds left by relatives and friends	5	22	7	3
13	Inmates of Poorhouse (indolence and drink), part paid for by husbands	70	128	0	0
14	Inmates of Poorhouse (old age and illness), partly paid by relatives	156	250	0	1
15	Inmates of Poorhouse, money found in possession	71	45	3	2½
16	Cases in Poorhouse where one payment has partly covered expenses	102	73	0	10
	Total	655	1290	13	3½

Referring to Item No. 14, 79 of these cases paid £166, 18s. 4d. for hospital treatment only, showing an average payment for each patient of £2, 2s. 3d. But these are cases on the whole that could not have been taken into the infirmary; they neither required operations or medical treatment, but more nursing.

APPENDIX XVI.

Handed in by Mr Jas. R. Motion. (Q. 2117.)

Parish of Glasgow. *Outdoor Medical Department*, 1902.

No.	Date of Appointment.	Name.	Office.	Date of Last Advance.	Amount of Last Advance. £	s.	d.	Salary at Present. £	s.	d.	Salary as Revised. £	s.	d.
1	July 1880.	Dr John Carswell	Certifying Physician in Lunacy	...	...			300	0	0	300	0	0
2	July 1858.	„ Alex. Robertson	Certifying Physician	...	...			100	0	0	100	0	0
3	November 1883	„ A. M. Murdoch	District Medical Officer	...	...			385	10	0	385	10	0
4	October 1884	„ David Couper	Do.	...	...			75	0	0	75	0	0
5	May 1890.	„ Matthew Martin	Do.	...	...			75	0	0	75	0	0
6	December 1897.	„ Jno. M'Kie	Do.	...	...			75	0	0	75	0	0
7	February 1865.	„ Alex. Hay	Do.	...	...			75	0	0	75	0	0
8	July 1892.	„ David Moffat	Do.	...	...			75	0	0	75	0	0
9	June 1878.	„ David Cowie	Do.	...	...			75	0	0	75	0	0
10	September 1889	„ J. O. Chisholm	Do.	...	...			75	0	0	75	0	0
11	July 1898.	„ Geo. Bell Todd	Do.	1900	10	0	0	75	0	0	75	0	0
12	January 1893	„ Andw. R. Mitchell	Do.	1900	10	0	0	75	0	0	75	0	0
13	August 1897	„ John F. Murison	Do.	1900	20	0	0	75	0	0	75	0	0
14	October 1880	„ Wm. Findlay	Do.	...	...			90	0	0	90	0	0
15	July 1883.	„ Malcolm Black	Do.	1900	5	0	0	75	0	0	75	0	0
16	June 1893.	„ William Cullen	Do.	...	...			75	0	0	75	0	0
17	December 1886.	„ D. Mackellar Dewar	Do.	1900	10	0	0	75	0	0	75	0	0
18	September 1889	„ Wm. L. Muir	Do.	...	...			80	0	0	80	0	0
19	December 1899.	„ Thos. Russell	Do.	...	...			20	0	0	30	0	0
20	December 1899.	„ J. S. Muir	Do.	...	...			20	0	0	30	0	0
21	November 1894	John M. Halley	Apothecary	1899	20	0	0	140	0	0	140	0	0
22	October 1889	Thomas M'Lean	Assistant Apothecary	1899	15	0	0	100	0	0	100	0	0
23	September 1899	Joseph A. Kemp	Do. do.	1901	5	0	0	65	0	0	65	0	0
24	May 1896.	Geo. Alf. Lynch	Do. do.	1901	7	0	0	52	0	0	52	0	0
25	April 1899	James Johnstone	Do. do.	1901	8	0	0	40	0	0	40	0	0
26	March 1900	Bessie Bell	Do. do.	1901	5	0	0	25	0	0	25	0	0
27	November 1894	Agnes Cameron	Eastern Dispensary	1899	13	0	0	65	0	0	65	0	0
28	March 1897 (from Barnhill)	Annie Sutherland	Western do.	1899	...			52	0	0	52	0	0

APPENDIX XVII.

Handed in by Mr Jas. R. Motion. (Q. 2117.)

Abstract of Returns by District Medical Officers and Dispensers for Month ended 15th July 1902.

Medical Officer.	District.	Cases.			Visits.	Consultation at Dispensary.	Total.	Nature of Case.						Results.												Prescriptions Dispensed.						Special Diet.						Remarks.
														Ordinary.				Lunacy.		Vaccination Defaulters.																		
		Old.	New.	Total.				Application Certificates.	Medical Relief Orders.	Pay Tickets.	Lunacy Applications.	Vaccination Defaulters.	Boarded-out Lunatics.	Cured.	Relieved.	Continued or Under Treatment.	Died.	Certified.	Not Certified.	Vaccinated.	Postponed.	Previously Vaccin.	Not Found.	Refused.	Died before Vaccin.	Parliamentary Road.	Broad Street.	St Vincent Street.	Raglan Street.	Outside Chemists.	Total.	Brandy.	Whisky.	Wine.	Beer or Stout.	Beef Extract.	Milk, Condensed.	
																																oz.	oz.	oz.		oz.	T ns	
Dr Moffatt .	Anderston .	2	126	128	103	140	243	41	13	64	3	1	4	22	59	...	...	2	1	...	...	1	...	...	...	...	...	185	...	...	185	...	...	...	...	22	4	
,, Cowie .	Blythswood .	...	69	69	26	83	109	34	8	26	4	1	...	10	21	...	1	2	2	...	1	...	...	...	...	...	...	84	...	...	84	...	...	...	...	16	6	
,, Todd .	Garscube . .	17	146	163	78	195	273	60	8	...	8	7	2	19	40	31	...	7	1	2	3	2	...	...	...	...	...	206	...	206	...	...	...	...	24	2	3 bots. Mellin's Food.
,, Hay .	Maryhill . .	4	28	32	22	28	50	14	...	5	1	5	...	3	3	2	...	1	...	2	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	16 lbs. steak.
,, J. S. Muir	Possilpark . .	8	25	33	23	49	72	10	1	20	1	1	...	12	3	6	...	...	1	1	...	...	...	...	...	...	...	18	...	18	...	30	...	...	2	...	No result given.
,, M'Kie .	Springburn .	3	34	37	30	22	52	12	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
,, Cullen .	Garngad . .	7	68	75	21	73	94	40	15	22	3	3	...	3	30	...	...	1	2	2	...	1	...	...	...	49	...	...	...	49	...	...	...	...	4	...	
,, Chisholm	Cowcaddens .	2	126	128	50	120	170	53	8	27	5	1	...	3	51	...	...	2	3	...	...	1	...	...	...	...	...	109	...	109	...	...	...	...	18	4	
,, Black .	St Rollox . .	...	54	54	27	67	94	23	4	27	3	...	...	...	30	...	1	2	1	...	...	...	...	...	...	60	...	...	...	60	...	...	...	...	24	...	
,, Dewar .	Townhead . .	...	65	65	63	98	161	32	8	29	1	...	...	10	27	...	...	1	...	...	...	...	...	...	...	51	...	...	...	51	...	...	...	...	4	...	
,, Findlay .	Central & Whitevale . . .	9	37	46	21	36	57	14	1	11	4	...	...	5	12	...	...	4	...	...	...	...	...	...	...	6	16	...	...	22	...	...	...	...	...	...	
,, Murison .	Broomielaw .	1	32	33	30	23	53	27	3	6	...	...	...	3	...	5	1	...	...	...	...	...	...	...	...	4	...	6	...	10	...	...	...	...	2	...	
,, Mitchell	Central . . .	...	86	86	55	49	104	60	5	16	2	1	...	11	8	1	...	2	...	1	...	...	...	...	...	10	...	...	...	10	...	...	...	...	4	...	
,, Murdoch	Bridgeton . .	61	252	313	179	350	529	119	37	156	5	6	...	20	108	69	4	2	3	1	2	3	...	...	...	...	309	...	...	309	...	...	...	...	54	11	
,, W. L. Muir	Calton . . .	2	103	105	58	92	150	63	9	19	4	1	...	10	9	2	2	2	2	1	...	...	...	...	...	...	51	...	...	51	...	...	...	...	...	...	
,, Martin .	Parkhead . .	5	13	18	13	6	19	10	...	...	...	1	...	...	6	1	...	...	...	...	...	...	...	...	...	...	14	...	...	14	...	...	...	...	4	...	One vaccination; no result given.
,, Couper .	Dennistoun and Camlachie .	10	43	53	42	37	79	19	9	17	5	...	1	6	9	9	...	2	2	...	...	...	...	...	...	4	14	...	...	18	...	...	...	...	4	4	One lunacy; not found.
,, Russell .	Shettleston and Tollcross . .	13	18	31	68	9	77	13	1	10	...	...	...	1	1	14	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
	Total .	144	1352	1469	909	1477	2386	644	130	455	49	28	7	138	417	140	10	30	18	10	7	8	2	...	...	184	404	275	333	...	1196	...	30	...	...	182	31	

APPENDIX XVIII.

Handed in by Mr Jas. R. Motion. (Q. 2117.)

Instructions to Medical Officers of the Parish of Glasgow.

Authorised by Medical Committee, 23rd November 1899. Approved by Parish Council, 5th December 1899.

1. The medical districts are wholly in the Parish of Glasgow.

2. The medical officers are required to attend all the poor persons in receipt of parochial aid residing in their districts, whether belonging to this or any other parish, on presentation of the relief tickets or other order.

3. The medical officers are required to attend *all poor persons* to whom the inspector, his assistants, or any member of the Parish Council, may give an order for medical relief.

4. The medical officers are also required to attend *all poor persons* presenting an order for medical relief from any officer authorised by the Council, but in such cases they are requested to intimate the request to the inspector at once.

5. Should an order for medical relief or attendance be received in error by the medical officer of another district than that to which such order applies, he shall be careful to satisfy himself that the patient will not suffer by delay in advising the district medical officer of the case. When in any doubt on this point, the Parish Council require that the medical officer to whom application has been made will afford the necessary relief, and report *at once* the error to the proper quarter.

6. When it is necessary to visit any poor person at their own home, the medical officers will, as soon as possible, after receiving the order, make the required visit. Should the order be marked 'urgent,' they must lose no time in seeing the patient, as they are not only personally responsible, but will involve the inspector in responsibility for their non-attendance.

7. Although the Parish Council have indicated in each district the dispensaries where prescriptions should be compounded in the specified areas, the medical officers shall, at the request of any patient, address their prescriptions to the parish dispensary desired. Should medicines, etc., be required necessarily on Sabbath, or at such other times when the parish dispensaries are closed, the medical officers are empowered to supply the same and charge the Council.

8. Persons requiring medical relief who have presented their 'Tickets,' or an order from the inspector, must be attended to so long as they may require treatment and continue recipients of relief. Poor persons who have received a 'medical relief order,' but who are not in receipt of other relief, if not relieved or cured within the month, must be reported to inspector.

9. In all cases of reported lunacy the medical officers, when called upon by the inspector or his assistants, must attend at once, whether in their own or any other districts, or in the Govan Medical District, nearest their own, where an alleged lunatic belonging to the Glasgow Parish may be found, and give the necessary certificates for the removal of the patient to an asylum or otherwise.

10. The medical officers will, as far as possible in their medical report books, put a cross (X) to the name of every poor person receiving medical relief, *who is not otherwise a pauper*, and in their monthly returns will state how many of this class they have treated during the month, also how many they have treated having orders from members, etc., as distinct from inspector's orders, and on all recipes will mark, if known, the parish or association to which the poor person belongs. They are required also to indicate the individual cases receiving stimulants or nutritious diet with the nature and extent thereof. As it is from these books that statistics are regularly compiled, the medical officers will recognise the importance of having their books made up on one common basis, according to the instructions given therein. When in difficulty as to the classification of any case, the inspector ought to be consulted.

11. The medical officer to be in attendance at a time and place approved of by the Parish Council, to see any poor persons of the classes aforesaid requiring their advice.

12. For the guidance of medical officers in the discharge of their duties under the Poor Law, Lunacy, and Vaccination Acts, copies of the instructions of the Local Government Board and the General Board of Lunacy issued to parochial authorities; along with a copy of the Vaccination Act, are issued to each officer, of which they should make themselves fully cognisant in so far as these apply to their respective duties apart from the foregoing rules of the Parish Council.

APPENDIX XIX.

Handed in by Mr Jas. R. Motion. (Q. 2120.)

1. *Pay Ticket.*

Monthly Ticket, Parish of Glasgow.

Record No. _____ District 5. No. _____

Name, _____

Residence, { 1st _____ 2nd _____

1902–1903. _____ Per Month.

June 12.	July 10.	Aug. 7.	Sept. 4.	Oct. 2	Oct. 30.

Nov. 27.	Dec. 25.	Jan. 22.	Feb. 19.	Mar. 19.	Apl. 16.	May 14.

Instructions.

1st.—This ticket must be presented for payment at the Pay Hall, on the day and hour marked on other side, failing which payment may be stopped.

2nd.—No one but the person named hereon will receive payment of the allowance, unless a medical certificate be produced.

3rd.—This ticket must not be pawned for any debt, otherwise the recipient of relief will be struck from the roll.

4th.—In the event of any party in a state of drink presenting this card, payment of aliment will be refused.

5th.—In the event of medical aid being required, attendance will be procured by presenting this ticket to the medical officer of the district _____

_____

6th.—Where children are at school, orders for books and stationery will be granted on presentation of this ticket at 73 High John Street, City.

7th.—Should it be ascertained that the person in receipt of relief has wilfully given false or misleading information, or withheld any facts or particulars necessary to the proper consideration of the case, he or she will be liable to criminal prosecution, and the relief granted withdrawn.

8th.—The relief is afforded under the circumstances disclosed in the application, and will be continued till the expiry of the period mentioned herein only. If the person named becomes fit for work; or in the case of a wife, should the husband return; or if there is any material change, the same should at once be notified to the inspector at 73 High John Street, City.

2. *Medical Card.*

Glasgow Parish Council.

Record, _____ Date, _____ 190____

Name, _____

Address, _____

The above-named is on the out-door roll of this parish.

Available for _____ weeks from this date, but not to exceed 4 weeks at ANY TIME.

APPENDIX XX.

Handed in by Mr Jas. R. Motion. (Q. 2132.)

St Elizabeth's Home for District and Private Nursing.

Date,_____ 190

Case of_____

Address _____

The above-named, believed to be in receipt of aliment from your parish, is being attended by our district nurse, owing to_____

_____

Matron.

APPENDIX XXI.

Handed in by Mr Jas. R. Motion. (Q. 2135.)

Glasgow Parish Council. Instructions to Guardians of Boarded-out Children.

1. One of the principal objects the Parish Council have in boarding-out children being to remove them from all pauperising influences, guardians are specially requested to co-operate with the Council in attaining this desirable end. The children must therefore on no account be made a medium of communication with the Parish Council of the parish in which they are boarded. To render this separation complete, the aliment will be remitted by post every four weeks, and in advance.

2. No child will be boarded-out or allowed to remain with parties who are themselves in receipt of parochial relief, or who have children boarded with them from other parishes.

3. Guardians are earnestly reminded that the children committed to their charge are either orphans, or have been deserted by worthless parents, or separated from the parents because of their inability to provide for them. Their future life accordingly depends in a great measure on the example shown them, and the treatment they receive at the hands of those under whose influence they may be placed. A kindly feeling should be cultivated between the guardians and the children, who ought to be treated, as far as possible, as members of the family in which they are boarded; and no reference to the 'poorhouse,' as a means of frightening the child, or otherwise, must be made. Their food must be wholesome, nourishing, and sufficient in quantity; the state of their health carefully attended to; and any serious illness immediately reported to the inspector. Medicines and cordials prescribed by the doctor will be paid for by the Parish Council.

4. Every child, on being boarded-out, will be supplied with two suits of clothing, and one suit annually thereafter; or the guardian can by arrangement receive the sum of £2, 12s. per annum for the clothing to be provided to each child, and for the cost of repairs. The guardian shall give the inspector information at least four weeks before said annual outfit of clothing is due, at the same time furnishing such measurements as will ensure well-fitting garments, such as, for girls, length of arm, body, and skirt, width of neck, breadth across the shoulders, and size of waist; for boys, length of arm and leg, width across the shoulders and body; and, in cases where boots are not made by local shoemaker, send length of foot. The repairing of the clothing is a duty to be particularly attended to by the guardian, who would save herself a great deal of unnecessary trouble by putting in a 'stitch in time,' or a well-fitted patch. The repairs to the children's boots ought to be done before they are too much worn. In many cases good boots are completely ruined by the delay in having them repaired, and by this being attended to it would save trouble and annoyance to the guardian and child, and expense to the Council. Good clothes should not be worn before or after school hours where the children have an old suit.

5. Every child between the ages of five and thirteen must be sent to the nearest school under Government examination. Guardians are entrusted to see that the children's lessons are prepared at home, and that proper care is taken of their school books, which will be paid by the Council. No child should be taken from school, or removed from one school to another, without the sanction of the inspector or his assistant.

6. The religious training of the children must be carefully attended to. They must be taken regularly to the church of the religious denomination to which the child belongs, and also to the Sabbath and day schools. In no case will employment at herding or other labour be taken for absence; and if such be persisted in by the guardian, the child will at once be removed. *No boarded-out child shall, on any pretence whatever, be allowed to partake of intoxicating drink* unless prescribed by a doctor; nor be sent for drink, under any circumstances, on behalf of others. The Council will view with displeasure all indiscriminate or severe personal chastisement of children without the cognisance of the inspector, to whom any serious act of misconduct on the part of a child should at once be reported.

7. The children should also be taught to cultivate industrious habits. They must not, however, be taxed with labour, or caused to work during church or school hours; or when lessons should be prepared. Personal cleanliness must be insisted on at all times. Girls should be taught to sew, knit, darn, and do general house work.

8. The sleeping accommodation, as also the bed clothes, must be sufficient, clean, tidy, and well ventilated; and in no case must more than two children sleep together in one bed without the sanction of the inspector or his assistant. No child should be allowed to sleep with persons in infirm health.

9. The Council anticipates that, when the children arrive at the age to be put to work, they shall have formed close family ties at the home of their guardians.

10. It is expected that the guardians secure situations for the children when their schooling is finished, and, with a view to this, that any special aptitude in a child be carefully noted. Before sending any child to a situation the guardians are required to report their intentions to the inspector.

11. Cases of neglect, cruelty, or misconduct on the part of guardian will be followed by the immediate withdrawal of the children; and if, on inquiry, the Council is satisfied that a child has been subjected to cruel, harsh, or undue treatment, in breach of the trust reposed in the guardian, the child or children will be at once removed, and the case handed over to the criminal authorities to secure the punishment of the offender.

12. The homes of the children will be visited periodically by members of the Council, and visits of surprise will also be made by the inspector or his assistant.

By order of the Board.

Jas. R. Motion,
Inspector and Clerk.

Glasgow, *November* 1899.

Glasgow Parish Council. Boarded-out Children.

AGREEMENT.

I, _____
residing at_____
do hereby enter into an agreement with the inspector of poor of the Parish of Glasgow, in consideration of the payment of the sum of_____ monthly, and in advance, to bring up _____
aged_____ years, as if_____ were my own_____ and provide proper food, lodging, and other requirements necessary to_____ well-being. I further bind myself to train_____ in habits of truthfulness, obedience, personal cleanliness and industry; and to take care that_____ shall regularly attend school and church. I also promise to secure a situation for_____ when_____ schooling is finished, and shall try to give such training as will fit_____ for the post; or adopt_____ into my own family. I shall attend to the necessary repairs of clothing, and in case of sickness, at once communicate with the aforesaid inspector of poor; and will at all times permit the_____ to be visited, the clothing examined, and my house inspected by the inspector of poor, his assistant, or other parties appointed by the members of the Parish Council. I acknowledge to have received from the said inspector a copy of this agreement, as also a copy of the instructions to guardians of boarded-out children by the Parish Council, printed on the back hereof, signed by me, and here held as incorporated for the sake of brevity.

I hereby acknowledge that I have this day received _____ aged _____ years, from the inspector of poor of the Parish of Glasgow, on the terms and conditions contained in the above undertaking, and that I have also received for the use of the said_____ the articles of clothing set out in the list appended hereto.

Dated this_____ day of_____

Signature,_____

_____ Witness.

LIST OF CLOTHING.

_____

_____

_____

_____

N.B.—All communications to be addressed to Jas. R. Motion, Inspector and Clerk, 38 Cochrane Street, Glasgow.

APPENDIX XXII.

Handed in by Mr Jas. R. Motion. (Q 2135.)

Glasgow Parish Council.

Children for Boarding Out.

Medical Certificate.

Record,_____ Settlement,_____

Case of Child,_____

City Poorhouse,

Glasgow,_____ 190

I, the undersigned, having this day personally examined the above-named child, aged_____years, hereby certify that _____is not suffering from any contagious or infectious disease, that_____bodily health is good, and that_____ is fit to be removed and boarded in the country.*_____

_____

Signed_____

Medical Officer.

* Here state the particulars of any exception, as to health, extra clothing, or instructions to guardian as to treatment.

APPENDIX XXIII.

Handed in by Mr Jas. R. Motion. (Q. 2148.)

Parish Council Chambers,
266 George Street,
Glasgow,_____ 190

Convalescent Sick Poor.

Dear Sir,—My Council are making arrangements with the Directors of the Dunoon Convalescent Homes, and with other convalescent homes at coast or country, for the accommodation of such adults and children chargeable to the parish as may be recommended for a change of air after illness. With regard to adults, it is intended that the privilege will only extend to those who are wage earners of respectable character; but any case which you may recommend from time to time will receive the favourable consideration of my Committee.

You will of course advise in sending medical certificates of fitness whether the case is one for coast or country, if such a distinction is necessary.—Yours truly,

(Signed) Jas. R. Motion,
Inspector and Clerk.

APPENDIX XXIV.

Handed in by Mr Jas. R. Motion. (Q. 2155.)

Glasgow Parish Council.

Medical Officer's Order for Special Diet.

Case of _____

Address,_____

The above-named has been ordered*_____

for_____days owing to†_____

_____

Signed_____

District Medical Officer.

Date,_____190

* Specify whether milk, beef, whisky, brandy, or other special diet.

† State condition necessitating the extra diet.

APPENDIX XXV.

Handed in by Mr Jas. R. Motion. (Q. 2205.)

Excerpt from Standing Orders of Glasgow Parish Council.

. . . . . .

V. Medical Committee.

This Committee shall meet at least once every month. It shall superintend the administration of out-door medical relief to the poor of the parish; see that the lunatics chargeable to the parish (not located in Woodilee or Gartloch Asylums) are boarded out and properly cared for, and with this view shall, by one or more of the members of Council, visit and inspect them periodically, along with the inspector or one of his assistants. It shall also superintend the several dispensaries belonging to the parish, and the purchase and manufacture of all materials relating to these departments outside of Parliamentary Road and Barnhill Poorhouses. It shall, subject to the approval of the Council, appoint fit persons to perform the duties required in carrying out these arrangements, instruct such officials as to their duties, fix their remuneration, take cognisance of the manner in which the duties are performed, and it may suspend any such officials. It shall also undertake the duty of purchasing the medicines and other articles required for the Council's dispensary in Parliamentary Road, and have the same supervision over the officials doing duty therein as it has with the officials under its out-door charge. The Committee shall also have power to remove from the poor-roll the name of any lunatic when applied to by their relatives for this purpose, in accordance with the provisions of the Lunacy Act, 29 & 30 Vic. cap. 51, sec. 11.

. . . . . .

APPENDIX XXVI.

Handed in by Mr A. Wallace. (Q. 2332.)

Rules and Regulations of Govan Combination Parish Council as to Increased Facilities for Medical Relief to the Out-door Poor.

1. The hours for dispensing medicines in the Carlton Place dispensary are as follows:—Ordinary week days, from 9.30 a.m. till 4 p.m., and from 6 to 7 evening; Saturdays, from 9.30 a.m. till 1 p.m., and from 6 to 7 evening. Sabbaths, from 1 to 2 p.m.

2. Arrangements have been made with the other Glasgow Boards for having the poor residing in these parishes, though on the roll of this parish, attended to medically by the medical officer of the district in which they reside, the medical officers of this parish to attend in the same manner to poor of City and Barony parishes residing in their districts, on presentation of the relief tickets.

3. That the inspector be authorised to entertain applications for medical relief from poor persons who, though not on the parish roll, are yet requiring medical relief, and are unable to procure it for themselves.

4. That in accordance with the instructions of the Board of Supervision, the members of the Parish Council be authorised to grant orders for medical relief in any cases of sudden

and urgent necessity coming under their notice, where the parties are unable to procure medical relief, and that the medical officers be authorised to act upon such orders.

5. That the medical officers be instructed to give attendance and grant orders in urgent cases of accident or sickness which may come under their notice, where, in their opinion, the parties are unable to pay for such medical attendance and medicines.

6. That the medical officers be allowed to grant medicines, from their own dispensaries, to the enrolled poor and other poor persons, as aforesaid, but only in cases of urgent necessity, or when the Board's dispensaries are shut, or where there is not time or facility for the parties to obtain them from the said dispensaries. Such medicines so granted to be charged to the Parish Council at moderate rates.

7. That the Board should grant medicines upon the order of the secretary or duly authorised medical officers of the Association for Relief of Incurables in Glasgow, and that applications from institutions of a similar character for a like privilege be considered and decided upon by the Medical Relief Committee, to the best of their judgment.

8. That the medical officers be instructed to enter in their medical registers a record of their visits to all poor persons visited (or examined) by them, notifying the date and hour when asked to visit and date and hour of visit, distinguishing between those who are on the poor roll and those who are in receipt of medical relief only, and also those who belong to other parishes. The dispensers are further instructed to make the same distinction in their Dispensary Day Books; and the medical officers are requested to mark on their orders to which class the recipient belongs, and in the case of other parish poor, to mark in their books and orders the name of the parish to which these poor belong.

9. That the medical registers shall be entered up daily, and submitted for the inspection of the Medical Relief Committee on the second last Thursday of every month, and also, when required, to the Parish Council at their monthly meeting or at any other time.

10. That it is the duty of the medical officers to attend to all cases with the least possible delay, whether by day or night; and if medical relief is needed before the cases are reported to the inspector, to afford such relief at once.

11. That the medical officers be instructed to give every attention to the medical requirements of the poor placed under their care, as faithfully as if these poor persons were their own private patients.

N.B.—The foregoing resolutions shall only apply to parties who were legally entitled to parochial relief in terms of the Poor Law—that is, where the head of the family is not an able-bodied man nor an able-bodied woman without dependants. But where any doubt exists as to the circumstances of the family, and where any case appears to the inspector, member of the Council, or medical officer, to be one of pressing necessity, medical relief may be granted *pro tem.*, and the case can afterwards be considered by the Relief Committees at their ordinary meetings. In all cases where medical relief is afforded by members of the Council or medical officers in the first instance, it is requested that such cases be reported to the inspector at the first opportunity.

By order of the Parish Council,

ANDW. WALLACE, *Inspector of Poor.*

7 CARLTON PLACE,
GLASGOW, 15*th September* 1896.

APPENDIX XXVII.

Handed in by Mr A. WALLACE. (Q. 2464.)

Govan Parish Council Chambers,

_____ 190

To the Governor of Govan Poorhouse,

Admit_____ Age____

_____ ,, ____

_____ ,, ____

_____ ,, ____

_____ ,, ____

Settlement, _____

_____ Inspector.

Copy Page in the Record of Applications.

No._____ Hour and date of application, _____

Name of applicant, _____

Residence, _____

Country of Birth — Scotland, England, Ireland, Foreign,

_____

Hour and date of inspector's visit to applicant's home,

_____

Condition, _____ Age, _____ Religion, _____

Occupation, _____

Average value of weekly earnings, if any, _____

Wholly or partially disabled, _____ Disability, _____

Names and ages of dependants, _____

_____

_____

_____

other information to enable Parish Council to decide case—Names of parents, children not dependants, etc., etc.,

_____

_____

_____

_____

_____

_____

No. of previous applications, if any, _____

Result of application—Date, _____

How disposed of by inspector, _____

[Here follows usual form of Medical Certificate. For copy, see App. XI.]

APPENDIX XXVIII.

Handed in by Mr A. FERRIER. (Q. 2523.)

CITY PARISH OF EDINBURGH—1902-03.

District E. Mr B——, *Assistant-Inspector.*

Pay No._____ Weekly allowance _____

Parish of _____

_____

MAY 1902.	JUNE.	JULY.	AUGUST.
	4	2	30 27
SEPTEMBER.	OCTOBER.	NOVEMBER.	
24	22	19	
DECEMBER.	JANUARY 1903.	FEB.	
17	14	11	
MARCH.	APRIL.	MAY.	
11	8	6	

_____ days more

This ticket must be kept clean.

Paid at 12 CAMBRIDGE STREET

Every Fourth WEDNESDAY, from 10 o'clock a.m. till 12 o'clock noon.

In the event of sickness, patients will be attended to by calling on Dr_____ at 9 o'clock morning. The tickets of those requiring to be visited at their own houses should be left with him at the same hour, with the correct address. In cases of urgency send ticket to medical officer with correct address, and message that case is urgent.

The druggists are Mr_____ Mr _____ and Mr _____

This ticket is not transferable for rent, etc., and parties taking it are liable to a penalty of £5.

Paupers assessed for poor-rates will be relieved therefrom by producing this ticket to the Collector to satisfy him that they are on the roll.

Paupers changing residence must report the same immediately to the inspector—failing which the allowance will be discontinued.

Paupers misapplying the relief in intoxicating liquors or otherwise are liable to punishment, and will be struck from the roll.

APPENDIX XXIX.

Handed in by Mr A. FERRIER. (Q. 2715.)

RETURN OF PHTHISICAL PATIENTS

Chargeable to Parish of Edinburgh at 22nd November 1902.

ON OUT-DOOR ROLL.

Males,	15
Females,	9
Total,	24

IN POORHOUSES.

Craigleith Poorhouse.

Hospital Wards.		Ordinary Wards.	
Males,	13	Males,	0
Females,	7	Females,	0
Total,	20	Total,	0

Craiglockhart Poorhouse.

Hospital Wards.		Ordinary Wards.	
Males,	19	Males,	5
Females,	4	Females,	0
Total,	23	Total,	5

Cases who were offered poorhouse for hospital treatment during year ended 1st November 1902, but declined offer, and did not become chargeable :—

Males,	32
Females,	10
Total,	42

APPENDIX XXX.

Handed in by Mr J. KYD. (Qs. 3273-9 and 3286.)

DEPARTMENTAL COMMITTEE—MEDICAL RELIEF.

Evidence of Inspector of Poor, Dundee.

1. The number of cases in the East Poorhouse during the financial year from 15th May 1901 to 15th May 1902 in which cost of maintenance was in part recovered from relatives or others was 49, and the amount recovered was £174, 6s. 7d. Of these cases 28 were treated in the hospital, and the partial cost recovered was £55, 17s. 7d. In no case was the cost of maintenance wholly repaid.

2. The number of cases removed during the past year to the hospital was 544, and of these 84 were removed thither per the ambulance van.

3. During the past year the Infirmary authorities made application to the Parish Council to take charge of 54 cases. These were disposed of as follows, viz. :—

Refused to be dealt with and taken charge of by relatives,	3
Applications withdrawn in respect that the parties on behalf of whom the application had been made declined to have anything to do with the Parish Council,	7
Certified insane and sent to the asylum,	9
* Sent to the poorhouse hospital,	35
	54

For period of residence in infirmary see annexed Table.

Number.	Period of Residence in the Infirmary.	Disability.
1.	6 months.	Tumour of brain.
2.	9 days.	Debility.
3.	3 weeks.	Paralysis, with loss of power of speech.
4.	7 weeks.	Nervous debility.
5.	28 days.	Child born in maternity wards.
6.	1 day.	Nervous debility, and alleged to have swallowed carbolic acid.
7.	11 weeks.	Osteo-myelitis.
8.	2 days.	Cardiac disease.
9.	1 week.	Paralysis.
10.	5 days.	Nervous debility, etc.
11.	3 weeks.	Diseased bone on leg.
12.	5 weeks.	Debility of old age.
13.	5 weeks.	Cancer of womb.
14.	2 days.	Injured ankle.
15.	3 days.	Cardiac disease.
16.	1 month.	Disease of spinal cord.
17.	1 week.	Injury to head.
18.	1 week.	Shock through falling in the dock.
19.	2 weeks.	Peritonitis.
20.	5 days.	Debility.
21.	2 months.	Disease of spinal cord.
22.	6 weeks.	Fracture of thigh.
23.	3 weeks.	Cardiac disease.
24.	1 week.	Venereal disease.
25.	1 month.	Injury to back.
26.	3 days.	Venereal disease.
27.	2 weeks.	Abscess and blindness.
28.	2 weeks.	Nervous debility.
29.	1 week.	Debility and bronchitis.
30.	1 week.	Fracture of arm.
31.	1 week.	Injury to leg.
32.	1 month.	Pregnancy.
33.	1 week.	Fracture of arm and injury to back.
34.	8 months.	Spine disease.
35.	1 week.	Scabbed head and debility.

* It does not appear that the cost, or any part thereof, in any of these cases, was recovered from relatives or others.

APPENDIX XXXI.

Handed in by Mr A. H. Crichton. (Q. 3522.)

Linlithgow Combination Poorhouse, Linlithgow.

1. Rules for Sick Nurses.

Day Nursing.

1. Hours of duty, ... 7 a.m. to 8 p.m.
2. Meal hours—
   Breakfast, ... 8 a.m. to 8.30 a.m.
   Dinner, ... 1.30 p.m. to 2.15 p.m.
   Tea, ... 4.30 „ to 5 „
   Supper, ... 8.30 „
3. When on duty, to be always employed in, or in connection with, the sick wards.

4. To attend to the feeding of the sick and infirm; keep all patients perfectly clean (including periodical bathing, as instructed); keep beds, wards, and sick-room utensils clean; attend to airing of wards, and to the disinfecting of wards and sick-room utensils; to leave everything in order for night nurse, or for warder during night, as required; and generally, to do everything possible to contribute to the comfort of the patients.

5. To attend to, and administer with own hand, the prescriptions of the medical officer, without whose instructions no medicine should be given.

Off Duty.

6. Hours off duty—
   Once each week, from 2 p.m. till 4 p.m.
   Do., from 5 p.m. till 10 p.m.
and each alternate Sunday from 11 a.m. till 8 p.m.

7. Report to the Governor each evening at eight o'clock.

Night Nursing.

1. Nurses will chiefly be on day duty, but will hold themselves in readiness for night duty each alternate week, as required, from Sunday to Saturday inclusive.

2. Night duty will consist in all-night attendance, until relieved, upon special case or cases on male or female side of house, or in answering night bell, and giving the necessary attendance in any case of sudden illness. Attendance in answer to the night bell to be continued as the nurse considers it necessary.

3. In the case of all-night duty, the nurse will be off duty all next day; and in the case of partial night work, she will be relieved next day, as the Governor directs.

4. During the week, when it is the nurse's duty to attend to night duty, she will report to the Governor every morning at eight o'clock whether there have been calls or not.

A. H. Crichton,
Chairman House Committee.

Geo. Johnstone,
Governor.

Linlithgow Combination Poorhouse,
Linlithgow, 12th May 1899.

2. Memorandum

For the Information of Applicants for the Vacancies for Sick Nurses, March 1899.

Hitherto the nursing and the care of the sick and infirm occupying the hospital wards of the house has been entrusted to the matron, assisted by one nurse, pauper warders, and pauper workers for cleaning and scrubbing.

It has now been resolved by the House Committee to give additional assistance to the matron by adding another nurse to the staff, and the opportunity is afforded by the present nurse leaving on her own account to make a beginning with trained nurses; and two such nurses are now required.

The number of inmates under medical treatment, and the nature of the cases does not appear to demand more than occasional all night work, and it is expected that the nurses will be engaged chiefly during the day, or in 'day-nursing.' For the sake, however, of the occasional night nursing and attendance that is required, it is intended that the nurses shall take the duty each alternate week of answering the night bell, or attending all night as required. In the case of doing all-night work the nurse would be relieved of duty on the following day.

Day duty will consist in giving attendance upon the sick and infirm, occupying the hospital wards from 7 a.m. to 8 p.m., with special regard to the carrying out of the instructions of the doctor and matron; in administering the prescriptions of the medical officer; in the feeding and cleansing—with periodical bathing, as directed—of the patients; the clothing, bedding, and general comfort of the patients; the airing, disinfecting, and cleansing of the sick wards, whether on the male or female side of the house, according as the nurses may from time to time be employed.

As hitherto, pauper warders will be provided in each ward. On the female side of the house these warders will assist the nurses with the feeding and cleansing of the patients, and with the ordinary cleaning and tidying of the wards; and on the male side of the house women workers will be provided to assist with work of this kind unsuitable to the male pauper warders. When women workers are available they will be provided as required, but it is expected that nurses will be personally active within the wards if workers are scarce, and that they will at no time be unwilling to give to specially needful and and helpless cases their personal service and attention.

The assistant matron will attend once each week in each ward with workers, to give the weekly thorough scrubbing and cleaning, and will daily attend to the cleanliness of corridors, lavatories, and closets adjoining the sick wards.

The House Committee enjoin ready and courteous obedience to the Governor and matron, who as representing the House Committee are entrusted with the administration of the affairs of the house, and with the oversight of the other officials; also to the instructions of the medical officer, to whom is specially committed the welfare of the sick and the infirm.

The House Committee desire the best Christian service for the poor entrusted to their care, and that the traditions of the house for kind and generous treatment of the poor may be maintained; also, that the mutually kind and considerate spirit which has obtained among the officials of the house may be extended to and reciprocated by those who may at this time be added to the staff.

The nurses will be provided with separate bedrooms, and will have, along with the assistant matron, the exclusive use of a large, well-furnished dining and sitting-room.

Proper arrangements will be made for the nurses having days and hours off duty.

Salary will be at the rate of £30 per annum with board, uniform, and laundry, except dressing. Service to terminate with one month's notice in writing on either side. There being no laundry-maid in the house, nurses will require to do their own starching and ironing, but all washing and plain ironing will be done for them.

The nurses will be granted a week or ten days' holidays during each year, as may be arranged.

APPENDIX XXXII.

Handed in by Dr. R. S. Aitchison. (Q. 3855.)

Rules and Regulations where a Trained Head Nurse is Employed.

[Here follow rules issued by the Board of Supervision on 29th April 1890. For copy, *vide* Appendix LXVIII.]

. . . . . .

Craigleith Poorhouse Hospital.

Rules and Regulations for the Head Nurse.

The following shall be the duties of the head nurse:—

To superintend the hospital and maternity wards, and appoint all nurses and assistant nurses who may be considered necessary to carry out efficiently the work of the hospital, suspending and reporting to the Governor or chairman of the House Committee any who may be found insubordinate, inefficient, or otherwise unsuitable.

To take charge of and be responsible for the linen, clothing, bedding, stockings, table napery, crockery, furniture, and other articles confided to her care, and prevent waste, damage, or loss in the articles provided for the use of the hospital. She shall keep in a book a correct account of above-mentioned stock—such book to be at all times open to the inspection of the Governor and of the Visiting Committee.

The ordinary inmates required to perform the daily scrubbing and cleaning of the hospital shall be supplied by the Governor of the poorhouse on the application of the head nurse of the hospital, who shall have entire control

of such workers while they are employed in the hospital, and shall report to the Governor if any of them refuse to obey her.

To receive from the medical officer all medicines for other than hospital patients, labelled with the name of the patient, and directions for use, and to forward them to the Governor's office for distribution.

To report at once, in writing, to the Governor the serious illness of any patient, so that a relation or other friend may be summoned without delay; also when any patient requires the service of a clergyman.

To summon the medical officer when any inmate is taken seriously or dangerously ill.

To receive the food for each patient, and see that it is served out carefully in accordance with the sick diet book.

To keep a record of all soiled clothes sent to the wash, forwarding the list with them, and to cause all foul or dirty articles to be first rinsed in tubs behind the hospital, and, if necessary, in disinfectants; also to see that the correct number is returned.

To obtain the names of all female patients who are able to knit, sew, or be otherwise employed, and set them to work. To prevent any work being done in the hospital except for the benefit of the Parochial Board.

To report to the Governor every morning (or instantly in urgent cases) any repairs, etc., that may be required about or in the hospital.

Before leaving the hospital to inform the Governor where she will be found, and never to be absent one whole night without leave from the chairman of the House Committee.

Rules and Regulations for Day Nurses.

The following shall be the duties of a day nurse:—

To receive from the night nurse, before she leaves, a report as to how the patients have passed the night, and any change which may have taken place in the condition of any of them.

To see that all patients wash themselves at least once a day, before 9 o'clock a.m., either in lavatories, or in the portable basins provided for that purpose, and to assist those patients unable to leave their beds.

To receive from the medical officer all medicines, labelled with the name of the patient, and directions for use, and to keep the stimulants and medicines *locked* up in the medicine cupboard, administering the same at the periods ordered by the medical officer.

To abstain from administering or using, or permitting to be used, any medicine or appliances other than those directed by the medical officer.

To apply all leeches, blisters, poultices, and such other dressings as the medical officer may direct, in the manner directed, and with her own hand to administer all enemata.

To see that the cards, with the dietary, extras, and stimulants written thereon by the medical officer, be kept regularly attached to the respective patients' beds, the names of the friends or relatives of patients to be written on the back of each card.

To avoid and prevent on the part of others all extravagance and waste in food, fuel, light, surgical appliances, and all other things.

To cause all the fires and lights in the hospital to be extinguished at 9 p.m., unless otherwise authorised; and, in these exceptional cases, to prevent the use of more fire and light than may be requisite.

To see that patients who are unable to leave their beds have their diets served to them on bed trays or tables, and that neither food nor dishes are laid down directly on the bed.

After each meal, to cause all unconsumed food to be removed from the wards, and to prevent food or other articles being concealed in or about the beds.

To give the night nurse the keys of the medicine cupboards, and call attention to serious cases, and any fresh admissions.

To prevent friends or others visiting patients from conveying out of the ward any part of the diet or allowances supplied to the patients, or property of any kind belonging either to the hospital or the patients; and, if such attempt is made, at once to report the same.

To see that the patients do not receive food, drink, or other articles from friends or others visiting them; and that visitors do not remain in a ward more than half an hour, unless by special permission of the head nurse, and that the utmost quiet be maintained.

Patients admitted into the hospital without having been examined by the medical officer in the probationary (but who are in such a feeble state as to require that they be subjected to as little fatigue as possible, and as to whom the district surgeon's certificate has been shown), must be at once stripped of their own clothing, and, as far as possible, cleansed before being put into hospital clothing. All articles of clothing, etc., so received must, without delay, be sent to the porter for the purpose of being cleaned.

To attend to the state of the bedding, and see that it is kept clean and properly aired, reporting any defect to the head nurse.

To examine specially (say once a week) the personal condition of each patient, giving attention to the state of the hair, and of the finger and toe nails, and to cut, or cause them to be cut, as needful.

Every morning, before 10 o'clock, to cause the beds to be properly and regularly made, and all wards, passages, side-rooms, lobbies, lavatories, closets, etc., to be properly cleansed and thoroughly ventilated.

To cause all chamber utensils to be carefully emptied and washed every night.

When a patient dies during the day, to inform the funerator, who will immediately remove the deceased to the mortuary, where the nurse shall see the body properly washed and dressed (this must on no account be done in the wards); but, in cases of sudden or unexpected deaths, to prevent any interference with the body or adjacent articles, either as regards position or arrangement, until the medical officer or House Governor shall direct.

When a patient is discharged, to cause the bedding to be exposed to external air, and, in case of death, or where the patient has laboured under any disorder of an infectious nature, or which was accompanied by sores or foul discharges, to cause such bedding, etc., to be at once removed for the purpose of being purified.

To cause all cast-off dressings, poultices, and other offensive matter to be at once removed from the hospital to the place appointed for their reception; and on no account to allow any such articles, or any refuse whatever, to be thrown into the water-closets, sinks, or fire-places, or baths.

To apply to the head nurse for any cloths required for dressings, etc., and not to use, or allow to be used, any piece of bedding or clothing for any purpose other than that for which it was intended.

To prevent patients who are able to go about from lying down in bed with their clothes on, or sitting about the fire or wards in deshabille, or with blankets about them.

To prevent patients who are able to go about from smoking in the wards, bath-rooms, closets, or passages.

To cause all clothing lent to patients in the hospital to be properly and neatly folded while not in use, and to prevent any articles of clothing, not belonging to the hospital, from being used or retained therein.

To assist at confinements in the maternity ward.

To prevent any patient dismissed from the hospital from taking away any clothing or other article belonging to the hospital, unless by permission of the House Governor.

To enforce strictly the separation of sexes, and to prevent patients or other inmates from entering, or attempting to enter, without permission, any ward or part of the premises appropriated to any class of the inmates other than that to which they belong.

To obtain permission from the head nurse before leaving the poorhouse, and never to be absent later than 9 p.m., without special permission.

To assist the House Governor and head nurse in preserving order and enforcing obedience and due subordination in the hospital.

Rules and Regulations for Night Nurses.

The following shall be the duties of a night nurse:—

To ascertain from the day nurses the patients requiring medicines, applications, or special care.

To remove commodes immediately after use, and have them properly cleaned, and to keep dirty patients as clean as possible, by means of slip sheets and other conveniences.

To cause all chamber utensils to be carefully scoured with hot water every morning.

To report at once to head nurse when any serious change is observed in condition of patients.

To permit no talking in the wards after 9 p.m.

To apply all leeches, blisters, poultices, and such other dressings as the medical officer directs, and with her own hand to administer all enemata.

To abstain from administering or using, or permitting to be used, any medicine or any appliances other than those directed by the medical officer.

To avoid, and prevent on the part of others, all extravagance and waste in food, fuel, light, and surgical appliances, and all other things.

When a patient dies during the night, to inform the funerator, who will immediately remove the deceased to the mortuary, where the nurse shall see the body properly dressed and washed (this must on no account be done in the ward); but, in cases of sudden or unexpected deaths, to prevent any interference whatever with the body or adjacent articles, either as regards position or arrangement, until the medical officer or House Governor shall direct.

When a patient is discharged, to cause the bedding to be exposed to the external air; and in case of death, or where the patient has laboured under any disorder of an infectious nature, or which was accompanied by sores or foul discharges, to cause such bedding, etc., to be at once removed for the purpose of being purified.

To cause all cast-off dressings, poultices, and other offensive matter to be at once removed from the hospital to the place appointed for their reception; and on no account to allow any such articles, or any refuse whatever, to be thrown into the water-closets, sinks, baths, or fire-places.

To apply to the head nurse for any cloths required for dressings, etc., and not to use, or allow to be used, any piece of bedding or clothing for any purpose other than that for which it was intended.

To assist in the maternity ward.

To enforce strictly the separation of sexes, and to prevent patients or other inmates from entering, or attempting to enter, without permission, any ward or part of the premises appropriated to any class of inmates other than that to which he or she belongs.

Before going off duty in the morning, to assist those patients unable to help themselves, to wash their persons and make their beds.

To obtain permission from the head nurse before leaving the poorhouse, and never to be absent later than 9 p.m., without special permission.

To assist the House Governor and head nurse in preserving order and enforcing obedience and due subordination in the hospital.

APPENDIX XXXIII.

Paper handed in by Dr R. S. Aitchison at the request of the Committee, containing suggestions as to pauper cases requiring surgical treatment.

(Q. 3919). *Note.*—Another method of sending a case to the infirmary, which I omitted to mention in my evidence, is that which depends upon the friendly relations between our staff and that of the infirmary. A pauper may dismiss himself, and having previously secured a card through our personal influence, is admitted to a ward in the same way as any other non-pauper applicant. I have frequently obliged professors and lecturers in this way with some interesting case which had previously been in their wards, and they were desirous of seeing him again to note developments. They would keep such, and he would return, newly certified, in the course of a week or a fortnight. In my evidence I informed you of a case I once sent to the infirmary, and now I recollect another (a case of advanced cancer of the stomach, which I thought might be relieved by a major (dangerous) operation) in which this method was used, and nothing was ever heard of the matter. I mean in the way of making a charge from the infirmary authorities. It is possible that parish councillors, knowing these friendly relations, may be content in their own interests to leave the matter as it stands. I think there is need of a definite ruling on this matter by the Local Government Board, however. I have considered some rules which I suggest in relation to the treatment of surgical cases:—

(1) 'No medical officer shall be allowed to perform 'major surgical operations (except in the case of a great 'emergency) in any poorhouse hospital until the Local 'Government Board have expressed themselves satisfied with 'the surgical equipment and accommodation.

'No hospital will be deemed satisfactory which has no 'operating room and recovery room for the isolation of 'the patient after operation.'

(2) 'No major surgical operation shall be performed upon 'any pauper without consultation with another surgeon, who 'will receive a proper fee from the Parish Council, and the 'medical officer in this respect will act towards the pauper 'exactly as a practitioner would do towards his private 'patient.'

(3) 'In all operations requiring *complete* and *continual* 'anæsthesia, the administration of the anæsthetic shall be in 'hands of a qualified medical man, who will give it his 'entire attention.'

(4) 'In all poorhouses where the accommodation is 'deemed insufficient, in the event of a surgical operation 'being found to be necessary upon any pauper inmate, the 'medical officer will direct the Governor to make arrange-'ments for the removal of the case to the most convenient 'infirmary where such operations are conducted.'

The reasons for these rules are obvious; but with regard to the second, it is a fact that there is more need for consultation with a second surgeon in poorhouse hospitals than in any other hospital. The inmates are generally old and often feeble; moreover, they are of a class which, from their previous habits and mode of living, make very poor subjects for surgical interference. Consequently, there is more *doubt* as to the necessity of a proposed operation, or as to whether it is justifiable or not, for the sake of a chance of prolonging life. Again, the medical officers of poorhouses, although they may be good practical surgeons, do not get the opportunities of the specialist engaged daily in operations at large infirmaries. The major operation, even in large poorhouse hospitals, may not be required more than once in six months, or in a year, or even longer. The poorhouse work is almost entirely physician's work, with some minor surgery, the grave surgical case being only occasional. It would be a comfort to medical officers if these rules were made *imperative*. No medical officer should be allowed to act towards a pauper as he would not act towards a private patient; and neither should it be possible for a Parish Councillor to challenge a medical officer for sending cases to the infirmary because in his (the Councillor's) opinion they need not be sent there, or that the operation might very well be done by the medical officer alone, and save the expense of the consultant or assistant.

(Signed) R. S. Aitchison, M.D.

March 2, 1903.

APPENDIX XXXIV.

Handed in by Dr R. S. Aitchison. (Q. 3921.)

Copy.

74 Great King Street,
Edinburgh, *September 15th*, 1902.

To
Andrew Ferrier, Esq.,
Parish Council, Edinburgh.

Medical Inspection of Poorhouse Inmates.

Dear Sir,—In answer to yours of 3rd instant, enclosing circular letter from the Local Government Board, of date July 25th, 1902, relating to above-named object, I beg to submit the following report and suggestions for the House Committee:—

Class I.—The 'Sick' Inmates.

These are all contained in the Hospital, and a record of their diseases, with notes, remarks, and treatment, is in each case faithfully kept.

Class II.—The 'Infirm' Inmates.

These are in special wards of the poorhouse, which are regularly visited by the medical officer. They are not allowed to remain there when 'sick,' but are immediately removed to the hospital at the very *first appearance* of increased debility, or the development of any disease or affection. By the rules, we may treat such cases in the poorhouse, and allow them *two* days in bed, but not more; but I do not recommend the medical officer to avail himself of this rule except when the hospital is very crowded, and then he visits such cases exactly as if they were hospital cases. A record of the disease and its treatment is kept in all such cases in the 'Poorhouse Medical Complaint Book,' and in the doctor's 'prescription' book. Whether illness, no matter how trivial, is present or not in those wards, the medical officer visits them regularly, almost daily, as we are fully alive to the fact that these 'infirm' people require constant supervision, owing to their advanced years and general debility.

Class III.—The 'Ordinary' Inmates.

These inmates, after being provisionally examined and certified, are again examined medically at the probationary wards, and duly classified. A record of this is found in the office books and in the certificates. They are not sick (hospital) cases, nor 'Aged and Infirm.' The 'diseases' (affliction, infirmity, or complaint) are all of a chronic character, and unassociated with anything which one would call suffering or pain—being, in fact, those conditions which are inseparable from severe poverty and outdoor hardships, with often insufficient food and wretched surroundings and habits. It includes also, of course, cases of chronic disease not directly due to these above-mentioned causes, but who are not suffering pain or even discomfort, *i.e.* the disease is 'mute' or quiescent, and only requires that the inmate have no special stress put upon him—a chronic cardiac case is an example of this kind; and rheumatism, old-standing hip disease, lameness, etc., are also common in this class. From time to time they become 'hospital' cases. In the event of their developing minor symptoms, or when the complaint is trifling, their condition is entered in the

'Medical Complaint Book' with the treatment, and the doctor's book contains the prescription; but no lengthy or continued treatment is conducted in the poorhouse. The medical officer quite understands that, in addition to his hospital duties, he has the medical supervision of the poorhouse; and so, from time to time, he visits all the work-hops, laundry, and sewing wards, with the same object in view (classification), as I have mentioned in dealing with Class II. (Infirm). In making his round, he also keeps in view the possibility of finding inmates who are sufficiently recovered as to suggest their dismissal as able-bodied (for the time).

Remarks.

It follows from this report—which is merely an outline of the duties of the medical officer at Craigleith Poorhouse and framed by the writer—that I do not see any necessity for a 'periodic' medical inspection. The medical work in the poorhouse is almost 'constant,' and a periodic inspection seems to me a work of supererogation. At the same time, it may be as well to note that I am recording only the medical arrangements of my own poorhouse (Craigleith); and it may very well be that in some of the smaller poorhouses in Scotland (probably some of those without resident medical officers) a 'periodic' inspection may not only be desirable, but even more convenient.

For the larger poorhouses, should it be suspected that they are harbouring able-bodied men and women, let the Relieving Committee shorten their periods of relief in the house, and then a medical examination follows, and re-certification or dismissal. On the other hand, if it be supposed that there are inmates in the ordinary or infirm wards who ought to be in the hospital, but who are allowed to remain there from want of such supervision as I have described, then I would expect to find the mortality in such poorhouse was considerable, or that cases were hastily removed to the hospital to die shortly after admission. The ordinary reports, books, and records kept make it impossible for either of these events to take place without the knowledge of the Local Government Board and Parish Councils: and in this matter I would respectfully suggest to the Local Government Board that, if they issued a rule that all deaths taking place in the hospital shortly after removal from the wards of the poorhouse *should also* be intimated to them—just as all cases removed from their own homes are so reported—they would be in a better position to judge of how these poorhouse wards were being medically supervised. Of course, I do not refer to the 'sudden' deaths. These are few; but we must expect to have a small *percentage*, and they are all made the subject of report and inquiry.

I trust I have given sufficient information in this report to the Parish Council as to convince them that such a strain upon the medical staff as 'periodic' inspection is, in our case, unnecessary; and in my evidence before the Special Committee of the Local Government Board to amend its rules, etc.—and to which I am led to believe I shall be summoned—I am prepared to speak in the terms of this report.

I am, Dear Sir,

Yours truly,

(Signed) R. S. Aitchison, M.D., F.R.C.P.E., etc.,
Visiting Medical Officer,
Craigleith Poorhouse, Edinburgh.

APPENDIX XXXV.

Handed in by Mr W. Bennett. (Q. 4650.)

Edinburgh Parochial Hospital.

Time Table for Nurses.

Nurses on Day Duty.

Breakfast	From 7 to 7.30 a.m.
On duty in wards	7.45 a.m.
Dinner	From 1.45 to 2.15 p.m.
Tea	From 4.30 to 5 p.m.
Off duty	8.30 p.m.
Supper	8.30 p.m.
Bedrooms	10 p.m.

Off duty from 2.30 to 10 p.m. one day a week, also 3 hours one day a week; and on Sundays 9.30 a.m. to 1.30 p.m., or 2 p.m. to 10 p.m. Annual holidays, 21 days.

Nurses on Night Duty.

Breakfast	8 p.m.
On duty in wards	8.30 p.m.
Off duty	8 a.m.
Dinner	9 a.m.
Off duty for recreation	9.30 p.m. to 12 noon.
	Sundays 10 a.m. to 1.30 p.m., or 5 to 9 p.m.
Bedrooms	12 noon.

Off duty one night fortnightly. Annual holidays, 21 days.

APPENDIX XXXVI.

Handed in by Mr A. B. Millar. (Q. 4978.)

Table showing number of Women in the Counties in the Northern Highland District receiving Relief (outdoor and indoor) at 15th January 1903 solely on account of having illegitimate children.

Counties.	Outdoor Relief.		Indoor Relief.	
	Women.	Children.	Women.	Children.
Banff,	7	18	1	3
Caithness,	2	7	2	5
Elgin,	8	21	3	7
Inverness,	11	17	3	4
Nairn,	...	...	...	...
Orkney,	13	23	...	...
Ross,	13	17	3	4
Sutherland,	6	9	3	4
Zetland,	8	12	1	3
	68	124	16	30

APPENDIX XXXVII.

Handed in by Mr A. B. Millar. (Q. 4992.)

Accommodation for Casual Sick Poor.

County.	Parishes with Accommodation.	Parishes without Accommodation.
Banff	4	18
Caithness	5	5
Elgin	6	13
Inverness	11	22
Nairn	...	4
Orkney	6*	16
Ross	5	28
Sutherland	6	7
Zetland	1	11
Total	44	124

* In one district of a parish there is accommodation, but not in the other.

APPENDIX XXXVIII.

Handed in by Mr A. B. Millar. (Q. 5032.)

CIRCULAR TO PRIVATE PATIENTS.

Dr —— respectfully requests your attention to the following:—

Consulting Hours.—9 to 10 a.m.; 2 to 3 p.m.; 7 to 8 p.m.

Confinements.—Dr —— cannot undertake to attend any confinement for which his services have not been pre-engaged for at least a month.

Hires.—All hires and also driver's fees must be prepaid by patient's messenger.

Night Visits.—For visits between the hours of 8 p.m and 8 a.m. a double fee will be charged.

Private Practice.

Owing to the unremunerative nature of the private practice in this parish, but more especially in consequence of one or two individuals—through ignorance—having made misrepresentations regarding the doctor's duties, Dr —— regrets that he is under the necessity of making the following statements, viz.:—

1st. Dr ——'s professional services are engaged and paid for by the Parish Council of ——, for his attendance on and for medicines supplied by him to sick paupers only.

2nd. Dr —— is not paid by the Council for professional services to any private patient, nor has the Parish Council any jurisdiction whatever over his private practice.

He may—should he so desire—decline to attend any private patient, whether payment be offered to him or not.

3rd. Should any person—who is not a pauper—be unable to pay the doctor the moderate and graduated fees charged, that person's proper course is to apply to the Parish Council—through the medium of the Inspector of Poor—for parochial (medical) relief.

Please keep this circular for reference.

APPENDIX XXXIX.

Handed in by Dr A. Downes. (Q. 5534.)

Summary of Out-Door Medical Relief Returns (Metropolis). Year ended 25th December 1901.

Unions.	Number of Medical Officers.	Number of Paupers on Permanent List, December 1901.	Number of Orders received for attendance (except Permanent List). In Districts for which there are Dispensaries. At Dispensary	In Districts for which there are Dispensaries. At Patients' Homes.	All Orders in Districts for which there are no Dispensaries.	Total.	Midwifery Orders (included in preceding Column).	Remuneration. Rate of Annual Salary at end of Year.	Extra Fees during the Year (except Vaccination).	Total.	Average per Order. Excluding Extra Fees.	Average per Order. Including Extra Fees.	NOTES. (The Time is that for which Orders are available.) The Medicines are those supplied in the Districts for which there is no Poor Law Dispensary.
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.
								£	£ s.	£ s.	s. d.	s. d.	
1. Bethnal Green	5	...	1,005	1,377	...	2,382	10	600	4 0	604 0	5 0½	5 0¾	1 month.
2. Camberwell	8	2,742	3,557	2,342	906	6,805	69	720	115 6	835 6	2 1½	2 5½	1 month. One of the medical officers provides medicines.
3. Chelsea	3	...	1,165	689	...	1,854	31	300	29 11	329 11	3 2¾	3 6¾	1 month.
4. Fulham	2	186	298	336	536	1,170	27	220	29 0	249 0	3 9¼	4 3	1 month.
5. St George's	4	402	374	866	32	1,272	41	500	30 9	530 9	7 10¼	8 4	1 month.
6. St George's-in-the-East	3	2	3,341	1,180	...	4,521	12	415	...	415 0	1 10	1 10	Time unlimited.
7. St Giles	1	85	161	133	...	294	1	50	...	50 0	3 4¾	3 4¾	Time unlimited.
8. Greenwich	9	281	4,892	2,764	...	7,656	27	1,130	8 8	1,138 8	2 11½	2 11½	1 month.
9. Hackney	11	1,319	3,299	1,872	...	5,171	58	870	177 12	1,047 12	3 4½	4 0½	2 months.
9a. Hammersmith	4	395	294	264	1,282	1,840	26	282	20 12	302 12	3 0¾	3 3½	1 month.
10. Hampstead	2	59	...	...	267	267	...	150	14 13	164 13	11 2¾	12 4	Time unlimited. £15 per annum is paid to Dr Barter for medicines.
11. Holborn	7	694	2,231	2,170	...	4,401	9	855	7 5	862 5	3 10¾	3 11	3 months.
12. Islington	11	1,158	3,735	3,074	...	6,809	22	1,195	86 9	1,281 9	3 6	3 9¼	1 month.
13. Kensington	5	302	3,404	1,728	...	5,132	112	600	113 7	713 7	2 4	2 9¼	1 month.
14. Lambeth	9	1,278	1,082	1,450	292	2,824	18	875	26 10	901 10	6 2¼	6 4½	3 months. Payment is made to Dr Adams for cod-liver oil and quinine.
15. Lewisham	6	704	...	...	3,313	3,313	154	605	218 16	823 16	3 7¾	4 11¾	Time unlimited. Cod-liver oil, quinine, and extract of thyroid gland.
16. London	3	396	341	284	..	625	..	550	13 12	563 12	17 7¼	18 0½	Time unlimited.
17. St Marylebone	5	272	1,113	1,149	...	2,262	...	805	31 12	836 12	7 1½	7 4¾	1 month.
18. Mile End	2	...	1,582	1,352	...	2,934	...	530	12 0	542 0	3 7¼	3 8¼	1 month.
19. St Olave's	5	1,068	3,988	2,478	...	6,466	96	780	322 7	1,102 7	2 5	3 5	1 month.
20. Paddington	4	...	858	902	...	1,760	4	400	2 2	402 2	4 4½	4 4¾	1 day to 13 weeks. 4 medicines in one district only.
21. St Pancras	7	1,000	1,150	2,104	...	3,254	8	1,020	16 10	1,036 10	6 3½	6 4½	1 week.
22. Poplar	7	1,708	3,071	1,953	...	5,024	20	1,010	28 6	1,038 6	4 0¼	4 1½	1 month.
23. Shoreditch	6	...	1,197	1,546	...	2,743	2	600	23 2	623 2	4 4½	4 6½	1 month.
24. Southwark	8	467	2,232	2,002	...	4,234	30	1,040	32 2	1,072 2	4 11	5 0¼	Time unlimited
25. Stepney	1	145	2,552	1,065	...	3,617	...	375	...	375 0	2 1	2 1	2 to 13 weeks.
26. Strand	2	98	143	177	...	320	...	240	...	240 0	15 0	15 0	3 months.
27. Wandsworth and Clapham	12	1,410	2,648	1,725	1,209	5,582	71	1,100	90 5	1,190 5	3 11¼	4 3¼	Time unlimited.
28. Westminster	2	...	10	54	...	64	..	160	7 6	167 6	50 0	52 3½	Time unlimited.
29. Whitechapel	3	...	4,601	781	...	5,382	...	360	7 17	367 17	1 4	1 4½	3 months.
30. Woolwich	5	20	1,711	781	...	2,492	3	465	9 2	474 2	3 8¾	3 9¾	3 months.
Total	162	16,191 *	56,035 †	38,598 †	7,837 ‡	102,470	851 §	18,802	1,478 1	20,280 1	3 8	3 11½	
Average per Medical Officer	...	126	400	276	356	633	5	116 1	9 2	125 4	...	...	

* Total for 129 districts. † Total for 140 districts. ‡ Total for 22 districts.
§ Exclusive of 121 orders on 10 midwives.

APPENDIX XL.

Handed in by Dr A. Downes. (Q. 5543.)

_____ Union.

Report of _____ Local Government Inspector, on the workhouse of the above Union, after a visit on the _____ day of _____ 1 .

Parishes . Area . Population .

Industrial Statistics :—

* Domestic . Commercial .
Agricultural . Industrial .

* See Census Returns.

Workhouse Accommodation .

Relief :—

Half-year ended . In-maintenance, £ .
Out-relief, £ .
Number of paupers in receipt of relief on the

1. Date of the last previous visit.

2. Is the workhouse generally adequate to the wants of the Union, in respect of size and internal arrangement :

State of Workhouse at Date of Inspection.

	No. of Beds for	Occupants on night previous to visit.	Limit of Accommodation if fixed by Wards.
Able-bodied men .			
Old men . .			
Boys . .			
Male infirmary .			
„ infectious .			
„ receiving .			
Total male .			
Able-bodied women			
Old women . .			
Girls . .			
Female infirmary .			
Lying-in . .			
Female infectious .			
„ receiving .			
Total female .			
Vagrants { Male . Female			

Note.—When the statistical information requested in this report is not easily obtainable, or is not immediately connected with the inspection of the workhouse, the Inspector can omit the reply at his option.

3. (*a*) What are the arrangements for medical attendance and nursing in the sick and infectious wards? Is there any, and if so, what, special entry in the Workhouse Medical Report Book requiring the attention of the Board ?

(*b*) Is there a workhouse infectious hospital detached from main building ?

(*c*) Are there proper facilities for communicating with the nurses or chief officer at night ?

4. Are the receiving wards and the mortuary in a proper state ?

5. Is the workhouse school well managed ?

Are the children regularly taken out for exercise ?

Number of children in school :—

Boys . Girls . Total .

Number of children under industrial instruction :

Boys . Girls . Total .

Teacher's Certificates.

Schoolmaster . Schoolmistress .

Note if children are sent to district or separate school ; or to public elementary school ; or boarded out without or within the Union ; or otherwise disposed of.

6. What is the number of inmates in the workhouse not in communion with the Church of England ? What arrangement exists for affording the inmates the religious consolation and instruction of ministers of their own separate persuasion ?

7. Are the provisions of the 19th section * of the Act of the 4 & 5 Wm. IV. c. 76, duly and systematically observed in the management of the workhouse ?

Are the proper extracts from the Poor Law Amendment Act, and the regulations of the Board, hung up in the Workhouse ?

8. Are there vagrant wards in the workhouse, and are they sufficient ? Are the arrangements for setting the vagrants to work effective, and are the orders of the Board duly observed ?

Are there proper facilities for communicating with one of the officers of the Workhouse at night ?

9. Does the Visiting Committee regularly inspect the workhouse and answer the queries in the Visitor's Book ? Do any of their answers to those queries suggest the propriety of any interference on the part of the Board ?

Number of insane paupers on the 1st of .

Males . Females .

In County or Borough Asylum.	In Registered Hospital or Licensed House.	In the Workhouse.	Residing with Relatives.

10. Has any part of the workhouse been overcrowded since the date of your last report ?

11. Is the water supply of the workhouse sufficient and wholesome ?

What is the provision for the drainage, and is it sufficient ?

12. Have you any reason to believe that any of the books or accounts prescribed by the Board, especially those not submitted to the auditor, are not properly kept by the workhouse officers ?

13. Have you observed any illegal practice, or any departure from the regulations of the Board ?

14. Are the provisions of the following articles of the General Consolidated Order, viz., Article 112, requiring the pauper inmates to be employed ; and the latter part of Article 108, as to the allowance of extra food, or of fermented or spirituous liquors, to paupers employed as nurses or in the household work, strictly observed ?

15. Has any marked change taken place in the state of the workhouse, the number of the inmates, or the general condition of the Union, since your last visit ?

Week of a Quarter ended.	In-door.		Out-door.		Weekly cost of In-relief. 1			Weekly cost of Out-relief. 1		
	1	1	1	1	£	s.	d.	£	s.	d.

16. Observations not falling under any of the preceding heads, and points (if any) upon which it is suggested that the Board should write to the Guardians.

_____ Local Government Inspector.

Dated this _____ day of _____ 1 .

* The above section provides that no inmate of a workhouse is to be obliged to attend any religious service contrary to his religious principles, etc. It also provides for the visitation of inmates by ministers

APPENDIX XLI.

Handed in by Dr A. Downes. (Q. 5543.)

School Report.

_____ *Union or School District.*

Report of Board Inspector on the School at Visit on 190 . Local Government , after a

Note.

In the case of a certified school the total number of children should be stated, and also the number of pauper children in the school at the time of the inspection, and the places from which sent.

1. Character of the school ..... District, separate, or certified under 25 & 26 Vic. cap. 43.....
2. Governing body of the school .....
3. Name of superintendent.....
4. Number of children school is certified to accommodate—
   Boys.....
   Girls.....
   Infants.....
5. Number in school at date of visit—
   Boys.....
   Girls.....
   Infants.....
6. Number of teachers.....
   Training (industrial) staff attendants.....
7. Number of children under medical treatment .....
8. Accommodation in infirmary.....
9. Number in infirmary .....
10. Percentage of children under medical attendance to inmates in the school .....
11. Date of last visit of inspector.....
12. Chaplain's report—
    Any remarks upon.....

Report.

Note.—The inspector will introduce into his report only such matters as in his opinion should be specially brought before the notice of the Board as requiring amendment, or worthy of approval, and so forth; but it may be well to observe that in the course of his inspection his attention should be particularly directed to the following points:—1. Cleanliness; 2. Ventilation; 3. Overcrowding; 4. Preparation and distribution of food; 5. Clothing and bedding; 6. Water supply, quantity and quality; 7. Industrial training; 8. Lavatories and latrines; 9. General appearance of children, and whether they are free from ophthalmia and other infectious disease; 10. Means of recreation and provision for exercise; 11. Arrangements for religious instruction; 12. Conditions and suitability of buildings; 13. Drainage and sewerage; 14. Examination of books, if they are properly kept and up to date; 15. Manners of officers towards the children; 16. Conduct and success of children after leaving school; 17. Weekly examination of children by medical officer (see circular letter, 7th December 1872).

APPENDIX XLII.

Handed in by Dr A. Downes. (Q. 5561.)

Workhouse Accommodation.

_____

Situate at _____

No. of Ward	Class of Inmates, or purpose to which appropriated.	How Occupied.	Limit of Accommodation as fixed by the Local Government Board.

_____

_____

No. of Ward.	Class of Inmates, or purposes to which appropriated.	Occupied.			Length.	Breadth.	Height.	Floor area in square feet.	Contents in cubic feet.	Number it will accommodate in the opinion of the Medical Officer.
		* By Day only.	By Night only.	By Day and Night.						

* The dimensions of all the day rooms should be set forth in the tables.

Mem.—When the height of a ward is less than ten feet, its accommodation will be determined mainly with reference to cubic space, and when its height is ten feet or more, its accommodation will be determined mainly with reference to the wall space and floor area afforded by it.

APPENDIX XLIII.

Handed in by Dr E. Coey Bigger. (Q. 6038.)

No. 316 M/1899.
Miscellaneous.

Local Government Board,
Dublin, 13*th November* 1899.

Sir,—The Local Government Board for Ireland desire to inform the Board of Guardians that they have observed that a considerable difference exists in the scales of dietary in use in the various workhouses throughout Ireland, and they are of opinion that the existing dietaries might in many instances be revised on more varied lines with regard to the dietary of the children, infirm, and lunatic classes.

The Local Government Board request that after consultation with the medical officer of the workhouse the Guardians will be so good as to take the matter into their consideration, and they enclose for the Guardians' information a copy of a dietary scale similar in most respects to one which is in use in other unions, and which the Board trust the Guardians will see their way to adopt. I am, sir, your obedient servant,

H. M. Swaine, *Secretary.*

To the Clerk of each Union.

SUGGESTED DIETARY SCALE.

Class.	Breakfast. (Say) 8 o'clock a.m.	Lunch. (Say) 10.30 o'clock a.m.	Dinner. (Say) 1 o'clock p.m.	Supper. (Say) 6 o'clock p.m.	Observations.
Aged and infirm of either sex and persons above 15 years not working. 'Class III.*a*.'	8 ozs. white bread and 1 pint tea.	...	8 ozs. white bread and 1 pint meat soup, 3 days; 1½ lbs. potatoes and 1 pint meat soup, 3 days; 8 ozs. white bread and 1 pint new milk on Fridays.	8 ozs. white bread and 1 pint tea.	The medical officer may place any aged and infirm person on Class III.*b* diet, but all aged and infirm persons in Class III. shall on admission, and until the medical officer orders otherwise, be placed upon III.*a* diet.
Alternative or Sub-diet. 'Class III.*b*.'	6 ozs. white bread, 1 oz. butter, and 1 pint tea, daily.	...	1 lb. potatoes, ½ pint new milk, and 6 ozs. meat, 3 days; 6 ozs. white bread, 1 pint new milk, and 1 egg, 4 days.	6 ozs. white bread and 1 pint tea.	
Childen 9 to 15 years of age. 'Class IV.'	6 ozs. oatmeal stirabout and 1 pint new milk, 4 days; 5 ozs. white bread, 1 pint cocoa, and ½ oz. butter, 3 days.	4 ozs. white bread and ½ oz. treacle.	6 ozs. white bread, 1 pint meat soup, and ½ pint rice, 2 days; 1 lb. potatoes, 5 ozs. bacon, 5 ozs. cabbage or other vegetable, 2 days; 1½ pints Irish stew, 2 days; 5 ozs. white bread, ½ pint new milk, 1 egg, and ½ pint rice on Fridays.	6 ozs. white bread and ¾ pint new milk; or 1 pint cocoa in winter, in equal parts of milk and cocoa.	
Children 5 to 9. 'Class V.'	6 ozs. oatmeal stirabout and ¾ pint new milk, 4 days; 5 ozs. white bread, 1 pint cocoa, and ½ oz. butter, 3 days.	3 ozs. white bread and ½ oz. treacle.	4 ozs. white bread, 1 pint meat soup, and ½ pint rice, 2 days; 1 lb. potatoes, 4 ozs. bacon, 5 ozs. cabbage or other vegetable, 2 days; 1 pint Irish stew, 2 days; 4 ozs. white bread, ½ pint new milk, 1 egg, and ½ pint rice on Fridays.	4 ozs. white bread and ¾ pint new milk; or 1 pint cocoa in winter, in equal parts of milk and cocoa.	In Classes V. and VI. the bread and milk should be boiled.
Children 2 to 5. 'Class VI.'	4 ozs. oatmeal stirabout and ¾ pint new milk, 4 days; 4 ozs. white bread, 1 pint cocoa, and ½ oz. butter, 3 days.	2 ozs. white bread and ½ oz. treacle.	3 ozs. white bread, 1 pint meat soup, and ½ pint corn flour, 2 days; 12 ozs. potatoes, ½ oz. butter, and ½ pint milk, 2 days; ¾ pint Irish stew, 2 days; 3 ozs. white bread, ½ pint new milk, 1 egg, and ½ pint cornflour on Fridays.	4 ozs. white bread and ¾ pint new milk; or 1 pint cocoa in winter, in equal parts of milk and cocoa.	
Infants under 2. 'Class VII.'	Infants, and their mothers when wet-nursing, are to be regarded as under the medical officer's charge, and their names entered in a special 'Weekly Medical Return.'				The medical officer should prescribe in the case of each infant fed by hand, and of each nursing mother, the dietary which he considers necessary. The milk to be given to infants should be heated to a temperature of 190° F. (unless the medical officer otherwise directs), and allowed to cool before being administered.
Idiots and Lunatics.	8 ozs. white bread, 1 pint tea, and 1 oz. butter.	...	8 ozs. white bread and 1 pint meat soup, 3 days; 1 lb. potatoes, 6 ozs. meat, and 5 ozs. cabbage or other vegetable, 3 days; 8 ozs. white bread and 1 pint new milk on Fridays.	8 ozs. white bread and 1 pint new milk.	
Attendants.	Diet (Weekly).—3 lbs. fresh meat without bone, 7 lbs. white bread, 10 lbs. potatoes, 7 quarts new milk, 4 ozs. tea, 1 lb. soft sugar, and ½ lb. butter.				

Notes.—Meat Soup.—4 ozs. meat for each person, 2 ozs. oatmeal for each pint of soup, and a liberal supply of vegetable for same.

Tea.—¼ oz. tea, 1 oz. sugar, and 2 ozs. of milk to each pint.

Cocoa.—½ oz. cocoa, 1 oz. sugar, and ½ pint of milk to each pint.

Corn Flour.—1 oz. corn flour, ½ oz. loaf sugar, and ½ pint new milk.

Rice.—1 oz. rice, ¼ oz. soft sugar, and ¼ pint new milk.

Irish Stew.—Raw meat (without bone) 3 ozs., potatoes 1 lb., onions 1½ ozs., seasoning to each pint of stew.

N.B.—Bullocks' and sheeps' heads should be used for making stock for adding to the meat soup and Irish stew.

Local Government Board,
Dublin, *November* 1899.

APPENDIX XLIV.

Handed in by Dr E. Coey Bigger. (Q. 6038.)

DIETARY FOR CONSUMPTIVES.

	Breakfast.		Dinner.		Tea. 3.30 to 4 p.m.	Supper. 7 to 7.30 p.m.	
	3 Days.	4 Days.	3 Days.	4 Days.	Daily.	3 Days.	4 Days.
1	1 pint tea, 6 ozs. superfine bread, ¼ lb. bacon, and 1 egg fried. Gravy to be given.	1 pint tea, 6 ozs. superfine bread, 1 oz. butter, 1 egg.	1 lb. potatoes, 8 ozs. grilled mutton chop, vegetables, 1 pint new milk, 2 ozs. rice or sago, ½ oz. sugar daily for making same.	1 lb. potatoes, 8 ozs. lean meat, made into 1 pint of soup, with ½ oz. peas, ½ oz. barley, ¼ oz. flour, and vegetables.	Afternoon Tea.	3 ozs. oatmeal, 1 quart new milk.	6 ozs. superfine bread, 1 quart new milk, 1 oz. butter.
2	1 pint new milk, 4 ozs. superfine bread.		1½ pints new milk, 2 ozs. rice or sago alternately, ½ of the milk and ½ oz. sugar to be used in the making.			1 quart new milk, 4 ozs. superfine bread, 1 egg, to be beaten up, ½ oz. sugar.	
3	1 pint new milk, 4 ozs. superfine bread.		1 pint new milk, 8 ozs. lean meat to make ½ a pint of beef tea.			1 quart new milk, 4 ozs. superfine bread, 1 egg, to be beaten up, ½ oz. sugar.	
4	1 pint new milk.		1 pint new milk.			1 pint new milk.	
	Afternoon Tea—½ pint of tea, made according to scale, 4 ozs. bun, and 1 oz. butter, for 3 days. ½ pint cocoa (made ½ pint new milk, ⅛ oz. cocoa, ¼ oz. sugar), 4 ozs. bun, 1 oz. butter, for 4 days.					Could be made in ward kitchens between 3.30 and 4 p.m.	

APPENDIX XLV.

Handed in by Dr E. Coey Bigger. (Q. 6084.)

No. 67355/1901.
Armagh Union.

Local Government Board, Dublin,
11th December 1901.

Sir,—With reference to previous correspondence on the subject of the nursing staff of the workhouse of Armagh Union, I am directed by the Local Government Board for Ireland to transmit to you herewith, to be laid before the Board of Guardians, the accompanying copy of an Order which the Local Government Board have made, directing the Guardians to appoint, subject to the approval of the Board, one qualified nurse and two wardsmaids, as defined in the Board's General Order of the 5th July last.

I am at the same time to point out to the Guardians that the appointment of the necessary hospital staff is at this stage independent of the question of training probationer nurses in the workhouse infirmary of the Union; and I am to add that if the Guardians prepare a satisfactory scheme for the instruction of nurses in their infirmary, the Local Government Board will give it their prompt and most careful consideration. The present arrangements for instructing nurses are considered inadequate, and the Board cannot therefore recognise the Armagh workhouse infirmary as an efficient school for imparting such instruction unless a better scheme is devised.—I am, Sir, your obedient servant,

D. J. MacSheahan,
Assistant Secretary.

The Clerk, Armagh Union.

To the Guardians of the Poor of the Armagh Union, and to all other Persons whom it may concern:

Whereas, in pursuance of the powers vested in us by the Poor Relief (Ireland) Acts and by the Local Government Board (Ireland) Act, 1872, we, the Local Government Board for Ireland, by a General Order under our seal, bearing date the 5th day of July 1901, did, among other things, provide that the Boards of Guardians of the Poor in Ireland should, subject to our approval in each case, appoint such and so many 'qualified nurses' to assist the 'nurse of the work-'house' in the performance of her duties, and generally in the nursing and care of the sick in the workhouse, and also such and so many 'wardsmaids' and 'attendants' for the discharge of menial duties in the infirmary or hospital, as we should from time to time think necessary:

And whereas we think it necessary that one 'qualified 'nurse' and two 'wardsmaids' should be appointed for the workhouse infirmary of the Armagh Union in addition to the nurses and wardsmaids at present permanently employed in the said infirmary:

Now, therefore, we, the Local Government Board for Ireland, do hereby, in exercise of any and every power hereunto us enabling, order and direct the Board of Guardians of the Armagh Union to appoint for the workhouse infirmary of the said Union, subject to our approval, in addition to the nurses and wardsmaids at present permanently employed in the said workhouse infirmary, the following, namely:—

(*a*) One 'qualified nurse' as defined in our said General Order of the 5th day of July 1901, for the purpose of assisting the nurse of the workhouse in the performance of her duties and generally in the nursing and care of the sick, and (*b*) two 'wardsmaids' as defined in our said General Order of the 5th day of July 1901, for the discharge of menial duties in the said infirmary.

Sealed with our seal, this fourth day of December, in the year of our Lord one thousand nine hundred and one.

(L.S.)

(Signed) H. A. Robinson.
Wm. L. Micks.
T. J. Stafford.
R. Bagwell.

APPENDIX XLVI.

Handed in by Dr E. Coey Bigger. (Q. 6093.)

_____ UNION.

Half-yearly report of _____ Local Government Inspector, on the above Union.

Date of inspection, _____
Date of last inspection, _____

Number of meetings attended by the inspector during the half year.

FINANCIAL STATE OF UNION.

Treasurer's balance at close of last financial year, . £ — *Cr.* £ — *Dr.*

Amount of Estimate and Demand made by Guardians for service of current Financial Year ending 31st March 190 :—

	County of			County of			County of			Total.		
	£	*s.*	*d.*	£	*s.*	*d.*	£	*s.*	*d.*	£	*s.*	*d.*
Amount of demand, . .												
Amount received from Councils to date, ...												
Balance (if any) due from Councils, ...												

Other receipts (if any) to date, ... £

Estimated amount of same to be received during the remainder of the financial year, ... £

Total estimated amount of other receipts, . . £

Expenditure within financial year to date, ... £

Estimated expenditure within remainder of financial year, . . . £

Total estimated amount of expenditure for year, £

Estimated Balance on Treasurer's Account at close of Financial year :—

In favour of Union, ... £

Against Union, ... £

Cr. *Dr.*

State of treasurer's balance at date of inspection, ... £ £

State of Workhouse on the above date.

	Extent of Accommodation authorised by the Local Government Board.	Number of Inmates.				
		Healthy.	Aged and Infirm.	Sick.	Lunatics and Idiots.	Total No. of Inmates.
Workhouse, . .						
Infirmary, . .						
Fever hospital, .						
Auxiliary or separate buildings in use or unoccupied, . .						
Totals, . .						

Relief given out of the Workhouse.

	Out Relief, under Section 1 of 10 Vic. c. 31.		Number of Orphans and Deserted Children at Nurse.
	Cases.	Persons.	
For period under report, . .			
„ corresponding period last year,			

Workhouse Schools.

Number of Children on the Roll of each School and in the Workhouse.			Average Total Number in Attendance during the week preceding the date of the Report.			Extreme Ages of the Children in each School.						Number of Paid Teachers employed in each School.		
						Boys.		Girls.		Infants.				
Boys.	Girls.	Infants	Boys.	Girls.	Infants	Age of oldest Boy.	Age of youngest Boy.	Age of oldest Girl.	Age of youngest Girl.	Age of oldest Child.	Age of youngest Child.	Boys' School.	Girls' School.	Infants' School.

Nature and Extent of Industrial Employment and Instruction.

Quantity of Land available for Cultivation.			Quantity of Land wholly or partially Cultivated by Boys.			Number of Boys under 15 years of age receiving Agricultural Instruction.	Number of Boys under 15 years of age receiving instruction in Trades; specifying the Trades, and the number of Boys receiving instruction in each.	Number of Girls under 15 years of age receiving Industrial Training, specifying its nature.	Number of Paid Officers and Master Tradesmen employed in superintending the industrial employment or instruction.
A.	R.	P.	A.	R.	P.				

I. Is the financial condition of the Union satisfactory?

II. Is the workhouse adequate to the wants of the Union in respect of size and internal arrangement?

III. Is any part of the institution overcrowded?

IV. Is cleanliness duly observed in every department?

V. Is there proper lavatory accommodation for each class?

VI. Is due order maintained among all classes?

VII. Is classification strictly preserved in accordance with the workhouse rules?

VIII. Is the supply of clothing and bedding good and sufficient?

IX. When was stock last taken?

X. Are the provisions of good quality?

XI. Is the water supply sufficient and wholesome?

XII. Are the several wards properly heated?

XIII. Are all the wards of the workhouse and hospitals properly ventilated?

XIV. Is the drainage in a proper state?

XV. Are the schools well managed, and is the progress of the children satisfactory?

XVI. Are the arrangements for the industrial training of the children sufficient, and is due attention given to this branch of their education?

XVII. Are the children regularly taken out for exercise?

XVIII. State the number and ages of children sent to service during the past half-year, and the business or occupation of the persons to whom they were sent.

XIX. Are the arrangements for medical attendance and nursing in the sick wards sufficient and satisfactory?

XX. Are the ambulance arrangements satisfactory?

XXI. Is the sanitary condition of the workhouse satisfactory?

XXII. Are the sick and infirm inmates comfortable, and are their wants duly attended to?

XXIII. Does the medical officer attend regularly and at the time prescribed by the workhouse rules?

XXIV. Are the lunatics and idiots treated with proper care?

XXV. Do the duties of all the resident and non-resident workhouse officers appear to be discharged efficiently and in the manner prescribed by the General Regulations and Workhouse Rules?

XXVI. Is Divine Service regularly performed in the workhouse, and are the chaplain's books duly kept?

XXVII. Are the books and accounts prescribed by the order of the Local Government Board, including the outdoor relief register, the abstract of outdoor relief list, and the abstract of rate collected and lodged, kept by the clerk, and are they duly posted?

XXVIII. Are the books and accounts prescribed by the Orders of the Local Government Board kept by the workhouse master, and are they regularly checked by the clerk?

XXIX. Is the porter's book properly kept?

XXX. Are the yards of the workhouse in good order?

XXXI. Are the workhouse grounds neatly kept and properly tilled?

XXXII. Is the condition of the children at nurse satisfactory, and are they visited and reported on each month by the relieving officer?

XXXIII. Are the workhouse and hospital buildings maintained in proper repair in regard to—

The slating and ridge covering.
The gutters, eaveshoots, and down pipes.
The chimney shafts.
The coping of the walls.
The floors.
The windows, doors, and timbers.
The painting inside and out.
The locks and window fastenings.

XXXIV. How often has the Visiting Committee met and reported during the half-year?

XXXV. Observations which do not fall under any of the preceding heads, and which relate to matters which ought to be brought under the notice of the Local Government Board by the inspector.

XXXVI. Observations of the inspector upon the agricultural outlook and the condition and prospects of the poorer classes in the Union.

_____ *Inspector.*

Date, _____ 190 .

APPENDIX XLVII.

Handed in by Dr E. Coey Bigger. (Q. 6093.)

_____ *Union.*

*Date of Inspection*_____

Infirmary and Fever Hospital.

I. extent of accommodation and number of patients.

Wards.	Number of possible Beds.	Number of Patients.	Observations.
Male surgical,			
Male medical,			
Female surgical,			
Female medical,			
Midwifery,			
Male consumption,			
Female consumption,			
Male lunatics,			
Female lunatics,			
Male fever,			
Female fever,			
Totals,			

II. medical and nursing staff.

Office, etc.		Number of Medical Staff.	Number of Nuns acting as Nurses.	Number of Trained and Certified Nurses.	Number of Uncertified Nurses.	Number of Paid Attendants.	Number of Inmate Attendants.	Totals.
Visiting medical officers,			...	...	...	...	...	
Resident medical officers,			...	...	...	...	...	
Visiting compounders,			...	...	...	...	...	
Resident compounders,			...	...	...	...	...	
Members of a religious nursing community,	Females.	...		...	...	...	...	
'Trained Nurses,' Sec. 58, 2 a ii.,	Females.	...	...		...	...	...	
Certified, but not fully 'Trained' Nurses,	Females.	...	...		...	...	...	
Uncertified nurses,	Females.	...	...	...		...	...	
Male trained or certified nurses,		...	...		...	...	...	
Wardsmaids (paid),		...	...	...	...		...	
Wardsmen „		...	...	...	...		...	
Inmate wardsmaids,		...	...	...	...	...	...	
Inmate wardsmen,		...	...	...	...	...	...	
Totals,								

III. Are there convalescent wards or day-rooms? If so, to what extent: if not, is any change very highly desirable?

IV. Where are operations performed? And is any change necessary?

V. Are cases properly classified in different wards for treatment?

VI. Are there separate ambulances for removing infectious and non-infectious cases? And is there a stretcher in each ambulance?

VII. Are there satisfactory arrangements (by stretcher or bearer-chair) for removing patients from one ward to another for operations, etc.?

VIII. Are the walls of the wards smooth, and of what colour are they; and is there any attempt at tasteful and cheerful decoration of the wards?

IX. Are the ceilings good?

X. Are the floors smooth and well fitted, and do the buildings externally and internally seem to require any repairs as far as you can judge casually?

XI. Is the ventilation good?

XII. Is the light good, and are there shutters or blinds? What light is used at night?

XIII. How are the wards heated, and are the arrangements satisfactory?

XIV. How is water supplied?

XV. What are the arrangements as to closets or commodes, etc.?

XVI. What are the arrangements for baths, washing-basins, towels, etc.?

XVII. What are the arrangements for the removal of 'slops'?

XVIII. Are iron bedsteads with wire fittings in use? If not, what kind of bedstead?

XIX. What kinds of mattress, bolster and pillow are used, and is the supply of blankets and sheets, etc., sufficient and of suitable quality?

XX. Are patients' bed-clothes and wraps for sitting up sufficient, and of suitable quality, and in whose charge are the patients' bedding and clothing?

XXI. Are comfortable chairs and footstools provided for convalescent patients?

XXII. Are bed-tables and back-rests supplied in any cases?

XXIII. Is the supply of drinking vessels, plates, knives, forks and spoons sufficient and suitable?

XXIV. Is there a sufficiently good separate laundry for the Infirmary and for the Fever Hospital; or, if the clothes and bedding are washed in a general workhouse laundry, does the arrangement answer sufficiently well?

XXV. Is the food of good quality, and where is that for the Infirmary and Fever Hospital cooked, and is it well

cooked and properly served to the patients? Is the ration system in use for the sick, or is food carved or divided by the nurses in accordance with the individual requirements of the patients?

XXVI. Is cleanliness scrupulously observed as regards the persons of the patients, the condition of the clothes, bedding, wards, and premises generally? Do any of the patients suffer from bed-sores, as far as you were able to ascertain? Do the persons and bedding of the patients appear to be free from vermin?

XXVII. Are the arrangements for the open-air exercise of convalescent patients suitable? Are the walks in the grounds kept clean and dry, and are seats provided?

XXVIII. Is there a disinfecting apparatus, and is it sufficiently used?

XXIX. Is the medical officer, as far as you can judge, sufficiently attentive, and does he appear to be desirous of raising his infirmary and fever hospital to a reasonably high standard of efficiency?

XXX. Are the surgery, instruments, and drugs well kept, and are they in good condition? Are bed-cards used throughout the infirmary?

XXXI. Please state your opinion as to the sufficiency and efficiency of the nursing staff both for day and night nursing, giving particulars of the day and night staff.

XXXII. Do the nurses and attendants appear to be gentle and kind towards the sick?

XXXIII. Are the nursing arrangements satisfactory for midwifery cases?

XXXIV. Are the nursing arrangements for fever cases satisfactory? Please give particulars of the day and night staff.

XXXV. Are the arrangements for the care of the lunatics satisfactory? Please give particulars as to the attendants employed, whether trained or experienced; and whether any of the cases require and receive attention at night.

XXXVI. Are the nurses provided with sufficiently good apartments and is their dietary sufficiently good and varied; and do they get a sufficient time daily for rest and for open-air exercises?

XXXVII. Please state how infants and children under two years of age, with and without mothers respectively, are cared for. Is their condition of health satisfactory, and is there an experienced children's nurse in charge? If there is no such nurse, in whose charge are the infants?

XXXVIII. Is milk for infants sterilized; and is milk consumed uncooked by adult inmates? What steps are taken to ascertain the quality of the milk; and is it sent for analysis sufficiently often?

XXXIX. Are there any other matters worthy of remark as to the rearing of the infant children, including the wards, feeding-bottles, bedding, open-air exercise, by perambulator or otherwise, etc.?

XL. What is the condition of the school children as regards general health, exercise, games, dietary, mental and physical development, clothing, boots, etc.; and also as regards such forms of disease as ophthalmia, glandular swellings, dental caries, rickets, skin disease, and tuberculosis? Does the medical officer pay sufficient attention to these matters, and does he carefully and regularly examine the children and their surroundings?

XLI. As far as your inquiries tend to show, has the medical officer such influence with the Board of Guardians as make it probable that they would be guided by his advice; and does the medical officer seem disposed to carry out necessary improvements? [*Reply to be regarded as confidential.*]

XLII. What is the poor rate in the £ for the current year, on:—

(1) Agricultural land; and (2) other hereditaments?

XLIII. General observations.

APPENDIX XLVIII.

Handed in by Dr E. Coey Bigger (Q 6082).

POOR LAW INFIRMARIES AND HOSPITALS (IRELAND).

Proportion of Nurses to Patients.

Number of Sick.	Number of Lunatics.	Total.	Number of Trained and Certificated Nurses.	Number of Nuns.	Number of Uncertificated Nurses.	Number of Probationer Nurses.	Total Number of Nurses.	Number of Sick and Lunatics to each qualified Nurse.	Number of Sick to each qualified Nurse.	Number of Sick and Lunatics to each Nurse of every kind.	Number of Sick to each Nurse of every kind.
18,318	3,930	22,248	184	311	299	125	919	121	99	24	20

APPENDIX XLIX.

Handed in by Miss E. S. Haldane. (Qs. 2916–7.)

MEMORANDUM.

Indoor Relief—Diet.

In the Report on Prison Dietaries (new scale) for the Prison Commission for Scotland, by Dr J. C. Dunlop, some notes on Scottish poorhouse dietaries are given as an appendix. (See *Fourth Annual Report of Local Government Board*, 1898, App. A, page 8, and a pamphlet by Dr R. S. Aitchison on *Effect of certain Diets*, etc., 1896.)

Class A. Adults not working who have not completed fortnight's residence in poorhouse, . . 1871 calories per diem.
(Insufficient for idle men, and barely sufficient for idle women.)

Class B. Adults not working who have completed fortnight's residence, ... 2030 calories per diem.
(Insufficient for idle men, but sufficient for idle women.)

Class C. Working adult, . . 2381 calories per diem
(Barely sufficient for idle men, and insufficient for working women or working men.)

Poorhouse dietaries are of smaller nutrient value than Scottish prison dietaries, and Dr Dunlop has shown that prison dietaries are not more than sufficient for men and women. Therefore he is satisfied that poorhouse dietaries are below what they should be.

These diets are only optional; a much less efficient scale is still permissible. It was drawn up in the year 1850, and is given in the Rules of 1892. My brother, Dr J. S. Haldane, F.R.S., Lecturer in Physiology in the University of Oxford, and joint-editor of the *Journal of Hygiene*, has gone through this diet scale, and drawn up a table showing the results in calories, adding the values of Atwater's standard diets, published by the United States Board of Agriculture. From this table it appears that the diet scales for adults are all totally inadequate, judged by the standards. In these calculations it must also be pointed out that the milk is calculated as skim-milk, while buttermilk may be supplied, and, in such a case, the result would be lower still.

'OLD DIET SCALE FOR SCOTTISH POORHOUSES.

'*Class A. Aged healthy persons, not working.*

	Ounces.	Calories.
Meal, . . .	6	690
Bread, . . .	6	480
Milk (skimmed), .	20	206
Broth, . . .	30	273
		1649

'*Class B. Healthy adults, not working, and children of 8 to 15.*

Meal, . . .	8	920
Bread, . . .	8	640
Milk (skimmed), .	30	309
Broth, . . .	30	273
		2142

'*Class C. Working adults.*

Meal, . . .	8	920
Bread, . . .	8	640
Milk (skimmed), .	30	309
Broth, . . .	30	273
Meat, . . .	4	300
		2442

'*Class D. Infirm persons.*

Meal, . . .	4	460
Bread, . . .	12	960
Milk (skimmed), .	15	155
Rice soup, without meat, . . .	30	175
Tea, . . .	10	80
		1830

'*Class E. Children 5 to 8 years old.*

Meal, . . .	7	805
Bread, . . .	6	480
Milk (new), . .	30	609
Broth, . . .	20	182
Meat, . . .	2	150
		2226

'*Class F. Children of 2 to 5.*

Meal, . . .	6½	748
Bread, . . .	5	400
Milk (new), . .	20	406
Broth, . . .	15	137
Meat, . . .	1	75
		1766

(Not including lunch of bread and milk.)

'*Class G. Infants under 2.*

Bread, . . .	8	640
Milk (new), . .	20	406
		1046

'*Atwater's Standard Diets.*

Infants under 2, . . .		1050
Children, 2–5, . . .		1450
„ 6–9, . . .		1750
„ 10–13, . . .		2100
„ 14–16, . . .		2625
Adults — No work, . . .		2700 (men)
		2160 (women)
Light work, . . .		3000 (men)
		2400 (women)
Moderate work, . . .		3500 (men)
		2800 (women)
Hard work, . . .		4500 (men)
		3600 (women)

(Signed) 'J. S. HALDANE.'

My brother also informs me that the lowest legal diet for men in English prisons is 2670 calories. A certain amount of food (about 2700 calories) is required for bare subsistence without work, and it is the surplus of this that is available for work. The prison diets are framed so as to prevent waste of food or loss of weight by prisoners. He quotes from Dr Dunlop's investigations the following figures, amongst others :—

	Calories.
1. Ordinary male prisoners, Scotland, light labour, have at present . . .	3115
2. Male convicts, Scotland, moderate labour,	*3707
3. Male convicts, England, hard labour, .	4159
4. Able-bodied paupers, English workhouse,	3381
5. Pauper lunatics, Scotland, . . .	3455
6. Female prisoners, Scotland, . . .	2715
7. „ „ England, . . .	2611

(Diets for women are usually calculated as one-fifth less than those for men.)

Since the present dietary is evidently insufficient, I would suggest that evidence be taken on this subject by experts, with the view of framing a new scale, and that meanwhile the old 1850 dietary be absolutely prohibited. I should also suggest that the use of buttermilk be abolished in all classes in old dietary and for Class A. revised scale.

In all cases the medical officer of the poorhouse should be consulted in the framing of diet-tables, as is done in England. The Governor should also be allowed to make certain prescribed modifications in the diet for inmates who are not actually sick, subject to the ratification of the medical officer. The latter should direct the feeding of (1) mothers suckling children, (2) of children under 3, and other children should be fed by appetite. The food for the sick might be sent in bulk in heated tins, and the Governor should be held responsible for the serving of the food, and seeing that proper implements for eating it are given and used. The children, more especially, should be taught to eat properly, to use knives and forks and china, and to sit at table; those who go to school and cannot return to dinner should have suitable arrangements made for them.

Garden produce should be used as much as possible, and only the real surplus, if any, should be sold from poorhouse gardens.

Paupers should, as in England, be entitled to demand that their rations be weighed in their presence. The cooking of the food deserves considerable attention, and a competent paid cook to supervise should be considered essential. A simple cookery book, such as the *Manual of Workhouse Cookery*, prepared by the National Training School of Cookery, and issued by the English Local Government Board, might be found to be of use in showing how food may be suitably served and waste prevented.

(Signed) E. S. HALDANE.

December 1, 1902.

COPY of LETTER transmitting foregoing Memorandum to Local Government Board.

LOCAL GOVERNMENT BOARD,
EDINBURGH, 2*nd December* 1902.

Departmental Committee. Medical Relief to the Poor.

Sir,—A Memorandum on Poorhouse Dietaries has been submitted to the Departmental Committee by Miss E. S. Haldane, one of the witnesses examined by them. The Committee having carefully considered the Memorandum, which, it will be observed, contains, *inter alia*, a report on the old diet scale kindly supplied by Miss Haldane's brother, Dr J. S. Haldane, F.R.S., Lecturer in Physiology in the University of Oxford and joint-editor of the *Journal of Hygiene*, are of opinion that the matter is of such primary importance as to justify them in at once submitting it to the Local Government Board for their consideration, rather than that they should deal with it as a side issue in the inquiry in which they are engaged.

I am accordingly to enclose a copy of the memorandum, and also the original of Dr Haldane's report above referred to.—I am, Sir, your obedient servant,

(Signed) J. JEFFREY,
Secretary to the Committee.

The Secretary,
Local Government Board,
Edinburgh.

* 3500 calories was tried and found insufficient.

APPENDIX L.

TABLE showing (1) classification of inmates (excluding lunatics) in each poorhouse in Scotland at 31st December 1901; (2) the number of beds available for the different classes; and (3) the average number of cubic feet per bed for sick inmates.

No.	Poorhouses.	Classification of Inmates.							Number of Beds available.			Total Sleeping Accommodation sanctioned by Local Government Board.	Number of cubic feet per Bed for Sick Inmates.
		Infirm.	Sick.	All other Inmates (excluding Lunatics).	Children 5 and under 15 Years.	Children 2 and under 5 Years.	Infants under 2 years.	Total Inmates (excluding Lunatics).	For Infirm Inmates.	For Sick Inmates.	For all other Inmates (excluding Lunatics).		
1	Aberdeen, East,	43	140	73	35	13	11	315	45	156	155	356	569
2	Aberdeen, West,	104	40	82	1	1	2	230	114	40	116	270	940
3	Arbroath and St Vigeans Comb.,	35	16	17	6	6	2	82	50	28	50	128	710
4	Athole and Breadalbane Comb.,	24	12	7	...	...	1	44		70		70	466
5	Black Isle Combination,	3	9	10	...	2	2	26	20	4	54	(a) 78	556
6	Buchan Combination,	28	13	9	7	8	3	68	30	15	93	138	584
7	Cambusnethan Combination,	...	34	56	10	3	...	103	...	26	94	120	646
8	Campbeltown,	4	12	41	14	2	3	76	...	40	84	124	735
9	Cunninghame Combination,	20	82	190	32	12	5	341	28	104	347	479	900
10	Dalkeith Combination,	19	6	26	1	...	...	52	20	20	81	121	872
11	Dumbarton Combination,	13	54	107	34	14	6	228	14	60	128	202	594
12	Dumfries,	32	16	31	4	...	...	83	39	18	37	94	819
13	Dundee, East,	95	312	374	67	14	22	884	105	330	429	864	998
14	Dundee, West,	...	36	115	...	...	...	151	...	39	113	152	706
15	Dunfermline Combination,	18	18	62	3	2	3	106	23	29	70	122	761
16	Dysart Combination,	4	12	98	4	2	1	121	...	32	123	155	550
17	East Lothian Combination,	17	11	9	...	...	...	37	34	18	36	88	598
18	Easter Ross Combination,	18	21	6	5	2	2	54	38	32	30	100	456
19	Edinburgh, Craiglockhart,	40	195	307	56	24	19	641	40	211	490	741	988
20	Edinburgh, Craigleith,	123	161	301	66	15	12	678	148	171	511	830	926
21	Falkirk,	7	58	33	9	2	2	111	24	45	53	122	520
22	Forfar,	10	11	48	...	2	...	71	13	15	57	85	640
23	Galashiels Combination,	4	10	8	2	1	1	26	14	15	36	65	739
24	Glasgow, Barnhill,	718	408	157	57	41	18	1399	535	400	526	1461	896
25	Glasgow, City,	411	691	428	109	40	14	1693	460	699	591	1750	705
26	Govan Combination,	257	314	332	83	28	18	1032	263	360	442	1065	905
27	Greenock,	113	130	87	14	8	7	359	124	139	147	410	882
28	Hamilton Combination,	10	38	123	13	5	4	193	24	36	110	170	857
29	Hawick Combination,	6	5	26	6	2	1	46	10	9	84	103	742
30	Inveresk Combination,	4	13	65	3	...	1	86	...	30	87	117	791
31	Inverness,	19	10	55	3	5	3	95	24	16	133	173	700
32	Islay Combination,	...	...	19	3	...	...	22	...	4	44	48	1169
33	Jedburgh Combination,	6	1	7	1	...	...	15	24	4	44	72	787
34	Kelso Combination,	...	14	12	...	...	...	26	...	19	51	70	471
35	Kincardineshire Combination,	18	20	35	2	3	4	82	32	20	76	128	604
36	Kirkcaldy Combination,	38	16	20	7	5	3	89	42	20	68	130	676
37	Kirkcudbright Combination,	22	1	6	4	...	...	33	28	26	82	136	587
38	Kirkpatrick-Fleming Comb.,	30	...	21	1	1	1	54	30	3	63	96	800
39	Kyle Combination,	38	13	107	4	7	1	170	38		130	168	714
40	Lanark,	20	9	14	...	...	...	43	...	12	48	60	772
41	Latheron and Wick Comb.,	8	1	3	...	...	1	13	12	6	32	50	766
42	Leith,	80	79	218	26	23	5	431	80	99	227	406	692
43	Lews Combination,	7	16	...	7	2	1	33	20	32	14	66	760
44	Linlithgow Combination,	48	36	61	17	6	10	178	48	57	91	(b) 196	653
45	Lochgilphead Combination,	6	6	19	2	...	...	33	6	6	60	72	480
46	Long Island Combination,	...	1	7	...	...	...	8	4	4	12	20	886
47	Lorn Combination,	11	25	54	9	2	2	103	14	30	190	234	811
48	Maybole Combination,	5	14	27	...	...	1	47	12	16	32	60	637
49	Monkland, New,	27	44	76	19	7	2	175	27	53	140	220	600
50	Monkland, Old,	17	31	159	15	5	9	236	45		231	276	722
51	Morayshire Combination,	34	21	31	9	6	2	103	45	22	83	150	640
52	Mull Combination,	7	6	3	2	...	...	18	40	30	55	125	620
53	Nairn Combination,	13	11	7	...	...	2	33	24	27	24	75	924
54	Orkney Combination,	2	6	4	2	...	...	14	...	6	44	50	619
55	Paisley,	53	134	344	56	20	15	622	53	148	434	635	800
56	Peebles Combination,	9	...	15	...	...	...	24	...	4	68	72	1086
57	Perth,	23	16	95	14	10	8	166	26	43	161	230	561
58	Skye Combination,	...	3	4	2	2	2	13	8	8	24	40	511
59	Stirling Combination,	6	30	45	10	...	2	93	61		115	176	591
60	Sutherland Combination,	6	12	2	1	...	...	21	6	12	32	50	730
61	Thurso Combination,	5	2	6	1	1	...	15	40	8	101	149	485
62	Upper Nithsdale Combination,	4	3	...	3	...	...	10	...	4	122	126	770
63	Upper Strathearn Combination,	...	28	30	2	1	1	62	11	21	48	80	650
64	Wigtownshire Combination,	31		22	18	2	2	75	30		104	134	619
65	Zetland Combination,	12	17	16	3	1	2	51	28	28	18	74	646
	Total,	2754	3535	4772	884	358	239	12,542	3143	3909	8375	15,427	...

Note.—The information for this table was supplied by Governors of poorhouses in a special return to the Local Government Board for Scotland.

(a) This poorhouse is sanctioned for 100 inmates, but the Governor, in a letter dated 16th September 1902, states that he 'can only find space for 78 beds in the dormitories.'

(b) This poorhouse is sanctioned for 230 inmates, but the Governor, in a letter dated 12th September 1902, states that 'it is impossible to find room for more than 196 as shown.'

APPENDIX LI.

TABLE showing (1) the percentages of certain classes of inmates to the total inmates of Poorhouses (excluding lunatics) at 31st December 1901, and (2) the salaries of medical officers of Poorhouses at 15th May 1902, together with the cost of such salary per head of the average daily number of inmates in the Poorhouse during the year ending on that date and per head of inmates for whom there is sanctioned accommodation.

POORHOUSES.	Infirm.	Sick.	All other Ordinary Adults.	All children up to 15 years of age (not on Sick List).	Total.	Salary of Medical Officer.*	Cost of Medical Officer's Salary.	
							Per head of Average Daily Number of Inmates.	Per head of Inmates for whom there is sanctioned Accommodation.
	Per cent.	Per cent.	Per cent.	Per cent.	Per cent.	£	£ s. d.	£ s. d.
Aberdeen, East,	13·65	44·44	23·18	18·73	100·00	75	0 4 0	0 3 4
Aberdeen, West,	45·22	17·39	35·65	1·74	100·00	69	0 5 1	0 4 2
Average,	**26·97**	**33·03**	**28·44**	**11·56**	**100·00**	**72**	**0 4 5**	**0 3 8**
Arbroath & St Vigeans Combn.,	42·68	19·51	20·73	17·08	100·00	32	0 8 1	0 5 0
Athole, etc., Combination,	54·55	27·27	15·91	2·27	100·00	50	1 7 9	0 14 3
Black Isle ,,	11·54	34·62	38·46	15·38	100·00	26	1 3 8	0 5 2
Buchan ,,	41·18	19·12	13·23	26·47	100·00	40	0 7 2	0 4 3
Cambusnethan ,,	...	33·01	54·37	12·62	100·00	50	0 9 11	0 8 4
Campbeltown,	5·26	15·79	53·95	25·00	100·00	25	0 8 9	0 4 0
Cunninghame Combination,	5·86	24·05	55·72	14·37	100·00	100	0 5 4	0 3 6
Dalkeith ,,	36·54	11·54	50·00	1·92	100·00	30	0 12 9	0 5 0
Dumbarton ,,	5·70	23·68	46·93	23·69	100·00	76	0 6 2	0 5 10
Dumfries,	38·55	19·28	37·35	4·82	100·00	30	0 8 0	0 6 5
Dundee, East,	10·75	35·29	42·31	11·65	100·00	236	0 5 2	0 4 11
Dundee, West,	...	23·84	76·16	...	100·00	74	0 7 1	0 6 5
Average,	**9·18**	**33·62**	**47·25**	**9·95**	**100·00**	**155**	**0 5 6**	**0 5 2**
Dunfermline Combination,	16·98	16·98	58·49	7·55	100·00	40	0 8 8	0 6 7
Dysart Combination,	3·31	9·92	80·99	5·78	100·00	30	0 5 7	0 3 10
East Lothian ,,	45·95	29·73	24·32	...	100·00	25	0 12 6	0 5 8
Easter Ross ,,	33·33	38·89	11·11	16·67	100·00	40	0 16 4	0 8 0
Edinburgh, Craiglockhart,	6·24	30·42	47·89	15·45	100·00	282	0 7 8	0 5 10
,, Craigleith,	18·14	23·75	44·39	13·72	100·00	261	0 8 9	0 6 3
Average,	**12·36**	**26·99**	**46·09**	**14·56**	**100·00**	**272**	**0 8 2**	**0 6 0**
Falkirk,	6·31	52·25	29·73	11·71	100·00	40	0 8 0	0 6 7
Forfar,	14·08	15·49	67·61	2·82	100·00	20	0 6 8	0 4 8
Galashiels Combination,	15·38	38·46	30·77	15·39	100·00	30	1 0 0	0 9 3
Glasgow, Barnhill,	51·32	29·17	11·22	8·29	100·00	742	0 11 3	0 10 2
,, City,	24·27	40·82	25·28	9·63	100·00	674	0 8 4	0 7 8
Average,	**36·51**	**35·54**	**18·92**	**9·03**	**100·00**	**708**	**0 9 8**	**0 8 10**
Govan Combination,	24·90	30·43	32·17	12·50	100·00	506	0 9 1	0 7 9
Greenock,	31·48	36·21	24·23	8·08	100·00	293	0 10 7	0 8 4
Hamilton Combination,	5·18	19·69	63·73	11·40	100·00	60	0 7 2	0 7 1
Hawick ,,	13·04	10·87	56·52	19·57	100·00	40	0 19 1	0 7 9
Inveresk ,,	4·65	15·12	75·58	4·65	100·00	39	0 7 0	0 5 3
Inverness,	20·00	10·53	57·89	11·58	100·00	60	0 14 1	0 6 11
Islay Combination,	...	...	86·36	13·64	100·00	15	0 13 8	0 6 3
Jedburgh ,,	40·00	6·67	46·66	6·67	100·00	25	1 15 9	0 6 11
Kelso ,,	...	53·85	46·15	...	100·00	15	0 14 3	0 4 3
Kincardineshire Combination,	21·95	24·39	42·68	10·98	100·00	42	0 7 4	0 4 11
Kirkcaldy ,,	42·70	17·98	22·47	16·85	100·00	40	0 10 3	0 6 2
Kirkcudbright ,,	66·67	3·03	18·18	12·12	100·00	30	1 0 0	0 4 5
Kirkpatrick-Fleming ,,	55·56	...	38·88	5·56	100·00	40	1 5 0	0 8 4
Kyle ,,	22·35	7·65	62·94	7·06	100·00	55	0 7 7	0 6 7
Lanark,	46·51	20·93	32·56	...	100·00	20	0 9 9	0 6 8
Latheron and Wick Combn.,	61·54	7·69	23·08	7·69	100·00	40	3 6 8	0 16 0
Leith,	18·56	18·33	50·58	12·53	100·00	125	0 6 4	0 5 4
Lewis Combination,	21·21	48·48	...	30·31	100·00	10	0 9 1	0 3 0
Linlithgow ,,	26·97	20·22	34·27	18·54	100·00	70	0 7 5	0 5 4
Lochgilphead ,,	18·18	18·18	57·58	6·06	100·00	28	1 11 1	0 7 9
Long Island ,,	...	12·50	87·50	...	100·00	30	3 15 0	1 10 0
Lorn ,,	10·68	24·27	52·43	12·62	100·00	40	0 9 1	0 3 5
Maybole ,,	10·64	29·79	57·44	2·13	100·00	15	0 7 4	0 5 0
New Monkland,	15·43	25·14	43·43	16·00	100·00	50	0 6 2	0 4 7
Old Monkland,	7·20	13·14	67·37	12·29	100·00	70	0 5 8	0 4 4
Morayshire Combination,	33·01	20·39	30·10	16·50	100·00	30	0 8 3	0 4 0
Mull ,,	38·89	33·33	16·67	11·11	100·00	30	1 11 7	0 4 10
Nairn ,,	39·40	33·33	21·21	6·06	100·00	21	0 12 4	0 5 7
Orkney ,,	14·29	42·86	28·57	14·28	100·00	10	0 15 5	0 4 0
Paisley,	8·52	21·54	55·31	14·63	100·00	322	0 7 11	0 6 11
Peebles Combination,	37·50	...	62·50	...	100·00	20	1 0 0	0 5 7
Perth,	13·85	9·64	57·23	19·28	100·00	60	0 6 6	0 4 5
Skye Combination,	...	23·08	30·77	46·15	100·00	12	1 1 10	0 6 0
Stirling ,,	6·45	32·26	48·39	12·90	100·00	50	0 12 10	0 5 8
Sutherland ,,	28·57	57·14	9·53	4·76	100·00	20	0 19 1	0 8 0
Thurso ,,	33·34	13·33	40·00	13·33	100·00	20	1 6 8	0 2 8
Upper Nithsdale Combination,	40·00	30·00	...	30·00	100·00	30	2 14 7	0 4 9
Upper Strathearn ,,	...	45·16	48·39	6·45	100·00	21	0 8 9	0 5 3
Wigtownshire ,,	41·33		29·34	29·33	100·00	50	0 9 6	0 5 11
Zetland ,,	23·53	33·33	31·37	11·77	100·00	25	0 10 8	0 6 9
Whole of Scotland,	**21·96**	**28·19**	**38·05**	**11·80**	**100·00**	**5576**	**0 8 8**	**0 6 5**

Note.—The figures in this table have been compiled from the information contained in the previous Appendix (L.), and from returns in the possession of the Local Government Board for Scotland.

* Includes rations where the medical officer is resident.

APPENDIX LII.

TABLE showing (1) the total number of persons receiving indoor relief; (2) the number receiving relief on two given days; and (3) the number and percentage on the sick list for each of the thirty years 1872 to 1901.

Year.	Number of Persons receiving Indoor Relief during the Year.	Of whom on Sick List.	Percentage of Persons relieved during the Year who were on Sick List.	Number of Persons receiving Relief on 30th June.	Of whom on Sick List.	Number of Persons receiving Relief on 31st Dec.	Of whom on Sick List.	Percentage of Persons relieved on 30th June and 31st Dec. who were on Sick List.
1872	27,940	15,469	55·4	7,144	1,643	8,172	1,792	22·4
1873	29,404	13,862	47·1	7,371	1,917	8,189	2,183	26·3
1874	29,116	15,448	53·1	7,318	2,058	8,653	2,470	28·4
1875	29,063	15,040	51·7	7,289	1,809	8,354	2,065	24·8
1876	30,466	13,985	45·9	7,618	2,000	8,833	2,158	25·3
1877	34,073	15,761	46·3	7,948	2,137	9,391	2,410	26·2
1878	37,531	17,484	46·6	8,761	2,184	10,307	2,721	25·7
1879	40,541	19,466	48·0	9,125	2,486	10,733	2,864	26·9
1880	42,462	19,248	45·3	9,246	2,308	10,504	2,644	25·1
1881	40,858	18,954	46·4	8,945	2,361	10,155	2,537	25·6
1882	39,834	18,717	47·0	8,683	2,307	9,915	2,614	26·5
1883	39,800	20,354	51·1	8,600	2,308	9,646	2,539	26·6
1884	41,609	20,515	49·3	8,817	2,374	10,022	2,433	25·5
1885	40,267	18,947	47·1	8,757	2,245	10,388	2,571	25·2
1886	41,399	19,392	46·8	8,986	2,385	10,233	2,633	26·1
1887	40,894	19,763	48·3	8,841	2,345	10,099	2,731	26·8
1888	40,044	18,857	47·1	8,740	2,336	9,544	2,613	27·1
1889	38,564	18,858	48·9	8,203	2,334	9,417	2,678	28·4
1890	38,740	19,854	51·2	8,078	2,331	9,591	2,691	28·4
1891	41,311	20,032	48·5	8,403	2,466	9,589	2,847	29·5
1892	43,723	20,112	46·0	8,542	2,507	10,061	2,787	28·5
1893	46,002	19,289	41·9	9,084	2,532	10,593	2,870	27·5
1894	46,192	19,235	41·6	9,515	2,724	10,689	2,921	27·9
1895	47,896	20,925	43·7	9,326	2,719	10,897	3,132	28·9
1896	48,180	20,826	43·2	9,612	2,812	11,247	3,235	29·0
1897	50,860	21,991	43·2	9,820	2,835	11,414	3,123	28·1
1898	50,701	21,680	42·8	10,046	2,875	11,280	3,206	28·5
1899	51,049	23,170	45·4	9,829	3,068	11,348	3,257	29·9
1900	52,041	23,159	44·5	9,732	3,061	11,807	3,383	29·9
1901	57,049	24,171	42·4	10,308	3,064	12,542	3,535	28·9

Note.—The figures for this table have been taken from the Annual Reports of the Board of Supervision and Local Government Board for Scotland.

APPENDIX LIII.

TABLE showing the number of ordinary inmates punished (1) by confinement, (2) by corporal punishment, and (3) by other punishment in Poorhouses in Scotland during each of the years from 1894 to 1902.

Year.	Number of Ordinary Inmates punished during the Year.							
	By Confinement.		By Corporal Punishment.		By other Punishment.		Total.	
	Males.	Females.	Boys.	Girls.	Males.	Females.	Males.	Females.
1894	161	128	70	4	41	30	272	162
1895	116	90	83	20	63	47	262	157
1896	114	86	49	4	101	53	264	143
1897	124	113	52	11	75	50	251	174
1898	127	91	58	16	52	36	237	143
1899	84	106	71	7	43	28	198	141
1900	132	83	107	10	75	50	314	143
1901	168	93	51	3	83	51	302	147
1902	140	90	27	5	84	57	251	152

Note.—The figures for this table have been taken from returns made to the Local Government Board for Scotland by Governors of Poorhouses. (No similar information available for years prior to 1894.)

APPENDIX LIV.

TABLE showing the expenditure on Trained Sick Nursing in Poorhouses in Scotland, together with the number of nurses employed and the number of resignations and appointments during the years from 1885 to 1902 inclusive.

Year.	Expenditure on Trained Sick Nursing.†	Number of Nurses Employed at 15th May.	Number of Resignations during the Year ending 15th May.	Number of Appointments during the Year ending 15th May.	Number of Nurses appointed who had previously been employed in Poorhouses.
	£				
1885	528	*	*	*	*
1886	1001	27	10	19	2
1887	1102	27	10	10	3
1888	1327	31	12	16	3
1889	1544	35	20	24	4
1890	1942	46	21	32	7
1891	2110	48	26	28	8
1892	2724	67	28	47	15
1893	3597	83	27	43	5
1894	3873	82	48	47	10
1895	4163	91	33	42	9
1896	4463	104	36	49	8
1897	4774	109	31	36	5
1898	5023	122	32	45	15
1899	5403	121	50	49	14
1900	5597	122	65	66	23
1901	6200	137	55	70	16
1902	6737	152	69	84	17

Note.—The information for this table has been compiled from the Annual Reports of the Board of Supervision and Local Government Board for Scotland, and from the Register of Trained Sick Nurses kept by these Boards.

* Information not available.

† This expenditure is limited to the Salaries and 6/- per week towards the rations of Trained Sick Nurses in poorhouses that comply with the regulations for the distribution of the Grant.

APPENDIX LV.

TABLE showing certain particulars regarding parishes that do not participate in the Medical Relief Grant.

I.—List of parishes in which medical officer is paid by fees, with number of paupers on Roll at 15th May 1902, and population according to 1901 census.

County and Parish.	Population, Census 1901.	Pauperism at 15th May 1902.
Aberdeen—Keithhall,	803	13
Leochel Cushnie,	1018	30
Argyll—Craignish,	327	9
Inverchaolain,	334	2
Kilmodan,	387	4
Ayr—Craigie,	509	2
Berwick—Abbey St Bathans,	213	...
Buncle, etc.,	629	8
Cranshaws,	159	...
Fogo,	445	5
Longformacus,	281	3
Mordington,	284	2
Nenthorn,	416	4
Polwarth,	203	4
Westruther,	504	3
Elgin—Birnie,	356	4
Fife—Dunbog,	286	7
Forfar—Caraldstone,	221	2
Inverarity,	823	8
Monikie,	1299	21
Murroes,	1041	17
Tealing,	615	9
Lanark—Carstairs,	1893	18
Dolphinton,	250	1
Pettinain,	271	1
Wiston,	412	8
Peebles—Kirkurd,	293	...
Lyne,	98	...
Tweedsmuir,	435	2
Perth—Abernyte,	241	4
Clunie,	561	19
Gask,	323	3
Kinloch,	193	2
Kinnaird,	217	4
Lethendy,	158	...
Meigle,	723	6
Roxburgh—Ednam,	523	8
Makerston,	337	7
Oxnam,	624	4
Roberton,	397	2
Smailholm,	341	1
Stitchel,	304	2
Selkirk—Ashkirk,	404	3
Total,	20,151	252

II.—List of parishes having no medical officer, with number of paupers on roll at 15th May 1902, and population according to 1901 census.

County and Parish.	Population, Census 1901.	Pauperism at 15th May 1902.
Argyll—Gigha,	374	6
Ayr—Straiton,	1016	26
Edinburgh—Heriot,	417	...
Fife—Moonzie,	138	2
Forfar—Fearn,	322	3
Lethnot,	238	3
Lunan,	302	5
Kirkcudbright—Carsphairn,	351	4
Lanark—Libberton,	432	7
Perth—Aberdalgie,	278	2
Arngask,	593	5
Bendochy,	473	6
Dron,	232	6
Madderty,	443	8
Roxburgh—Bedrule,	206	3
Hownam,	192	6
Linton,	405	8
Morebattle,	779	11
Selkirk—Caddonfoot,	663	1
Total,	7854	112

III.—List of parishes paying a salary to a medical officer, but not participating in the Medical Relief Grant on account of their expenditure being less than the 'minimum expenditure,' with number of paupers on roll at 15th May 1902, and population according to 1901 census.

County and Parish.	Population, Census 1901.	Pauperism at 15th May 1902.
Aberdeen—Bourtie,	408	1
Clatt,	425	7
Daviot,	568	4
Old Machar,	1457	22
Rayne,	1097	20
Berwick—Mertoun,	576	4
Fife—Dairsie,	464	8
Flisk,	232	4
Forfar—Fowlis, Easter,	254	1
Liff and Benvie,	1834	23
Lundie,	268	3
Kincardine—Garvock,	368	1
Lanark—Carmichael,	1198	6
Wandell,	362	1
Orkney—Orphir,	877	30
Perth—St Madoes,	336	13
Roxburgh—Crailing,	501	8
Total,	11,225	156

IV.—SUMMARY.

	Number of Parishes.	Population, Census 1901.	Pauperism at 15th May 1902.
Medical officer paid by fees,	43	20,151	252
No medical officer appointed,	19	7,854	112
Medical officer paid by salary, but parish non-participating,	17	11,225	156
Total,	79	39,230	520

Note.—The information for this Appendix has been compiled from returns made to the Local Government Board for Scotland by inspectors of poor.

APPENDIX LVI.

TABLE showing the Expenditure on Medical Relief between 1846 and 1902, and the sum which that Expenditure represents per head of population and per pauper, together with the number of Parishes participating and non-participating in the Medical Relief Grant.

Year.	Total Number of Paupers at 15th May.*	Total Expenditure on Medical Relief as returned by Inspectors of Poor.	Expenditure on Medical Relief per head of population.		Expenditure on Medical Relief per Pauper.		Number of Parishes participating in the Medical Relief Grant.	Number of Parishes *not* participating in the Medical Relief Grant.
		£	*s.*	*d.*	*s.*	*d.*		
1846	†101,000	4,056	0	0½	0	9¾	...	...
1847	†108,000	12,879	0	1½	2	4½	...	...
1848	†113,000	‡30,340	0	2¾	5	4¾	...	...
1849	†119,000	‡33,010	0	3	5	6½	438	442
1850	†119,000	26,574	0	2¼	4	5½	498	382
1851	†118,000	20,311	0	1¾	3	5½	508	373
1852	†114,000	21,436	0	1¾	3	9¼	549	333
1853	†114,000	21,737	0	1¾	3	9¾	560	322
1854	†119,000	27,875	0	2¼	4	8¾	581	302
1855	†118,000	27,166	0	2¼	4	7½	594	289
1856	†118,000	24,008	0	2	4	0¾	608	275
1857	†119,000	24,205	0	2	4	0¾	621	262
1858	†122,000	24,949	0	2	4	1	634	249
1859	122,013	25,692	0	2¼	4	2½	645	238
1860	120,906	26,739	0	2¼	4	5	649	234
1861	124,191	26,909	0	2	4	4	659	224
1862	126,319	27,623	0	2¼	4	4½	667	217
1863	127,560	28,627	0	2¼	4	5¾	672	212
1864	127,714	30,601	0	2¼	4	9½	684	200
1865	128,343	31,400	0	2¼	4	10¾	694	191
1866	126,042	31,688	0	2½	5	0¼	696	189
1867	128,361	31,587	0	2¼	4	11	697	188
1868	136,236	32,858	0	2¼	4	10	702	185
1869	136,065	33,784	0	2¼	4	11¼	709	178
1870	132,466	35,516	0	2½	5	4¼	711	176
1871	129,257	35,526	0	2½	5	6	712	175
1872	122,737	36,762	0	2¾	6	0	720	167
1873	116,107	34,066	0	2½	5	10½	723	162
1874	110,239	34,576	0	2½	6	3¾	731	155
1875	105,605	34,771	0	2¾	6	7	736	150
1876	104,166	36,735	0	2¾	7	0¾	732	154
1877	100,640	37,402	0	2¾	7	5¼	740	146
1878	99,398	38,888	0	2¾	7	10	748	139
1879	102,899	40,128	0	2¾	7	9¼	744	142
1880	103,186	40,757	0	3	7	10¾	747	139
1881	102,306	40,438	0	2¾	7	10¾	750	136
1882	99,341	40,224	0	2¾	8	1¼	755	131
1883	97,097	40,419	0	2¾	8	4	762	124
1884	94,642	39,509	0	2¾	8	4¼	769	117
1885	95,516	39,878	0	2¾	8	4¼	774	112
1886	97,504	40,299	0	2¾	8	3¼	776	110
1887	96,536	40,780	0	2¾	8	5¼	776	110
1888	96,226	41,107	0	2¾	8	6¼	788	98
1889	94,836	41,604	0	2¾	8	9¼	791	95
1890	92,824	42,311	0	2¾	9	1¼	796	90
1891	91,063	42,566	0	2¾	9	4¼	791	95
1892	90,792	44,124	0	2¾	9	8¼	804	81
1893	92,004	45,651	0	2¾	9	11	794	91
1894	93,682	47,011	0	2¾	10	0¼	796	89
1895	95,868	48,091	0	2¾	10	0¼	798	79
1896	98,002	50,696	0	3	10	4¼	794	83
1897	99,503	52,440	0	3¼	10	6¼	798	79
1898	99,578	52,631	0	3¼	10	6¼	799	78
1899	97,947	53,568	0	3¼	10	11¼	794	83
1900	99,016	53,468	0	3¼	10	9¼	797	80
1901	99,028	55,278	0	3	11	2	797	78
1902	100,848	56,742	0	3	11	3	795	79

Note.—The information for this Table has been compiled from the Annual Reports of the Board of Supervision and Local Government Board for Scotland.

* Including dependants and lunatics. † Estimate.

‡ The large expenditure for these two years was chiefly caused by the prevalence of fever in 1847, and of cholera in 1848–9, and also by the fact that the Inspectors of Poor included under the head of Medical Relief in their returns the cost of cordials and special diet—two items that have since 1848–9 been included under Maintenance. (*Fourteenth Annual Report of Board of Supervision*, 1859.)

APPENDIX LVII.

TABLE showing the Expenditure on Indoor and Outdoor Medical Relief for the years from 1890 to 1902 inclusive.

Year.	Paupers at 15th May (excluding lunatics in Asylums*).		Expenditure on Medical Relief.		Annual Expenditure on Medical Relief per pauper.	
	Indoor (including lunatics in Licensed Wards of Poorhouses†).	Outdoor (including boarded-out lunatics†).	Indoor.	Outdoor.	Indoor.	Outdoor.
			£	£	£ s. d.	s. d.
1890	9,182	76,768	11,749	30,562	1 5 7	8 0
1891	9,040	74,762	11,754	30,812	1 6 0	8 3
1892	9,525	73,954	12,753	31,371	1 6 9	8 6
1893	9,837	74,732	13,984	31,667	1 8 5	8 6
1894	10,204	75,771	14,935	32,076	1 9 3	8 6
1895	10,170	77,926	15,314	32,777	1 10 1	8 5
1896	10,562	79,202	15,640	35,056	1 9 7	8 10
1897	10,972	79,985	16,234	36,206	1 9 7	9 1
1898	11,110	79,550	16,210	36,421	1 9 2	9 2
1899	11,068	77,732	15,909	37,659	1 8 9	9 8
1900	11,083	78,643	15,986	37,482	1 8 10	9 6
1901	11,417	77,787	17,390	37,888	1 10 6	9 9
1902	12,004	78,772	18,091	38,651	1 10 2	9 10

Note.—The information for this table has been compiled from the Annual Reports of the Board of Supervision and Local Government Board for Scotland, and from returns in the possession of the latter.

* No part of the cost of lunatics in Asylums is exigible from the medical relief grant.

† Medical relief to lunatics in licensed wards of poorhouses and to lunatics boarded in private dwellings is claimable against the medical relief grant.

APPENDIX LVIII.

TABLE showing as at 15th May 1902 for each County in Scotland (1) the amount of Salaries of Poor Law Medical Officers (Outdoor); (2) the approximate amount of such salaries if re-allocated on a basis of Population, Acreage, and Pauperism; and (3) the methods under which Medicines and Medical Appliances were supplied.

County.	Salaries of Poor Law Medical Officers (Outdoor) at 15th May 1902.	Approximate amount of such salaries if re-allocated on a basis of Population, Acreage, and Pauperism.	Number of Parishes in which Medicines or Medical Appliances are supplied :—					Number of parishes in which the method of supplying medicines, etc., was not stated.
			(1) By the Medical Officer :—			(2) By a Druggist :—		
			(a) In respect of his Salary.	(b) In respect of a fixed annual payment.	(c) Who renders accounts therefor as supplied.	(a) Under Contract.	(b) Who renders accounts therefor as supplied.	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	£	£						
1. Aberdeen,	1657	1969	15	7	7	4	50	...
2. Argyll,	2248	1385	6	11	11	...	11	...
3. Ayr,	1697	1455	10	17	12	...	5	...
4. Banff,	604	489	5	...	3	4	10	...
5. Berwick,	348	276	1	6	19	...	6	...
6. Bute,	177	140	3	...	...	...	3	...
7. Caithness,	541	436	...	5	3	...	2	...
8. Clackmannan,	166	146	2	...	1	...	2	...
9. Dumbarton,	563	566	3	4	2	1	2	...
10. Dumfries,	831	659	10	...	19	1	13	...
11. Edinburgh,	1432	2063	5	5	7	1	9	...
12. Elgin,	477	404	3	5	1	5	5	...
13. Fife,	1166	964	22	6	5	...	25	2
14. Forfar,	939	1394	16	4	10	3	17	3
15. Haddington,	329	257	4	1	3	2	14	...
16. Inverness,	2349	1912	8	7	5	1	12	...
17. Kincardine,	238	241	4	6	5	...	4	...
18. Kinross,	75	50	2	...	...	...	3	...
19. Kirkcudbright,	634	496	4	...	7	1	15	1
20. Lanark,	3335	5873	8	12	10	2	7	...
21. Linlithgow,	310	322	...	3	1	...	7	...
22. Nairn,	64	94	...	1	...	...	3	...
23. Orkney,	691	273	2	7	9	1	2	...
24. Peebles,	102	165	1	1	4	...	8	...
25. Perth,	1165	1284	24	13	13	...	18	3
26. Renfrew,	950	1229	1	6	6	2	1	...
27. Ross and Cromarty,	2384	1516	6	3	7	...	17	...
28. Roxburgh,	328	409	1	...	4	1	21	3
29. Selkirk,	143	185	1	...	...	1	4	1
30. Stirling,	658	780	6	9	5	1	1	...
31. Sutherland,	1191	817	3	2	4	...	4	...
32. Wigtown,	650	341	9	3	3	...	2	...
33. Zetland,	483	335	7	2	3	...	...	...
Total,	28,925	28,925	192*	146†	189	31	303	13

Note.—This table, with the exception of column (2), has been compiled from returns made to the Departmental Committee by Inspectors of Poor.

* Includes sixteen parishes in which the medical officer supplies medicines in only one district of the parish, the medicines for the other district or districts being supplied by a druggist. In 55 of the 192 parishes the medical officer's salary covers medicines but not medical and surgical appliances.

† In forty-one of these parishes the fixed annual payment covers medicines only, medical and surgical appliances being paid for separately.

APPENDIX LIX.

TABLE showing for each County in Scotland the amount expended on Medical Relief during the year ended 15th May 1902, together with the rate of such expenditure per head of population and per poor person.

Counties.	Population in 1901.	Poor of all classes at 15th May 1902.	Sum expended on Medical Relief, Year to 15th May 1902	Rate of Medical Relief per head of population.	Cost of Medical Relief per poor person.
			£	*d.*	*s.* *d.*
1. Aberdeen,	313,825	6,719	2,957	2·26	8 9·62
2. Argyll,	73,642	2,209	2,697	8·79	24 5·02
3. Ayr,	254,468	5,406	2,575	2·43	9 6·32
4. Banff,	61,488	1,454	770	3·01	10 7·10
5. Berwick,	30,824	585	519	4·04	17 8·92
6. Bute,	18,787	309	205	2·62	13 3·22
7. Caithness,	33,870	1,296	782	5·54	12 0·81
8. Clackmannan,	32,029	559	242	1·81	8 7·90
9. Dumbarton,	113,865	2,341	1,083	2·28	9 3·03
10. Dumfries,	72,571	1,484	1,266	4·19	17 0·74
11. Edinburgh,	488,061	10,210	4,909	2·41	9 7·39
12. Elgin,	44,800	1,455	714	3·83	9 9·77
13. Fife,	218,840	3,479	1,637	1·80	9 4·93
14. Forfar,	284,082	6,127	3,070	2·59	10 0·25
15. Haddington,	38,665	911	523	3·25	11 5·78
16. Inverness,	90,674	3,197	2,895	7·66	18 1·33
17. Kincardine,	31,537	522	375	2·85	14 4·41
18. Kinross,	6,981	87	81	2·78	18 7·45
19. Kirkcudbright,	39,383	1,063	910	5·55	17 1·46
20. Lanark,	1,314,810	30,435	15,142	2·76	9 11·40
21. Linlithgow,	66,443	1,382	524	1·89	7 7·00
22. Nairn,	8,721	262	111	3·05	8 5·68
23. Orkney,	28,699	838	771	6·45	18 4·81
24. Peebles,	15,066	181	174	2·77	19 2·72
25. Perth,	123,283	2,308	1,734	3·38	15 0·31
26. Renfrew,	293,497	5,521	2,460	2·01	8 10·94
27. Ross and Cromarty,	76,450	3,161	2,904	9·12	18 4·49
28. Roxburgh,	48,804	900	604	2·97	13 5·07
29. Selkirk,	23,356	453	258	2·65	11 4·69
30. Stirling,	142,291	3,132	1,057	1·78	6 9·00
31. Sutherland,	21,440	918	1,331	14·90	28 11·97
32. Wigtown,	32,685	1,038	858	6·30	16 6·38
33. Zetland,	28,166	906	604	5·15	13 4·00
Total,	4,472,103	100,848	56,742	3·05	11 3·04

Note.—The information for this Table has been taken from the Eighth Annual Report of the Local Government Board for Scotland.

APPENDIX LX.

TABLE showing the number of complaints against Poor Law medical officers during the years 1855 to 1902, and the manner in which they have been disposed of by the Board of Supervision and Local Government Board.

Years.	Number of Complaints.	How disposed of.			
		Complaint unfounded.	Medical Officer censured.	Medical Officer allowed to resign.	Medical Officer dismissed.
1855	1	...	...	...	1
1859	1	...	1	...	...
1860	1	1	...	...	...
1861	1	...	...	...	1
1862	*...	...	...	...	...
1863	...	...	...	...	...
1864	2	1	...	1	...
1865	4	3	1	...	...
1866	2	1	...	1	...
1867	2	1	...	...	1
1868	3	3	...	...	...
1869	2	2	...	...	...
1870	7	5	2	...	...
1871	3	3	...	...	...
1872	5	4	...	...	1
1873	3	1	1	...	1
1874	4	3	...	1	...
1875	1	1	...	...	...
1876	3	1	2	...	...
1877	3	...	3	...	...
1878	2	1	1	...	...
Carry forward,	50	31	11	3	5

* No definite number stated. Report says, 'several charges,' none of which required 'our interference.'

Years.	Number of Complaints.	How disposed of.			
		Complaint unfounded.	Medical Officer censured.	Medical Officer allowed to resign.	Medical Officer dismissed.
Brought forward,	50	31	11	3	5
1879	3	1	2	...	...
1880	7	5	2	...	...
1881	8	8	...	...	...
1882	3	3	...	...	...
1883	7	5	1	1	...
1884	3	3	...	...	...
1885	3	3	...	...	...
1886	2	2	...	...	...
1887	3	...	3	...	...
1888	4	2	...	1	1
1889	8	6	...	1	1
1890	7	4	2	1	...
1891	7	3	2	2	...
1892	4	1	...	1	2
1893	...	...	...	...	...
1894	2	2	...	...	...
1895	3	1	2	...	...
1896	8	5	...	2	1
1897	3	1	2	...	...
1898	2	2	...	...	...
1899	...	...	...	...	...
1900	...	...	...	...	...
1901	2	...	1	...	1
1902	...	...	...	...	...
Total,	139	88	28	12	11

Note.—The figures for this table have been taken from the annual reports of the Board of Supervision and Local Government Board for Scotland.

APPENDIX LXI.

Minute of Board of Supervision, dated 2nd February 1848.

The Legislature having voted a grant of £10,000 in aid of Medical Relief in Scotland, this Board has been requested by the Secretary of State for the Home Department to suggest the best mode of appropriating that sum. This Board understands that the objects contemplated by the Legislature in voting this grant are to improve the supply of medical relief to the poor in Scotland, and, at the same time, to relieve the ratepayers of a part of the increased burden, which a due performance of the statutory obligation to provide adequate medical relief for the poor would imply.

Before the recent statute came into operation, it appears, from the Report of the Commissioners appointed to inquire into the administration and practical operation of the Poor Laws in Scotland (dated 2nd May 1844) [page 13], that there was scarcely any provision made for medical relief to the poor out of the poor funds in this country. In a large majority of the parishes, the paupers at that time received no medicines or medical attendance but such as might be gratuitously afforded them by resident medical gentlemen, occasionally aided by charitable neighbours.

By the 69th section of the Statute 8th and 9th Vict. cap. 83, Parochial Boards are 'required, out of the funds 'raised for the relief of the poor, to provide for medicines, 'medical attendance, nutritious diet, cordials, and clothing 'for such poor, in such manner and to such an extent as 'may seem equitable and expedient.' To provide adequate medical relief for the poor thus became a statutory obligation, for the due performance of which every parochial board is required to employ any amount of funds that may be necessary. This statute came into operation in August 1845, and from the returns made to this Board for the year ending 1st February 1846, it appears that the whole sum charged for medical relief to the poor of Scotland in that year was £4055, 17s. 7¾d., the population in 1841 having been 2,620,216.—(Appendix, 1st Report Board of Supervision.)

By its circular letter of the 15th January 1846, this Board directed the attention of the parochial authorities to this subject, and the returns for the year ending 14th May 1847 show an expenditure, on medical relief in that year, of £12,879, 9s. 6½d., being more than three times the amount expended in the year for which the previous returns had been made. But notwithstanding this marked improvement, the supply of that description of relief is still altogether inadequate in a large majority of the parishes, including some considerable towns. The parishes of New and Old Monkland will serve as examples. In the former, with a population of 20,511, the charge for medical relief in the year ending May 1847 is £21, 13s. 7d.; and in Old Monkland, with a population of 19,709, it is £14, 12s. 2d.

Of 880 parishes and combinations into which Scotland is divided, there are about 360 scattered over every county except Peebles, Selkirk, and Sutherland, in which there is either no charge for medical relief, or in which the expenditure for that purpose, in the past year, has not amounted to £5. Of these, there are 120 parishes, containing a population of about 160,000 persons, in which it does not appear that any medical relief has been afforded to the poor. With the exception of a few parishes, in which the present provision may be regarded as adequate, the arrangements for supplying medical relief have been made without any regular plan—each parochial board adopting what were regarded as the most convenient, but not generally the most effectual, measures for that purpose.

From the annexed table (I.), showing the rate per head on the population actually expended on medical relief in each county, it appears that this rate is very unequal in circumstances apparently similar. In the County of Ross and Cromarty it is more than twice as great, and in the county of Sutherland nearly three times as great, as in the county of Inverness. In the county of Banff it is more than twice as great as in Forfar; in Kincardine, more than twice as great as in Kinross; in Selkirk, more than twice as great as it is in Fife, Dumfries, or Renfrew; in Wigton, nearly twice as great as it is in Aberdeen. A comparison of the rate per head on the population actually expended on medical relief in the different parishes in each county would, in most cases, exhibit a similar inequality.

It appears, therefore, that the provision for medical relief in Scotland is generally inadequate—that, except in a few parishes, the arrangements for its supply are made without any regular plan—and that the actual expenditure for this purpose is not in proportion to the comparative wants of the poor in each parish, or even in each county.

Such being the state of medical relief in Scotland, the Board had to determine on what principle it would propose to apportion to the different parishes the sum voted by Parliament. They were aware that, in apportioning a grant for a similar purpose to the unions in England, the Poor Law Commissioners had recommended that it should be distributed in sums proportioned to the actual expenditure in each union; and were medical relief in Scotland everywhere administered on a system similar to that established in the English unions, that principle of distribution would, no doubt, have been equally applicable to this country. The expenditure in the English unions, where the general system was uniform and efficient, and had been established and acted upon for many years, afforded a sufficiently accurate measure of the comparative cost of adequate medical relief in the different unions; and a distribution of the grant, in sums proportioned to that expenditure, would therefore be a distribution in sums proportioned to their comparative wants. But, from what has been stated, it is obvious that their actual expenditure could not be regarded as affording a measure of the comparative wants, or, in other words, the comparative cost of adequate medical relief in the different parishes of this country. While, therefore, the Board was of opinion that the distribution ought to be made on the principle of giving to each parish a share of the grant, proportioned to the comparative cost of providing adequate medical relief, the data, furnished by the returns exhibiting the actual expenditure, afforded no means of making even an approximate estimate of the relative expenditure required for this purpose. It accordingly became necessary to devise some other means of arriving at that result.

Having a given sum to distribute, it was unnecessary to determine the actual amount to be expended on medical relief in each parish, an amount to which no limit could be assigned. For the present purpose, it was sufficient to ascertain the comparative or proportional amount, and it appeared that this might be deduced, with a near approximation to accuracy, from the population, and the area of the parishes. A calculation, founded on the population alone, would not be equitable; for the expense of medical attendance on the poor of a parish will depend not only on the number of persons to be attended, but on the distance to be travelled, and the consequent expenditure of time, labour, and cost of conveyance in attending them. The salary, which might be a sufficient remuneration to a medical officer for attending the poor of a population of 2000 persons congregated within a space of one square mile, might be a very inadequate remuneration for attending the poor of an equal population scattered over a rural parish of two or three hundred square miles.

It was, therefore, necessary to ascertain as nearly as possible the population and area of each parish, with a view to assign to it a share of the Government grant, proportioned to its comparative wants as deduced from these elements. The population of Scotland in 1841 having been 2,620,216, the sum of £10,000 is equal to $\frac{21}{100}$ or about $\frac{2}{10}$ of a penny for each one of the population—the average amount to be given from the grant to each parish would, therefore, be $\frac{2}{10}$ of a penny for each one of the population.

The next step was to find the mean or average amount of the population on each square mile for all the parishes in Scotland. To every parish in which the density of the population corresponds absolutely, or closely, with this average, it is proposed to assign a share of the grant equal to the average amount of $\frac{2}{10}$ of a penny per head of the population. Where the population is more dense, it is proposed to allow a smaller rate, and where it is less dense, a larger rate per head—making the deductions from the one cover the augmentation in the other class.

Having been unable to ascertain the precise number of square miles in each parish, it was necessary to make such an approximation as could be attained by multiplying the extreme length into the extreme breadth. The result, though it does not give the actual area of each parish, may be regarded as giving the relative or comparative areas with an approximation to accuracy; and the object of the calculation being to ascertain the relative, not the positive, wants of each parish, it appeared to be sufficient for that purpose. It also appeared to the Board that it would be inconvenient, and that it was unnecessary to make a separate proportional calculation for each parish; and that, for the present purpose, it would be sufficient, by dividing the parishes into classes, to obtain a general correspondence between the relative wants of the parish and the share to be assigned to it from the Government grant. In the annexed table (II.), the 880 parishes and combinations in Scotland have been divided into seven classes, with reference to the density of the population, and the same rate per head on the population has been assigned as its share of the Government grant to every parish of a class. The city parishes of Edinburgh and Glasgow, from the excessive numbers of casual poor who come upon them for relief, must be regarded as exceptional cases. The expenditure for medical relief in these two parishes is far greater in proportion to their population than that of any other parish in Scotland, and, for the reason above stated, will probably continue to be so. It is therefore proposed to apportion to these parishes a share of the

grant equal to the highest rate per head on the population allowed to any parish. (Table V.)

Any scheme of taxation or distribution founded on principles uniformly applied can hardly fail to involve some inequality, or even hardship, in particular cases; but, while the Board cannot hope that the plan they have suggested is exempt from this imperfection, they would deprecate an arbitrary distribution of the grant, on a consideration of the circumstances of each particular parish, as calculated to produce feelings of distrust, if not to degenerate into abuse; and, after much careful consideration, they have been unable to devise any principle of distribution so equitable as that which they have suggested, and, at the same time, so well calculated to facilitate the further arrangements for the general improvement of medical relief in this country, which they have now to propose.

Were the Government grant to be distributed without making any conditions with the parishes that are to receive it, there would be reason to fear that, in many, at least, of the numerous cases in which the provision for medical relief is now inadequate, the sum received from the grant might be substituted for an equal sum now expended from the parochial funds—and that no improvement in the supply of medical relief to the poor would be effected. It is therefore proposed that no parish shall participate in the Government grant which shall not have expended on medical relief in the past year, out of the poor funds, a sum at least equal to double the amount of the share apportioned to it from the grant; and that every parish which shall have so expended such a sum shall, at the end of the year, be reimbursed in a sum equal to its share of the grant. (Tables III., IV., V.) But, while fixing at this rate the minimum amount of contribution from its own funds, which would entitle a parish to participate in the grant, it must be clearly understood that this arrangement would not in any way limit the statutory obligations of parishes, and that parochial boards are bound to provide whatever further sum may be necessary to afford adequate medical relief to the poor.

If any parish should decline to participate in the Government grant on these terms, it is proposed to distribute the share thus rejected amongst the other parishes, in sums proportioned to their actual expenditure. In such cases it would be the duty of this Board to watch with special attention the measures adopted by the parochial boards to discharge their statutory obligation in respect to the sick poor, of the imperative nature and importance of which many parochial boards do not seem yet to be fully aware, but which is as perfect as the obligation to provide food, clothing, or any other description of relief, and must be enforced by the same means.

It is proposed that all parishes, as a condition of participation in the grant, shall name legally qualified medical officers, at fixed salaries, to attend the poor. That these officers shall be bound to obey all the rules and regulations which the Board of Supervision may from time to time make for their guidance, and which shall have been approved by one of her Majesty's Secretaries of State; and that if any medical officer so appointed to attend the poor shall fail, or neglect, or refuse to perform the duties of his office, or shall be found unfit or incompetent to discharge them, the Board of Supervision, by a minute or order, shall have power to dismiss him.

It is also proposed that each parochial medical officer shall be bound to be at all times furnished with vaccine virus, and to vaccinate, without demanding a fee or other remuneration than his salary from the parish, at stated times and places to be named by the parochial board, and approved by the Board of Supervision, all persons who may come or may be brought to him for that purpose.

The Board, while they suggest this scheme for the distribution of the Government grant and the improvement of medical relief in Scotland as the best they have been able to devise, are aware that it must be imperfect. There is no established system of medical relief in this country, the practical operation of which might have enabled them to base their plan on the results of experience; and they contemplate the probability that, as these results become available for their guidance, modifications may, from time to time, be required in the regulations for medical relief; and that the changes which may take place in the condition of particular parishes, in respect to the amount and distribution of their population, or even more perfect information than has yet been obtained of their present condition in these respects, may, at some future time, demand a revision of the scheme for appropriating the Government grant now submitted for approval.

TABLE I.—The Counties of Scotland, their Population in 1841, the Sum expended in each on Medical Relief to the Poor during the year ending 14th May 1847, and the Rate per Head on the Population of each County required to produce that sum.

No.	Counties.	Population in 1841.	Sum expended on Medical Relief during Year ending 14th May 1847.			Rate per Head on Population in Pence.
			£	s.	d.	
1	Aberdeen,	192,893	621	8	10½	0·77
2	Argyll,	96,824	364	3	6	0·90
3	Ayr,	164,477	646	17	7½	0·94
4	Banff,	48,463	272	12	10½	1·35
5	Berwick,	34,345	262	12	11½	1·80
6	Bute,	15,740	41	16	11	0·63
7	Caithness,	37,410	147	0	6½	0·94
8	Clackmannan,	20,041	75	11	0	0·90
9	Dumbarton,	46,005	160	10	4½	0·83
10	Dumfries,	72,855	308	17	10½	1·01
11	Edinburgh,	225,276	1,634	10	8½	1·74
12	Elgin,	35,879	119	13	2	0·80
13	Fife,	139,729	646	8	2½	1·11
14	Forfar,	170,427	468	5	3	0·65
15	Haddington,	35,835	196	15	11	1·44
16	Inverness,	98,417	274	5	2	0·66
17	Kincardine,	33,550	170	16	10½	1·22
18	Kinross,	7,834	17	14	8	0·54
19	Kirkcudbright,	41,119	309	15	9	1·80
20	Lanark,	427,738	2,932	16	10½	1·64
21	Linlithgow,	27,466	158	12	7½	1·35
22	Nairn,	7,186	57	11	11	1·92
23	Orkney and Shetland—					
	1. Orkney,	30,507	12	4	10½	0·09
	2. Shetland,	30,558	61	4	2½	0·48
24	Peebles,	10,558	80	3	2	1·82
25	Perth,	137,854	578	17	8	1·00
26	Renfrew,	154,160	688	4	1	1·05
27	Ross and Cromarty,	79,941	453	19	1½	1·36
28	Roxburgh,	46,271	338	5	8	1·75
29	Selkirk,	7,413	72	5	4	2·33
30	Stirling,	80,535	280	11	6½	0·83
31	Sutherland,	23,715	181	12	10	1·83
32	Wigton,	39,195	243	1	5	1·48
	Total,	2,620,216	12,879	9	6½	1·14

TABLE II.—Showing the Proposed Division of the Parishes in Scotland into Seven Classes, with reference to the Number of Inhabitants per Square Mile; and the Minimum Amount of Expenditure per Head of the Population, according to the Census of 1841, that will entitle the Parishes of each Class to participate in the Government Grant.

Class.	Population per Square Mile.	Minimum Rate per Head.	Total amount of Minimum for each Class.
			£ s. d.
I.	From 1 to 25.	2d. each per Head	2,181 10 8
II.	... 26 to 50.	$1\frac{5}{6}$d. ...	1,920 6 7
III.	... 51 to 100.	$1\frac{2}{3}$d. ...	2,694 9 $4\frac{1}{2}$
IV.	... 101 to 200.	$1\frac{3}{5}$d. ...	2,748 17 $6\frac{1}{15}$
V.	... 201 to 400.	$1\frac{7}{8}$d. ...	2,402 19 1
VI.	... 401 to 1000.	$1\frac{11}{12}$d. ...	1,703 19 $7\frac{1}{2}$
VII.	... 1001 and upwards.	$1\frac{19}{20}$d. ...	5,686 1 $0\frac{3}{4}$
			19,338 3 $10\frac{4}{15}$
	One half of which is		9,669 1 $11\frac{7}{15}$

TABLE III.—Showing the Actual Expenditure upon Medical Relief in the year ending 14th May 1847, the Minimum Amount of Expenditure that will entitle each of a few Large Highland Parishes to participate in the Government Grant, and the Share of the Government Grant apportioned to each.

Parishes.	Amount Expended in year ending 14th May 1847.	Population in 1841.	Class.	Minimum Expenditure to entitle to participate.	Share of Grant.
	£ s. d.			£ s. d.	£ s. d.
Latheron, ...	29 16 8	7,637	II. @ $1\frac{1}{6}$d. . .	61 13 $0\frac{1}{2}$	30 10 0
Reay, ...	11 1 11	2,811	I. @ 2d. . .	23 8 6	11 10 0
Watten, ...	6 7 9	1,266	I.	10 11 0	5 0 0
Glenelg, ...	20 0 0	2,729	I.	22 14 10	11 0 0
Kilmallie, ...	27 10 0	5,397	I.	44 19 6	22 0 0
Kingussie, ...	15 15 0	2,047	I.	17 1 2	8 10 0
Portree, ...	2 2 3	3,574	I.	29 15 8	14 10 0
Sleat, ...	2 10 6	2,706	I.	22 11 0	11 0 0
North Uist, ...	15 0 0	4,428	I.	36 18 0	18 0 0
Urquhart, ...	2 1 3	3,104	I.	25 17 4	12 10 0
Fodderty, ...	10 0 0	2,437	I.	20 6 2	10 0 0
Gairloch, ...	21 5 0	4,880	I.	40 13 4	20 0 0
Lochbroom, ...	20 4 0	4,799	I.	39 19 10	19 10 0
Lochs, ...	10 0 0	3,653	I.	30 8 10	15 0 0
Rosskeen, ...	15 8 6	3,222	I.	26 17 0	13 0 0

TABLE IV.—Showing the Actual Expenditure on Medical Relief in the Year ending 14th May 1847, the Minimum Amount of Expenditure that will entitle each of the Parishes in the County of Sutherland to participate in the Government Grant, and the Share of the Grant apportioned to each.

Parishes.	Amount Expended in year ending 14th May 1847.	Population in 1841.	Class.	Minimum Expenditure to entitle to participate.	Share of Grant.
	£ s. d.			£ s. d.	£ s. d.
Assynt, . . .	15 16 6	3,178	I. @ 2d. . .	26 9 8	13 0 0
Clyne, . . .	15 17 11	1,765	I.	14 14 2	7 0 0
Creich, . . .	23 0 8	2,582	I.	21 10 4	10 10 0
Dornoch, . . .	17 2 8	2,714	I.	22 12 4	11 0 0
Duirness, . . .	10 3 6	1,109	I.	9 4 10	4 10 0
Eddrachillis, . .	13 17 0	1,699	I.	14 3 2	7 0 0
Farr, ...	10 12 6	2,217	I.	18 9 6	9 0 0
Golspie, . . .	11 14 0	1,214	I.	10 2 4	5 0 0
Kildonan, . . .	11 10 4	256	I.	2 2 8	1 0 0
Lairg, . . .	12 8 10	913	I.	7 12 2	3 10 0
Loth, . . .	18 7 11	2,526	III. @ $1\frac{1}{6}$d. .	19 14 $8\frac{1}{2}$	9 10 0
Rogart, . . .	10 11 0	1,501	I. @ 2d. . .	12 10 2	6 0 0
Tongue, . . .	10 10 0	2,041	I.	17 0 2	8 10 0

TABLE V.—Showing the Actual Expenditure on Medical Relief in the Year ending 14th May 1847, the Minimum amount of Expenditure that will entitle each of the Principal Town Parishes to participate in the Government Grant, and the Share of the Grant apportioned to each.

Parishes.	Amount Expended in year ending 14th May 1847.	Population in 1841.	Class.	Minimum Expenditure to entitle to participate.	Share of Grant.
	£ s. d.			£ s. d.	£ s. d.
Edinburgh, } Exceptional	674 0 0	56,330	I. @ 2d. . .	469 8 4	234 10 0
Glasgow, } cases	1,896 0 0	120,183	I.	1001 10 6	500 10 0
St Cuthbert's, . . .	417 15 0	71,908	VII. @ 1⅛d. .	486 17 0	243 0 0
South Leith, . . .	80 0 0	19,776	VII.	133 18 0	66 10 0
Dundee, ...	79 17 0	62,794	VII.	425 3 4	212 10 0
Barony, ...	574 0 0	106,075	VII.	718 4 3	359 0 0
Govan (both districts), .	126 19 11	45,885	VII.	310 13 7	155 0 0
Gorbals, ...	55 0 0	10,200	VII.	69 1 3	34 10 0
Paisley, ...	193 0 0	32,241	VII.	218 5 11	109 0 0
Greenock, ...	180 0 0	36,936	VII.	250 1 9	125 0 0
Aberdeen, ...	42 0 0	36,747	VII.	248 16 0	124 0 0
Perth, ...	36 0 0	19,293	VII.	130 12 0	65 0 0
Dunfermline, . . .	71 5 0	20,217	VII.	136 17 8	68 0 0
New Monkland, . . .	21 13 7	20,511	V. @ 1½d. .	149 11 2¼	74 10 0
Old Monkland, . . .	14 12 2	19,709	VII. @ 1⅛d. .	133 8 11	66 10 0

APPENDIX LXII.

Extract Minute of Board of Supervision, dated 2nd August 1882.

Medical Relief Grant.

'The Board are informed that in consequence of the 'undertaking by the Chancellor of the Exchequer in his 'financial statement on the 24th April, the Lords Com- 'missioners of Her Majesty's Treasury have caused a sum of '£10,000 to be inserted in the Supplementary Estimates, 'which are about to be laid before Parliament, as an addi- 'tion to the Grant of £10,000 in aid of Medical Relief 'already inserted in the estimates for the current year.

'The Board have now considered the subject, and they 'beg to submit the following scheme for the approval of 'the Home Secretary with reference to the distribution of 'the Grant as now increased.

'The scale on which parishes have hitherto participated 'in the Annual Grant of £10,000 was drawn up in 1848, 'with a view of assigning to them a share proportioned to 'their comparative wants as deduced from the population 'and area of each parish. The parishes were divided into 'seven classes, according to the density of their populations, 'and the same rate per head of the population was assigned 'as its share to every parish of a class. It was even at first 'only experimental, and from changes in the population 'and expenditure is no longer equitable as between parishes.

'To adjust a similar scale to an increased Grant would 'involve a wide and prolonged inquiry which would 'necessarily delay the distribution of the Grant for several 'months. This delay, in itself, would be considered objec- 'tionable by the parishes interested, and it may be doubted 'how far such a readjustment, if made, would prove either 'equitable or satisfactory. Several of the large town 'parishes have stated to the Board objections of considerable 'force to the allocation of the Grant on any scale similar to 'the present.

'The Board therefore beg to submit that in all parishes 'the distribution of the Grant should be made on the 'principle of payments to each parish in proportion to its 'vouched expenditure on Medical Relief, and that this 'scheme should be substituted for the existing scheme 'under which parishes have hitherto participated, and 'which was approved by H.M. Secretary of State in 1848 'and 1854. The original scheme would thus require to be 'modified to the extent above stated, viz. :—that the Parlia- 'mentary Grant shall be divided and distributed among the 'participating parishes at such rate per £ on the vouched 'expenditure of each as will exhaust, or as nearly as may be 'exhaust, the whole amount (£20,000) voted by Parlia- 'ment.

'In the meantime the other conditions and requirements 'approved in 1848 and 1854 would remain in force.

'The Board, however, are of opinion that legislation 'would be requisite in order to place Medical Relief in 'Scotland on an entirely satisfactory footing, and they 'therefore consider the proposal now made as only 'temporary and provisional.

'The Board submit the above alteration in the conditions 'of the Grant for the consideration and approval of the 'Home Secretary.'

I hereby approve of the modification proposed by the foregoing Minute of the Board of Supervision of the poor in Scotland to be made in the Scheme already approved and in force, of which a copy is attached hereto, for the distribution of the Parliamentary Grant in aid of Medical Relief for the benefit of the poor in Scotland.

W. V. HARCOURT,
One of Her Majesty's Principal Secretaries of State.

Whitehall, 7th August 1882.

APPENDIX LXIII.

Copy of Correspondence between the Secretary for Scotland and the Board of Supervision on the subject of the conditions to be observed in the distribution of the Local Taxation Contributions in aid of Medical Relief and Pauper Lunatics.

No. 1.

S. 4900.

OFFICE OF THE SECRETARY FOR SCOTLAND,
WHITEHALL, S.W., *9th January* 1890.

SIR,—With reference to Section 22, sub-sections (4) and (5) of the Local Government (Scotland) Act, 1889, directing the distribution after 31st March next of certain sums among the Parochial Boards of Scotland, as contributions to the cost of medical relief, etc., and the maintenance of pauper lunatics in like manner and according to the like scale and regulations, as nearly as may be, as in the financial year 1888–89, I am directed by the Secretary for Scotland to request that the Board of Supervision will cause his Lordship to be furnished with details of the schemes for the financial year 1888–89, together with the observations of the Board as to their application to the year 1890–91.—I am, Sir, your obedient servant,

R. W. COCHRAN PATRICK.

The Secretary,
Board of Supervision,
Edinburgh.

No. 2.

S. 2.

BOARD OF SUPERVISION,
EDINBURGH, 13*th January* 1890.

SIR,—I have to acknowledge the receipt of your letter, dated 9th inst. (S. 4900), regarding distribution of certain sums among Parochial Boards as contributions to the cost of medical relief and maintenance of pauper lunatics.

The subject is under consideration, and I hope to be able in a short time to submit schemes embodying any alterations which it may be necessary to make on the schemes of distribution in 1888–89.—I am, Sir, your obedient servant,

JOHN SKELTON,
Secretary.

The Under Secretary for Scotland,
Dover House, Whitehall, S.W.

No. 3.

BOARD OF SUPERVISION,
EDINBURGH, 7*th March* 1890.

SIR,—With reference to Section 22 (4 and 5) of the Local Government Act, and your letter of 9th January last, I have now to enclose proofs of the schemes * under which the Board would propose that the contributions should be distributed.

1. *Contribution in respect of Pauper Lunatics.*—A fixed sum of £90,500. Prior to the passing of the Local Government Act, Parliament annually voted the amount which it was estimated would be required.

The principles on which the Grant was distributed are no longer applicable, and the Board are of opinion that the contribution should hereafter be distributed at such rate per £ on the expenditure on maintenance, not exceeding 9s. per head per week, as will exhaust, or as nearly as may be exhaust, the whole amount.

The conditions and instructions have been prepared after conference with the General Board of Lunacy.

2. *Contribution in respect of Medical Relief.*—There has been no change in the amount of the contribution, which has always been a fixed sum—the £10,000 previously granted having in 1882 been increased to £20,000, at which it remains.

The Board have taken the opportunity of introducing some minor changes which experience has shown to be desirable.

I should feel obliged if you would submit the schemes to Lord Lothian for his consideration and approval at your earliest convenience, as the Board are anxious to have the matter disposed of as soon as possible.—I am, Sir, your obedient servant,

JOHN SKELTON,
Secretary.

The Under Secretary for Scotland,
Dover House, Whitehall, London, S.W.

No. 4.

S. 4900/4.

OFFICE OF THE SECRETARY FOR SCOTLAND,
WHITEHALL, S.W., 10*th March* 1890.

SIR,—With reference to your letter of the 7th inst., with enclosures respecting the contribution from the Local Taxation (Scotland) Account in respect of pauper lunatics and medical relief, I am directed by the Marquess of Lothian to request that you will inform his Lordship in what particulars the proposed scheme of distribution in either case differs from that in force in 1888–89.—I am, Sir, your obedient servant,

R. W. COCHRAN PATRICK.

The Secretary,
Board of Supervision,
Edinburgh.

No. 5.

BOARD OF SUPERVISION,
EDINBURGH, 12*th March* 1890.

SIR,—I have to acknowledge the receipt of your letter, dated 10th March, and I enclose a memorandum showing in what respect the proposed scheme for distribution of the medical relief and pauper lunacy grants differs from that in force in either case.—I am, Sir, your obedient servant,

JOHN SKELTON,
Secretary.

The Under Secretary for Scotland,
Dover House, Whitehall, London, S.W.

ENCLOSURE TO NO. 5.

CONTRIBUTION IN RESPECT OF MEDICAL RELIEF.

Scheme in force in 1889–90.	*Scheme now submitted.*
In 1848 a minimum expenditure on medical relief in the case of each parish was fixed by the Board of Supervision.	The scale fixed forty years ago is, in the changed conditions of Scotland, no longer applicable. It has been thought better to take the salaries of last year as representing the rate of expenditure that has been approved by experience and which can only be departed from with the sanction of the Board—the parishes which have not hitherto participated, but which may participate hereafter, being required to submit the salaries in the first instance for the Board's approval.
The practice of requiring the medical officer to furnish medicines and medical appliances in respect of his salary has alway been objected to by the Board, and in 1848 the Board issued the annexed circular † to Parochial Boards. It appears to the Board that the time has come when the practice should cease.	The Board require the cost of medicines and medical appliances to be separated from the medical officer's salary.
The claim for the salary of the medical officer of the poorhouse has hitherto been made by the inspector of poor on behalf of the Parochial Board.	It is proposed that the claim should hereafter be made by the House Committee, so that the Board may be in a position to consider whether the medical arrangements in any poorhouse are adequate—sick-bed attendance in several of the poorhouses having been found to be very defective.
The Grant has hitherto been allocated without reference to the medical arrangements in poorhouses (except as regards the cost of trained nurses) at such a rate per £ as exhausted, or as nearly as might be exhausted, the whole amount of the Grant.	To carry out the above amendments it is proposed that the contribution should be allocated (so as to exhaust the whole amount of the Grant) thus:— 1. In payment of one-half of the salaries of medical officers (outdoor and indoor). 2. In payment of a proportion of the cost of trained sick nursing in poorhouses; and 3. In payment of the expenditure (other than salaries and cost of trained sick nursing) on medical relief, so as to exhaust, or as nearly as may be exhaust, the whole amount of the Grant.
Parochial Boards have hitherto received at the rate of about 10s. per £ of medical expenditure.	It is expected that the same proportion will be maintained in the meantime.

* Not printed here. *Vide* Enclosure to No. 5.
† Not printed here.

ENCLOSURE TO No. 5—*continued.*

CONTRIBUTION IN RESPECT OF PAUPER LUNATICS.

Scheme in force in 1889-90.

For pauper lunatics whose maintenance did not exceed 8s. per week Parochial Board got one-half from Grant.

Whose maintenance exceeded 8s. per week Parochial Board got 4s. per week.

An estimate was made in each year of the sum required, and this was voted by Parliament. During the first year of the Grant (1875-6) it amounted to £59,483; in 1889-90 it amounted to £91,345.

Scheme now submitted.

The weekly expenditure on maintenance on which Parochial Board now allowed to claim has been increased to 9s.

This is in accordance with the opinion of the General Board of Lunacy that such a maximum will now be fairer.

The sum to be distributed is now a fixed sum—£90,500. Had the expenditure remained stationary, it would have been still possible to distribute it as formerly; but it is now necessary after the admissible expenditure has been ascertained to distribute it at such rate per £ as the contribution will admit.

No. 6.

S. 4900/6.

OFFICE OF THE SECRETARY FOR SCOTLAND,
WHITEHALL, S.W., 29*th March* 1890.

SIR,—With reference to your letter of the 7th inst., transmitting proof schemes for the distribution of the amounts assigned under the Local Government (Scotland) Act to medical relief and pauper lunatics, I am directed by the Secretary for Scotland to state for the information of the Board of Supervision that his Lordship is advised that the principle underlying the provisions of the Local Government (Scotland) Act (Section 22 (2), (3), (4), (5)), in regard to the distribution of the fixed sums assigned by Parliament in substitution for the varying grants in aid previously voted annually, is that the distribution shall be made according to the like scale and regulations as in the financial year named.

The only relaxation of the application of that principle is introduced by the use of the words 'as nearly as may be.' The object of these words was that inasmuch as the sums available for distribution were hereafter to be fixed, while the claims upon them by the various local authorities might and probably would vary, the scale of distribution might be varied so as to secure a proportional distribution among those authorities. To no further extent, therefore, can the scale of distribution be altered. As a consequence of the unavoidable alteration of scale, some variance of the regulations for distribution may be necessary. To no further extent, however, can the regulations for distribution be altered.

The Secretary for Scotland is aware that partly under express statutory authority, and partly under departmental authority, the Board of Supervision have been in use from time to time, with much public advantage, to alter the regulations and even the scale of distributing grants in aid; and without expressing any opinion upon the particular alterations now recommended by the Board, his Lordship does not doubt that if they had a free hand they could still introduce valuable improvements on the existing system. But the Act of last year, for reasons which must be assumed to have been sufficient, has taken away the latitude of administration which formerly obtained, and has, subject only to the relaxations above mentioned, stereotyped the scale and regulations referred to in the Act.

I am therefore to request that you will prepare revised schemes in accordance with the view of the Act above expressed, and submit them for his Lordship's consideration, with a statement explaining the points in which they diverge from the schemes of 1888-89.—I am, etc.,

R. W. COCHRAN PATRICK.

No. 7.

BOARD OF SUPERVISION,
EDINBURGH, 31*st March* 1890.

SIR,—I have to acknowledge the receipt of your letter dated 29th inst., regarding the distribution of the local taxation contribution in respect of pauper lunacy and medical relief.

Pauper Lunatic Contribution.—The Board have submitted a scheme which, so far as they can see, is the only one under which it is possible to distribute the contribution among Parochial Boards; and they would suggest that the Secretary for Scotland should indicate in what respects that scheme appears to be open to objection. A maximum of 8s. can of course be substituted for 9s.

Medical Relief Contribution.—The scheme submitted by the Board, although in substance identical with that under which the Grant had been previously distributed, introduced certain minor amendments, which, while calculated to secure more efficient administration and control, would not, it is believed, have altered the amount which each Parochial Board would be entitled to receive. The Board regret that these amendments which the Board had had in contemplation for some time had not been submitted for Lord Lothian's approval before the passing of the Local Government Act (as they would have been, but for the pressure of more urgent business), and that a technical difficulty should now stand in the way of the adoption of rules which experience has shown to be expedient and necessary. As there is no change in the amount of the Grant, which has not varied since it was increased to £20,000 in 1882, and as the Local Government Act has 'stereotyped the scale and regulations 'referred to in the Act,' I presume that the contribution will continue to be distributed as it has hitherto been, and that it is unnecessary to submit a revised scheme.—I am, Sir, your obedient servant,

JOHN SKELTON,
Secretary.

The Under Secretary for Scotland,
Dover House, Whitehall, S.W.

No. 8.

BOARD OF SUPERVISION,
EDINBURGH, 15*th April* 1890.

SIR,—With reference to my letter of 31st ultimo, and to my conversation with you last week, I am directed to forward to you the enclosed amended schemes* for regulating the distribution of the contributions from the Local Taxation Account.

1. *Pauper Lunatics.*—*Eight* shillings has been substituted for *nine* shillings, so that the maximum remains at the rate previously approved by the Treasury.

2. *Medical Relief.*—The alterations made appear to remove the objections stated in your letter of 29th ultimo (S. 4900/6). The scale and conditions of distribution remain, as nearly as may be, the same as before. It is not proposed to make the observance of the rule that salary shall be separated from drugs a condition of receiving the contribution; but the Board have no doubt that the recommendation which has already been adopted by a great majority of the Parochial Boards will be forthwith given effect to by the remainder. The right of the Board of Supervision, with the approval of the Secretary for Scotland, to make rules for the mode in which medical relief is to be administered by Parochial Boards and medical officers is not, it is presumed, affected by the provisions of the Local Government Act so long as these rules do not alter the scale on or the regulations under which the contribution is distributed.

The Board have now done their best to comply with the suggestions of the Secretary for Scotland; but, in the event of the schemes now submitted being disallowed, they will be glad if he will give them precise and definite instructions as to the manner in which he desires that the contributions should be distributed.—I am, Sir, your obedient servant,

JOHN SKELTON,
Secretary.

The Under Secretary for Scotland,
Dover House, Whitehall, London, S.W.

No. 9.

S. 4900/9.

OFFICE OF THE SECRETARY FOR SCOTLAND,
WHITEHALL, S.W., 23*rd April* 1890.

SIR,—With reference to your letter of the 15th instant (with enclosures) respecting the distribution of the medical relief grant and the pauper lunatic grant, I am directed by the Secretary for Scotland to state, for the information of the Board of Supervision, that, as regards the medical

* Not printed here. The scheme for the distribution of the medical relief contribution was again revised. See letters that follow.

grant, his Lordship is advised that the rules existing in 1888–89 must be maintained; and I am accordingly to inquire, before expressing an opinion upon the terms of the proposed circular, what are the rules referred to in its second clause as an enclosure. As regards the pauper lunatic grant I am to request you to be so good as to transmit an exact copy of the conditions and instructions under which that Grant was administered in 1888–89.—I am, Sir, your obedient servant,

R. W. COCHRAN PATRICK.

The Secretary,
Board of Supervision,
Edinburgh.

No. 10.

S. 2.

BOARD OF SUPERVISION,
EDINBURGH, 24*th April* 1890.

SIR,—I have to acknowledge the receipt of your letter, dated 23rd instant (S. 4900/9), and I enclose—

(*a*) Copy of rules as to medical relief referred to in the second clause of the printed circular which was enclosed in my letter of 15th instant, and

(*b*) Copy of conditions and instructions under which the lunacy grant has been administered.

—I am, Sir, your obedient servant,

JOHN SKELTON,
Secretary.

The Under Secretary for Scotland,
Dover House, Whitehall, London, S.W.

No. 11.

S. 4900/10.

OFFICE OF THE SECRETARY FOR SCOTLAND,
WHITEHALL, S.W., 2*nd May* 1890.

SIR,—I am directed by the Secretary for Scotland to refer to your letters of the 15th and 24th ultimo respecting the distribution of the contributions in aid of medical relief and pauper lunatics.

I. In the former letter you state that 'the right of the 'Board of Supervision, with the approval of the Secretary 'for Scotland, to make rules for the mode in which medical 'relief is to be administered by Parochial Boards and 'medical officers is not, it is presumed, affected by the pro- 'visions of the Local Government Act so long as these rules 'do not alter the scale on or the regulations under which 'the contribution is distributed.' Lord Lothian is advised that as put by you this statement is sufficiently accurate, but that the question whether a particular regulation does or does not affect the distribution is one which must be determined by its own terms and import.

In regard to the additional rules now proposed in respect of the medical relief contribution, the Secretary for Scotland is of opinion that if, as stated by the Board, the footnote attached to Rule 9* will not affect the distribution, it should, if there are no other reasons to the contrary, more properly be embodied in Rule 9, and in paragraph I. (*b*) of the proposed circular.

His Lordship also desires to be advised (1) as to whether Rule 13,† which does not appear in any former set of rules, is the repetition of any former condition of, or instruction by, the Board; and if not, I am to inquire whether in the Board's opinion it does not affect the distribution.

(2) Whether the new rules and circular constitute any modification, beyond what was already in force in 1888–89, of the 'minimum' of 1848.

I am also to point out that two copies of the final edition of the new rules, distinguishing them from those already in force, should be transmitted to this office, as soon as they are settled, in the ordinary manner, for the approval and signature of the Secretary for Scotland, under the Act 8 & 9 Vic. c. 83, sect. 7.

II. As regards the pauper lunatic contribution, I am to state that the Secretary for Scotland approves the conditions and instructions as embodied in the proposed circular, of which I am to request that two copies may be submitted as finally printed.

I am to suggest, however, that as a matter of business it should be indicated in both circulars that the payments will be made by and from this office.—I am, Sir, your obedient servant,

R. W. COCHRAN PATRICK.

The Secretary,
Board of Supervision,
Edinburgh.

* The footnote was as follows:—'The fixed salary of the medical 'officer should not include the cost of medicines and medical 'appliances.'

† The proposed rule was as follows:—'Provision for sick-bed 'attendance on the indoor poor must be made by the House 'Committee or Parochial Board to the satisfaction of the Board of 'Supervision, and if the provision is held to be inadequate, the 'share of the Grant applicable to the cost of medical relief in the 'poorhouse may be withheld.'

No. 12.

S. ?.

BOARD OF SUPERVISION,
EDINBURGH, 8*th May* 1890.

SIR,—I have to acknowledge the receipt of your letter, dated 2nd instant, respecting the distribution of the contributions in aid of medical relief and pauper lunatics.

In regard to the medical relief rules, the footnote to which you refer has been embodied in Rule 9 and in the Circular.

Rule 13 refers to the medical relief in poorhouses. Hitherto if the Board were dissatisfied with the medical or other arrangements in poorhouses, they have intimated that, in their opinion, the relief was unsatisfactory, and that unless it was made satisfactory the Board could not hold it to be 'adequate.' (See sections 66 and 74.) Such an intimation (involving as it practically did the closing of the poorhouse to which it applied if the Parochial Board resisted the Board's Order) was a powerful but rather roundabout mode of influencing the Parochial Boards. In point of fact no poorhouse has ever been closed by the Board—the Parochial Board or the House Committee having invariably given way. It is thought that the same end will be attained in a much simpler way if Parochial Boards are informed that when poorhouse medical relief is not properly administered the share of the Grant may be withdrawn. It may be held indeed that in the distribution of any Grant there is an implied condition to this effect; but it is thought that it will be beneficial to state it explicitly. 8 & 9 V

I enclose two copies of each of the following documents:—

Medical Relief Rules at present in force,
Final Edition of New Medical Relief Rules,
Circular embodying New Medical Relief Rules,
Form of Claim on Medical Relief Grant, 1889,
New form of claim on Medical Relief Grant,
Form of Claim on Pauper Lunatic Grant, 1889,
New Form of Claim on Pauper Lunatic Grant.

—I am, Sir, your obedient servant,

JOHN SKELTON,
Secretary.

P.S.—I see that I have omitted to state that the new rules and circular do not constitute any modification, beyond what was already in force in 1888–89, of the 'minimum' of 1848.

The Under Secretary for Scotland,
Dover House, Whitehall, S.W.

No. 13.

S. 4900/14.

OFFICE OF THE SECRETARY FOR SCOTLAND,
WHITEHALL, S.W., 12*th May* 1890.

SIR,—I am directed by the Marquess of Lothian to acknowledge the receipt of your letter of the 8th inst., and to thank you for the accompanying copies of rules, etc., in the matter of the contribution in aid of medical relief and pauper lunatics.

With reference to the conditions under which these contributions must be administered, I am to remind you that the Secretary for Scotland is strictly bound by the interpretation put upon the Act by the law officers, which prevents any substantial departure from the conditions applicable in 1888–89. Lord Lothian observes that you do not state, in your letter under reply, whether in the opinion of the Board of Supervision the new 13th rule is likely to affect the distribution of the medical relief contribution. As this is a point which must be considered in deciding whether the rule comes within the terms of the Act, I am to request that your letter may be supplemented by an expression of the Board's opinion.

On one other point his Lordship would be glad to receive some explanation. In the form of claim for 1888–89 (medical relief) reference is made to the minimum of 1848 as still in force. No such reference appears in the rules, circular and form of claim now submitted. You state, however, that no modification of the minimum in question is constituted by the new rules which was not already in force in 1888–89. His Lordship would be glad to know whether the effect of the Board's minute of 1882 was not entirely to abrogate the minimum fixed in 1848; and, if not, whether a parish spending less than the minimum of 1848 would have been disqualified for a share in the Grant in 1888–89, and whether such disqualification will continue under the conditions now proposed.—I am, Sir, your obedient servant,

WM. C. DUNBAR.

The Secretary,
Board of Supervision,
Edinburgh.

No. 14.

S. 2.

BOARD OF SUPERVISION,
EDINBURGH, 13*th May* 1890.

SIR,—I have to acknowledge the receipt of Mr Dunbar's letter, dated 12th instant, with reference to the conditions under which the medical relief contribution will be administered.

1. The new 13th rule will not affect the distribution. The only change will be that in the case of combination poorhouses the payment will be made direct to the House Committee instead of to the various Parochial Boards. Thus, assuming that the combination consists of ten parishes, and that each, in respect of medical relief in the poorhouse, would receive £5 from the contribution, the total amount — viz., £50 — will be paid direct to the House Committee, and the House Committee, in rendering their annual accounts to the Parochial Boards, will credit the Boards with the amount received from the contribution.

2. The Board's minute of 1882 is not expressed in very explicit terms, and it might possibly be held to import that the condition of a minimum expenditure was abrogated. On the other hand, in the distribution of the Grant since 1882 the Board's officers have held that the minimum has not been abrogated, and that a minimum expenditure is one of the conditions of the minute of 1848 that remained in force. It is possible, however, that this interpretation is erroneous, and if Lord Lothian should be advised that the minute of 1882 imports the abrogation of the minimum, it would seem to follow that in future a parish may be permitted to participate, although it has spent less than the minimum.—I am, Sir, your obedient servant,

JOHN SKELTON,
Secretary.

The Under Secretary for Scotland,
Dover House, Whitehall, S.W.

No. 15.

S. 4900/17.

OFFICE OF THE SECRETARY FOR SCOTLAND,
WHITEHALL, S.W., 5*th June* 1890.

SIR,—With reference to previous correspondence respecting the distribution of the contribution in aid of medical relief, I am directed by the Marquess of Lothian to acquaint you, for the information of the Board of Supervision, that his Lordship is advised—

1. That the new 13th rule is a departure from the regulations existing in the year ending 31st March 1889, too substantial to be consistent with the Local Government (Scotland) Act, Section 22 (4).

2. That the minimum prescribed in 1848 was not abrogated by the minute of 1882.

The Secretary for Scotland must therefore request that the rules and conditions, etc., of participation in the medical relief grant may be modified so as (1) to exclude Rule 13 and any instructions consequent on it, and (2) to show that the minimum of 1848 is still in force, as was done in 1888-89.

On receipt of a revised print of the rules, etc., with their modifications, his Lordship will be prepared to signify his formal approval.—I am, Sir, your obedient servant,

R. W. COCHRAN PATRICK.

The Secretary,
Board of Supervision,
Edinburgh.

No. 16.

BOARD OF SUPERVISION,
EDINBURGH, 6*th June* 1890.

SIR,—I have to acknowledge the receipt of your letter, dated 5th instant (S. 4900/17), and as requested I enclose (in duplicate) copies of the rules and conditions, etc., of participation in the medical relief grant, in which the modifications pointed out in your letter are given effect to.—I am, Sir, your obedient servant,

JOHN SKELTON,
Secretary.

The Under Secretary for Scotland,
Dover House, Whitehall, London, S.W.

P.S.—The forms for lunacy grant claim were sent to you on 8th May, and it would be convenient if Lord Lothian's formal approval were sent at the same time as of medical forms.

(Intd.) J. S.

No. 17.

S. 4900/27.

OFFICE OF THE SECRETARY FOR SCOTLAND,
WHITEHALL, S.W., 12*th June* 1890.

SIR,—With reference to your letter of the 6th instant, and previous correspondence, I am directed by the Secretary for Scotland to transmit to you herewith a signed copy of each of the set of rules and conditions, etc., of participation in the contribution from the Local Taxation Account in respect of medical relief and pauper lunatics, which have received his Lordship's approval *; and I am to request that six copies of each of the documents approved may be forwarded, if possible, by return of post, for his Lordship's use.—I am, Sir, your obedient servant,

WM. C. DUNBAR.

The Secretary,
Board of Supervision,
Edinburgh.

No. 18.

S. 2.

BOARD OF SUPERVISION,
EDINBURGH, 26*th June* 1890.

SIR,—In compliance with the request made in Mr Dunbar's letter of 12th instant (S. 4900/27), I now enclose six copies of each of the following documents:—

1. Rules as to medical relief of the poor.
2. Circular letter regarding distribution of Local Taxation Grant in aid of medical relief.
3. Form of claim and instructions—medical relief contribution.
4. Form of claim and instructions—pauper lunacy contribution.

—I am, Sir, your obedient servant,

JAMES CLARKE,
for *Secretary.*

The Under Secretary for Scotland,
Dover House, Whitehall, London, S.W.

No. 19.

S. 4900/33.

OFFICE OF THE SECRETARY FOR SCOTLAND,
WHITEHALL, S.W., 30*th June* 1890.

SIR,—I am directed by the Marquess of Lothian to acknowledge the receipt of your letter of the 26th instant, and to thank you for the copies of the revised rules, instructions, and forms in connection with the medical relief and pauper lunatic grants therewith enclosed.—I am, Sir, your obedient servant,

R. W. COCHRAN PATRICK.

The Secretary,
Board of Supervision,
Edinburgh.

APPENDIX LXIV.

BOARD OF SUPERVISION,
EDINBURGH, 18*th June* 1890.

Contribution from the Local Taxation Account to the Cost of Poor Law Medical Relief and Trained Sick Nursing in Poorhouses.

SIR,—I have to inform you that the Secretary for Scotland has determined that the following conditions shall be observed in the distribution of the sum of £20,000 under the provisions of Section 22 (4) of the Local Government (Scotland) Act, 1889, viz.:—

1. That the Parochial Board, as a condition of receiving a share of the Grant, shall comply with the rules and regulations which the Board of Supervision, with the approval of a Secretary of State or of the Secretary for Scotland, have made (copy enclosed), or may hereafter make, with reference to medical relief, and, in particular, shall name a duly qualified medical officer (or medical officers) at a fixed salary to attend the persons in receipt of parochial relief within the parish. [The fixed salary of the medical officer should not include the cost of medicines and medical appliances.]

2. That the said medical officer (or officers) shall be bound to obey all the rules and regulations for their guidance which have been made and approved, or may hereafter be made and approved, as aforesaid; and that if any medical officer shall fail or neglect or refuse to perform the duties of his office, or shall be found unfit or incompetent to discharge them, the Board of Supervision shall have power to dismiss him.

* For copies see Appendices LXIV.–LXVI. The rules as approved contain certain changes made subsequently to the passing of the Local Government (Scotland) Act, 1889. These changes are explained in paragraph 30 of the report.

3. That no alteration of the fixed salary of a medical officer shall be made after the date of this circular, without the consent of the Board of Supervision to such alteration being first obtained.

4. In the case of a Parochial Board which has not hitherto participated in the medical relief grant, but which resolves to comply with the rules and conditions with the view of hereafter participating, a copy of the resolution specifying the amount of the salary to be given to the medical officer must be submitted to the Board of Supervision for approval.

5. The Secretary for Scotland has determined that the contribution shall be distributed among the Parochial Boards which have complied with the rules and conditions in the following manner, viz. :—

(*a*) In payment of a proportion of the cost of trained sick nursing in poorhouses in terms of the rules of the Board of Supervision dated 26th March 1885.

(*b*) The balance to be divided among the aforesaid Parochial Boards at such rate per £ on the cost of medical relief as will exhaust, or as nearly as may be exhaust, the whole amount of the Grant.

6. Medicines and medical appliances should be obtained on the order of the medical officer from a chemist or druggist selected by the Parochial Board; where such an arrangement, however, is not practicable, the medical officer may furnish the necessary medicines and appliances on such terms and in such manner as the Parochial Board may approve.

7. I am to refer you to the Board's previous minutes for any further information with respect to the conditions of distribution that you may require; and I am to direct the special attention of the Parochial Board to the Board's circular of 6th April 1848, in so far as it requires that the expenditure on medical relief afforded to the poor during the year should at least equal the sum therein specified as the minimum expediture for your parish on medical relief.

The payments to Parochial Boards will be made by the Secretary for Scotland after the claims have been audited at this office.—I am, Sir, your obedient Servant,

JOHN SKELTON,
Secretary.

The Inspector of Poor

*of*_____

I, the Most Honourable Schomberg Henry, Marquess and Earl of Lothian, K.T., Her Majesty's Secretary for Scotland, hereby determine that the sum of £20,000, mentioned in the 22nd Section of the Local Government (Scotland) Act, 1889, Sub-Section (4), be distributed as prescribed in the attached circular, conditions and instructions, as read with the rules as to medical relief of the poor.

Approved by me. (Signed) LOTHIAN,
Her Majesty's Secretary for Scotland.

OFFICE OF THE SECRETARY FOR SCOTLAND,
WHITEHALL, 10*th June* 1890.

APPENDIX LXV.

Conditions and Instructions to be observed in the Distribution of the Grant.

1. In order to entitle a parish to receive a contribution, it is necessary that the conditions and the rules of the Board of Supervision [now the Local Government Board] as to medical relief have been complied with; and that the expenditure on medical relief afforded to the poor during the year should at least equal the sum which is mentioned in the Board of Supervision's circular letter of 6th April 1848, as the minimum expenditure for your parish on medical relief.

2. Each item of expenditure should refer exclusively to "POOR LAW MEDICAL RELIEF" *afforded during the year ended 15th May*, and be supported by a voucher, distinct as to its *date*, the *period to which it refers*, and the *subject* of payment.

3. Every voucher, without exception, for a payment of £2 or upwards requires a receipt stamp.

4. Discharged accounts for medicines and medical appliances *should be forwarded for examination, along with this statement.*

5. The following payments are inadmissible as medical relief charges, viz., payments to lunatic asylums, also payments to medical officers for quarterly visits to lunatics in private dwellings, and for medical certificates under the Lunacy Acts and Regulations of the Lunacy Board, —or for medical certificates required in the ordinary administration of relief,—or for professional services rendered under the provisions of the Vaccination and Public Health Acts,—or for services rendered by midwives in midwifery cases. Payments for nutritious diet, cordials, clothing, lodging, sick-bed attendance, are also not admissible as 'medical relief' expenditure.

6. Payments, or such proportions of payments as properly belong to medical relief, on account of pauper patients treated during the year in licensed wards of poorhouses and infirmaries or hospitals, will be admitted as medical relief; also annual subscriptions to hospitals for the year ended 15th May. In all such cases a special statement of the circumstances under which the expenditure is made, and of the benefit derived from it by paupers during the year, should be transmitted, as each case is separately considered before it is admitted.

7. Sums which are not actually and ultimately chargeable to the parochial funds of the parish are not to be included in the account of expenditure on medical relief.

8. Neither a participating parish nor the medical officer of that parish is entitled to recover from another participating parish the cost of medical attendance.

9. ALL STATEMENTS SHOULD, WITH THE NECESSARY VOUCHERS, BE LODGED WITH THE LOCAL GOVERNMENT BOARD AS SOON AS POSSIBLE.

Approved by the Secretary for Scotland,
10*th June* 1890.

APPENDIX LXVI.

Rules framed by the Board of Supervision, under the Statute 8 and 9 Vict. cap. 83, as to Medical Relief of the Poor.

1. All poor persons who stand in need of medical relief shall be duly and punctually attended by a *competent* medical practitioner, and supplied with medicines and medical and surgical appliances of such quality and to such extent as may be necessary for the proper medical or surgical treatment of such poor persons.

2. A medical practitioner is not *duly qualified* unless he is registered under the Medical Act of 1858.

3. In addition to medical relief, Parochial Boards shall furnish the sick and convalescent poor with nutritious diet, cordials, clothing, suitable lodging, and sick-bed attendance, to such an extent as may be necessary, according to the circumstances of each case.

4. A medical practitioner appointed by the Parochial Board to attend any poor person shall intimate in writing to the inspector the description and extent of the relief, under rule 3, which he may consider necessary for the proper treatment of such poor person; and on receipt of such intimation, the inspector, on his own responsibility, shall forthwith furnish or refuse the relief so intimated to be necessary, until he shall have brought the case before the Parochial Board, and received their instructions regarding it. But if the inspector refuses or fails to furnish that relief or any part of it, he will be held accountable for such refusal or failure.

5. Medical attendance, including the cost of trained nursing in poorhouses as approved by the Board of Supervision, and medical or surgical appliances which are furnished by the medical officer or procured from a laboratory on his prescription, are chargeable under the head of medical relief; but nutritious diet, cordials, clothing, suitable lodging, sick-bed attendance (other than the cost of trained nursing in poorhouses), and such appliances and means as are not furnished by the medical attendants, nor procured from a laboratory on his prescription, are not chargeable under the head of medical relief; and inspectors of the poor are required to prepare the annual returns transmitted to the Board of Supervision in conformity with this rule.

6. A medical practitioner who has undertaken to attend the whole or any part of the poor in a parish, or district of a parish, shall attend personally, and at their homes if necessary, the poor persons entrusted to his care, and is responsible that such visits and attendance are duly and punctually made and given. If he employs an assistant to aid him in the performance of his duties, no subdivision of the duty of personal attendance, or diminution of personal responsibility, will on that account be recognised.

7. A medical officer appointed by the Parochial Board to attend the poor of a parish, or of a part of a parish, is bound to afford every reasonable facility for sending or conveying the medicines and appliances furnished from his own laboratory to paupers who are unable to go or to send for them; but when it is necessary to send a messenger expressly for that purpose, he may call upon the inspector, in writing, to provide such messenger, and the inspector, when so called upon, will be held responsible that the medicines and appliances are duly and punctually delivered.

8. A medical officer appointed to attend the poor, within twenty-one days after his appointment, or as soon thereafter as he shall be required by the Parochial Board so to do, shall, if practicable, name to the Parochial Board a duly

qualified medical practitioner, whose nomination is not objected to by the Parochial Board, who will perform the duties of the medical officer in case of his absence from home or other unavoidable hindrance to his personal attendance, and for whose diligence he will be held responsible.

Additional Rules applicable to Parishes which participate in the contribution from the Local Taxation Account.

9. Every Parochial Board, as a condition of receiving a share of the Grant, shall comply with the rules and regulations which the Board of Supervision, with the approval of a Secretary of State or of the Secretary for Scotland, have made, or may hereafter make, with reference to medical relief, and, in particular, shall name a duly qualified medical officer (or medical officers) at a fixed salary to attend the persons in receipt of parochial relief within the parish. [The fixed salary of the medical officer should not include the cost of medicines and medical appliances.]

10. The said medical officer (or officers) shall be bound to obey all the rules and regulations for their guidance which have been made and approved, or may hereafter be made and approved, as aforesaid; and if any medical officer shall fail or neglect or refuse to perform the duties of his office, or shall be found unfit or incompetent to discharge them, the Board of Supervision shall have power to dismiss him.

11. No alteration of the fixed salary of a medical officer shall be made without the consent of the Board of Supervision to such alteration being first obtained.

12. In the case of a Parochial Board which has not hitherto participated in the medical relief grant, but which resolves to comply with the rules and conditions, with the view of hereafter participating, a copy of the resolution specifying the amount of the salary to be given to the medical officer must be submitted to the Board of Supervision for approval.

13. No appointment shall be made to the office of medical officer until the vacancy has been advertised for three weeks, once in each week, in a newspaper circulating within the county. The medical officer shall not be dismissed or his services dispensed with at any meeting which has not been duly called on ten days' notice, in terms of the Board's rules.

14. In every parish that participates in the Grant, lists of all aged and infirm persons in the receipt of outdoor parochial relief, and residing within the parish or district of each medical officer, shall be prepared every six months, and a copy furnished by the inspector to the medical officer, who is bound to attend all such poor persons on their producing to him a ticket furnished to them by the Parochial Board.

15. Every medical officer appointed by the Parochial Board to any such parish, or to a district of any such parish, shall duly and punctually attend upon and prescribe for all poor persons requiring medical or surgical assistance within the parish or district to which he is appointed, whenever he shall be thereunto required, by a written or printed order from the Parochial Board or the inspector of the poor; or in cases of sudden and urgent necessity, from a member of the Parochial Board; or by the production, on the part of any poor person, of the ticket referred to in the preceding rule.

16. Such medical officer shall keep a register of the sick poor, according to the annexed Form A, which shall be submitted to the Parochial Board at each of their statutory meetings, and at such other meetings as the said Board shall direct, and shall at all times be open to the inspector of poor and the officers of the Board of Supervision; make to the Board of Supervision such returns of the sick poor as that Board may from time to time require; give to the Parochial Board and to the inspector of the poor, when required, any reasonable information respecting the case of any poor person under his care; make any such written report relative to any sickness prevalent among the poor as the Parochial Board or the Board of Supervision may require of him; attend the Parochial Board when summoned by them; give a certificate under his hand in every case to the Board of Supervision, and to the Parochial Board or the inspector of the parish of settlement or residence, or the poor person on whom he is attending, of the sickness of such poor person, or other cause of his attendance, when required.

17. The offices of inspector of poor and medical officer shall not be held by the same person.

18. The medical officer of a parish, or a district of a parish, shall not vote at the meeting of any Parochial Board whose officer he is.

Approved by one of Her Majesty's Principal Secretaries of State, October 21, 1848, April 10, 1856, September 11, 1863, and February 26, 1885; and by the Secretary for Scotland March 24, 1887, and 10th June 1890.

Form A.

*Medical Officer's Register of Sick Poor.**

Regd. No.	Name _____
Age _____	Residence _____
	Description of Sickness. _____

Dates of Visits.	Treatment.

* The rules for medical relief of the poor should be printed at the beginning of the register.

APPENDIX LXVII.

Grant in Aid of Cost of Trained Sick Nursing in Poorhouses

RULES AND REGULATIONS.

Extract Minute of the Board of Supervision [now Local Government Board] of 26th March 1885.

1. The amount to be allocated from the Grant will be at the rate of one-half of the actual salary of each trained sick nurse for which satisfactory vouchers are produced, together with an allowance of three shillings per week in respect of the cost of rations, lodging, and uniform.

2. An extract minute of the House Committee, certified by the chairman, agreeing to fulfil the conditions, shall be transmitted to the Local Government Board, accompanied by a statement showing—

(*a*) The average daily number of sick persons in the sick wards or hospital of the poorhouse during the last two years.

(*b*) The number of trained sick nurses employed, or proposed to be employed, and the amount of their respective salaries.

(*c*) The number of untrained sick nurses, and the amount of their respective salaries.

(*d*) The number of assistants, other than nurses, employed in menial duties.

3. A trained sick nurse should have been not less than two years in a public hospital, being a training school for nurses, and maintaining a resident physician or house surgeon, and she must not be under twenty-two years of age, nor over forty-five, when first registered.

4. If the arrangements for the nursing of the sick as shown in the above statement, or by special inquiry if necessary, appear to be satisfactory, a schedule which will then be furnished shall be filled up by each trained nurse in her own handwriting, and transmitted to the Local Government Board, in order that her name may be entered in the register of trained nurses.

5. No claim to participate in the Grant will be allowed in respect of any trained sick nurse whose name is not entered in such register.

6. The Governor shall intimate to the Local Government Board the death, resignation, suspension, or dismissal of any trained sick nurse whose name is entered on the register, and also the appointment of a successor.

7. It shall be in the power of the Local Government Board, if they see fit, to remove the name of any trained sick nurse from the register, and no claim in respect of such nurse shall be allowed from the date of the removal of her name from the register.

8. In every poorhouse where the average daily number of sick amounts to twenty, there should be one trained nurse in addition to the matron, and this proportion should be maintained where the number does not exceed sixty.

9. In every poorhouse where the average daily number of sick exceeds sixty, there should be a trained head nurse or lady superintendent, in addition to the number of trained nurses required by Rule 8; but the proportion of trained nurses to the sick above sixty may be as one in thirty.

10. In every poorhouse where a trained head nurse or lady superintendent is employed the rules set forth in the

Board of Supervision circular of 29th April 1880 shall come into operation.

11. All claims to participate in the medical grant in respect of the cost of trained sick nursing during the year ended 15th May shall be made by the Governor of the poorhouse where the nurse is employed in the annexed form, and shall, with the necessary vouchers, be transmitted to the Local Government Board as soon as possible.

12. The claim will be made for the year ended 15th May, and no claim will be allowed for the cost of trained sick nursing which has not been incurred during the financial year from 16th May to 15th May immediately preceding the date of the claim.

13. It shall be in the power of the Board to allow a smaller proportion of the cost, or to withhold the whole grant, if the circumstances appear to them to require it.

14. The foregoing rules and regulations shall be deemed provisional, and it shall be in the power of the Board to alter and amend them when necessary.

APPENDIX LXVIII.

Regulations where a Trained Head Nurse is Employed.

The following rules and regulations shall come into operation when the appointment of a trained head nurse or lady superintendent, together with a statement of her salary, age, and previous experience, has been reported to the Board of Supervision, and the Board have expressed themselves satisfied as to her fitness for the responsible duties of the office.

1. The matron of the poorhouse shall have no jurisdiction within the hospital, and she shall exercise no authority therein; neither shall she be held responsible in any way for its condition as to cleanliness, or the condition of the patients as to their persons, bedding, or clothing.

2. The position of the trained head nurse or lady superintendent of the hospital shall be the same in all respects in relation to the House Governor as that of the matron of the poorhouse to the House Governor as regards ordinary inmates; and the lady superintendent shall be guided in the discharge of her duties, and in the management of the hospital, by the rules and regulations of the Board of Supervision for the management of poorhouses, in so far as they can be applied, and she shall conform to any additional rules which may be deemed necessary by the House Committee and approved by the said Board.

3. It shall be her duty to superintend the nurses employed in the hospital, suspending and reporting to the Governor any who may be found insubordinate, inefficient, or otherwise unsuitable.

4. She shall take charge of the property of the Parochial Board (or combination) within the hospital, and check damage, waste, and extravagance.

5. She shall take charge of all ordinary inmates employed in the hospital, pointing out to them their duties, and reporting to the Governor in case of their disobedience or insubordination.

6. She shall maintain discipline, cleanliness, and order within the hospital.

7. She shall conform to the instructions of the medical officer as to the treatment of patients, and as to all matters affecting the dietary and hygiene of the hospital.

8. In all other matters she shall obey the regulations of the hospital and the lawful orders of the House Governor.

APPENDIX LXIX.

Specimens of Letters received by the Local Government Board on the subject of Parish Councils having power to provide Houses for Medical Officers.

Delting Parish Council.

Westerscoed by Voe,
Shetland, 13*th June* 1899.

Sir,—I am directed to enquire of you if the Local Government Board will sanction this Council borrowing money to build a house for their medical officer, the loan to be repaid—principal and interest—in a number of years, and to be a charge on the rates of the parish. The Council are asking this because there is no house in the parish for the medical officer to reside in.

Your reply will favour the Parish Council.—I have the honour to be, Sir, your obedient servant,

Robert Robertson,
Inspector.

The Secretary,
Local Government Board,
Edinburgh.

Parish Council of Kincardine (Ross).

Ardgay, *5th October* 1900.

Dear Sir,—This Council find a great difficulty in procuring a suitable medical officer for the parish for want of a dwelling-house. Not even lodgings are procurable except for a single man. A gentleman of great experience and capital testimonials is at present offering his services, but, as he is married, the Council fear he will not accept the appointment without some assurance of a suitable dwelling-place being provided for him.

Can the Council competently apply the poor rates for such a purpose, and, if so, is it necessary that the sanction of your Board be obtained before embarking upon such a scheme?

Your early reply shall be esteemed a favour.—Your obedient servant,

David Ross,
Inspector of Poor.

The Secretary,
Local Government Board,
Edinburgh.

Parish Council of Sleat.

Isleornsay, Skye,
9th May 1903.

Sir,—I am instructed to ask your advice in the following case, and to say that your opinion as to whether no action should be taken, or if any, what action, would be much valued by my Council.

The Parish Council allow their medical officer £20 a year in lieu of a house, but there is none for him, and there is danger that the present thoroughly competent doctor (who is otherwise satisfied) may leave on account of there being no house for him, and also that the parish may never be able permanently to retain a doctor on this account.

The Parish Council are aware that it is illegal and impossible to levy compulsory rates to provide a house, but some consider that action should be taken to raise money from the banks, and also from debentures voluntarily taken up within the parish to a total amount of about £400, for which the £20 now paid in lieu of a house would serve for interest and sinking fund, *i.e.*, say £16 interest at 4 per cent., and £4 (increasing annually) to pay off the debentures and the debt gradually—when the house would be parochial property.

The main difficulty is to furnish security, as the Parish Councillors would probably be unwilling to pledge their names personally, and they would be somewhat unwilling and probably unable to pledge future Councils.—I am, Sir, your obedient servant,

M. Anderson,
Clerk.

The Secretary,
Local Government Board,
Edinburgh.

APPENDIX LXX.

38609.

Local Government Board,
Edinburgh, 24*th November* 1903.

Sir,—I have to acknowledge receipt of your letter, dated 23rd instant, and to say that the Board will be glad to allow the Departmental Committee on Poor Law Medical Relief to have access to such official letters and returns as may relate to the subject-matter of the inquiry on which they are at present engaged, and to make extracts from or copies of the same with a view to publishing them in their report.—I am, Sir, your obedient servant,

G. Falconar-Stewart
Secretary.

J. Jeffrey, Esq.,
Secretary to the Departmental Committee
on Poor Law Medical Relief.

APPENDIX LXXI.

Memorandum.

Departmental Committee—Medical Relief to the Poor.

The following are points to be considered, in regard to which evidence is desired by the Committee :—

I. General.

1. What improvements may be effected in hospitals and sick wards of poorhouses, and in the general administration of medical relief to the poor, both indoor and outdoor.

II. Indoor Relief.

1. The sufficiency of the accommodation provided for the sick poor.
2. Whether it is expedient to treat tuberculosis, malignant and offensive diseases in poorhouses, and, if so, what arrangements should be made therefor.
3. How the classification of the inmates into 'sick,' 'infirm,' and 'ordinary' can best be accomplished so as to secure uniformity and efficiency of administration.
4. The powers and duties of the medical officer with respect to :—
   - (*a*) The sick.
   - (*b*) The infirm.
   - (*c*) Children.
   - (*d*) Other inmates.
   - (*e*) The general health of the inmates.
   - (*f*) The cleanliness of their persons.
   - (*g*) The cleanliness of their beds and bedding.
   - (*h*) Their food.
   - (*i*) The admission and discharge of inmates.
   - (*j*) The bathing of the inmates.
   - (*k*) The treatment of infectious disease.
   - (*l*) The calling in of extra nurses, or of another medical practitioner for purposes of consultation or assistance, when required.
   - (*m*) The deaths of inmates (reports, post-mortem examinations, etc).
   - (*n*) The punishment of inmates.
   - (*o*) Operations—such as amputations, etc.
   - (*p*) Making an annual report to the Local Government Board.
   - (*q*) Complaints by paupers of illness.
   - (*r*) Naming a substitute who shall act in his absence.
5. The duties of the Governor, matron, and subordinate officials in regard to the health, cleanliness, clothing, etc., of the inmates.
6. The discipline and punishment of the inmates.
7. Trained Sick Nursing.—The Local Government Board have, by circular and otherwise, advocated some form of trained nursing in every poorhouse. It therefore falls to the committee to consider :—
   - (*a*) The ways and means by which this can be accomplished.
   - (*b*) Whether the standard of training should be lowered, raised, or allowed to remain as at present.
   - (*c*) How the supply of nurses may be regulated and maintained by the training of probationers or otherwise.
   - (*d*) The proportion of nurses to sick required for efficient nursing.
   - (*e*) Whether rules specifying a nurse's duties should be drawn up.
8. The visitation of the poorhouse.
9. The salaries of medical officers of poorhouses.
10. The proper and sufficient dispensing and supplying medicines to the sick poor in poorhouses.

III. Outdoor Relief.

1. The adequacy of the medical relief arrangements at present in force.
2. The duties of the medical officer and the inspector of poor in regard to the outdoor sick.
3. The expediency of establishing dispensary districts as in England and Ireland.
4. Subscriptions to nursing associations and the appointment of nurses for the outdoor sick poor.
5. The supervision of boarded-out children.
6. Accommodation and arrangements for casual sick poor in each parish.
7. Accommodation and provision for the treatment of sick poor in parochial lodging-houses.
8. The expediency of obtaining compulsory powers of removal to a poorhouse or general hospital or other lodging when a sick pauper has no relatives to look after him or her, or when the case is obviously one for poorhouse or hospital treatment.
9. The expediency of sending selected cases to seaside or other infirmaries or convalescent homes and the cost of providing therefor.
10. The tenure of office of medical officers as affecting the efficiency of the poor law medical relief system.
11. Cases of tramps, not paupers, found lying ill at a roadside.

IV. The Grant in Aid of Medical Relief.

1. The abolition of the present stereotyped 'minimum' expenditure.
2. Whether a new 'minimum' should be fixed.
3. Whether a 'maximum' should be fixed.
4. The basis of distribution :—
   - (*a*) According to vouched expenditure.
   - (*b*) According to some other basis, *e.g.* density of population, pauperism, relative needs of parishes, etc., etc.
   - (*c*) If according to vouched expenditure :—
     - I. Whether the present division of the grant as between sick nursing and other medical relief is equitable.
     - II. Whether a separate division in aid of indoor and outdoor medical relief respectively would not be better.
     - III. Whether the grant to be paid to each parish, etc., should be calculated each year upon the vouched expenditure of that year.
     - IV. Whether an average of a number of years' expenditure (say five) might be taken, and the grant thereon fixed for a like period.
5. Whether it is advisable to widen or narrow the definition of what is 'medical relief' expenditure for the purposes of the Grant (*see* Conditions and Instructions to be observed in the distribution of the Grant, printed on page 249 of the book of rules, instructions, and recommendations to parochial authorities).
6. Whether any restrictions should be placed upon the amount which a parish council may subscribe to a hospital and claim against the Grant.
7. Whether the rule respecting reciprocal obligations between participating parishes in regard to medical attendance should be continued, and, if so, whether the reciprocity might be extended to medicines also.
8. Remuneration of medical officer in cases where a surgical operation is necessary, or in cases requiring the administration of an anæsthetic.
9. Whether it should not be obligatory for the parish council to fix the medical officer's salary exclusive of medicines, which should be paid for as obtained, *i.e.* without any sum being fixed therefor.
10. Necessity of advertising vacancies in the office of medical officer in every case.

ANALYSIS OF EVIDENCE.

AITCHISON, Dr R. S.:

Official Qualification:
Consulting and Visiting Medical Officer to Craigleith Poorhouse, Edinburgh, 3849.

Poorhouse Hospital:
There should be more, but smaller, wards, 3856–8. Accommodation at Craigleith Poorhouse is insufficient, 3855–8, 3879–88. A separate dormitory should be provided for paupers who assist in the work of the hospital, 3859–63. The isolation wards for such diseases as scabies and syphilis are too far from the main body of the hospital, 3863–6, 3874–8. No provision exists whereby a ward may be emptied for cleaning purposes, 3866–8. No adequate provision for operations, 3869, 3920. But operations are frequently performed, 3903–6, 3912. An isolation ward is necessary for measles and whooping-cough, 3869–73. The larger poorhouses ought to have proper means for performing operations, 3907–10. Cases are not sent to the Royal Infirmary for operation, 3913–9. A sick inmate should be at once removed from the ordinary wards, 3923–38.

Tuberculosis:
Tuberculous and offensive cases require isolation, 3889–91. Warders who must sleep in phthisical wards should themselves be phthisical, 3891. Only hopeless cases should be received in the poorhouse, 3892. Sanatorium treatment is a matter for private charity, 3893. Paupers have not sufficient pluck to benefit by sanatorium treatment, 3893–9. Suitable cases might be sent to a sanatorium, 3900–2.

Classification:
A sick person should be at once removed from the ordinary wards, 3923–38. Classification of ordinary and infirm inmates should be left to the Governor and matron, 3939–40. Medical officer should supervise generally, 2940–53. In the smaller poorhouses the medical officer should periodically inspect the inmates, 3947–9. Governor should call attention to cases that have become able-bodied, 3954.

Sudden Deaths:
A death occurring shortly after removal from the ordinary to the infirm wards ought to be reported, 3954. Deaths in sick wards are not usually reported, 3958–62. It is not advisable to report every sudden death to the Procurator-Fiscal, 3963–7.

Medical Officer:
Should not be required to supervise persons and bedding of inmates, 3969–70. Tastes food when complaints are made, 3971–2. Instructs as to bathing of sick, 3973–7. Assistants in surgical operations ought to be paid, 4010.

Bathing:
The immediate presence of an official is not necessary at the bathing of probationary inmates, 3978–80. But infirm inmates require supervision, 3981.

Admission of Inmates:
When necessary, the certificate ought to instruct immediate removal to the poorhouse hospital, 3982–3. Criticism of removal certificate, 3982–99. A pauper should not be refused admision to the poorhouse, though he may not have *all* the requisite documents, 4001–3.

Work:
Removal certificate might indicate class of work for which pauper is fit, 3992–4001.

Compulsory Detention of Paupers in Poorhouse:
Officials ought to have power to detain, 4005–9.

Trained Sick Nursing:
Is requisite in all poorhouses, 4018. Suggestions as to training of nurses, 4019–23. Probationers should have a prospect of promotion, 4013–4. The larger poorhouses should train nurses, 4019–20. Training should be in hospitals where there is a resident medical officer, 4021–3. Ratio of nurses to patients, 4024–30.

Medicines:
Method of dispensing in poorhouse, 4031–5.

Dietary:
Adheres to scheme which he recommended to Local Government Board in 1898, 4036–9. Criticises action of Board in permitting boiled meat to be removed from soup, 4040–4. Disapproves of making soup with tinned meat, 4047. Diet of sick is prescribed by the medical officer, 4045. To weigh inmates would afford useful statistics, 4053. Monotony of diet need not be considered unless health give way, 4056–9. It may be left to the medical officer to see that respectable paupers suffering from debility are fed up to a normal standard, 4062–3. Diets prescribed in 1898 are slightly in excess of what is necessary, 4064.

AITCHISON, Dr R. S.—*continued.*

BELL, Dr BENJAMIN DAVID CRAIGIE:

Official Qualification:
Medical Officer for several parishes in Orkney, and Joint Medical Officer of Orkney Combination Poorhouse, 5678–86.

Poorhouse Accommodation:
Orkney Combination Poorhouse will hold fifty, but the number of inmates has not exceeded thirteen, 5687–8. Inmates are chiefly sick and infirm, 5689–92. In Orkney many paupers in receipt of outdoor relief would be better in the poorhouse, but cannot be induced to enter, 5693–709. Some years ago an inspector was prosecuted for refusing outdoor relief to a pauper who subsequently died, and since then inspectors have been afraid to enforce the poorhouse test, 5703–9. The inmates are very comfortable, but seem to lose interest in life and become 'dotty,' 5736–8.

Medical Officer:
Visits poorhouse at least once a week, oftener if necessary, 5712. Each of the joint medical officers acts for one half of the year, 5717–21. Has power to prescribe diet for sick, infirm, and children, 5740–6. Has frequently obtained gratuitous assistance from other doctors, being unaware that a fee might be paid, 5783–7. Salary should be paid out of Imperial funds, 5811–5. When paid by fees he was not so often required as when a salary had been fixed, 5821–4.

Bathing:
New inmates are seen by the medical officer before being bathed, 5714–6.

Nursing:
Not much need for a trained nurse in the poorhouse, as the Governor and his wife are able to give attendance, 5722–35, 5805–10. One of the inmates assists with infirm cases, 5733. A nurse for outdoor and poorhouse jointly might be of use, but is not specially required, 5805–10.

Admission of Inmates:
Unless in an emergency no person should be admitted if not medically certified as suitable for poorhouse treatment, 5747–72. The Governor should be informed in advance when a pauper is to be sent to the poorhouse, 5763–72.

Discharge of Inmates:
No inmate should be discharged unless the medical officer certify him as fit to leave the poorhouse, 5773–6.

Punishment:
The medical officer should be consulted before punishment is inflicted, 5788–96.

Sudden Deaths:
Practice as regards reporting, etc., 5797–804.

Medicines:
Should be dispensed by a local chemist, 5817–9.

Medical Relief (Outdoor):
Is much more satisfactory in Orkney than formerly, but it is difficult to obtain doctors for the smaller islands, 5820. Government ought to provide medical officers, 5811–5, 5820, 5832, 5839. Medical officer should have fees for lunacy work, etc., in addition to salary, 5824. Illustrates difficulty of obtaining medical aid in certain of the islands, 5828–31. Paupers requiring medical attendance should be told to send word to the medical officer before he goes out for the day, 5846–7.

Boarded-out Children:
Should be inspected periodically by the medical officer, 5833–4.

Casual Sick Poor:
There should be provision in each parish for dealing with casual sick, 5835.

Compulsory Removal to Poorhouse:
Parish Councils should have powers, 5695–709, 5836–8.

Tenure of Medical Officer:
Medical officer should not be dismissed without sanction of Local Government Board, 5839–46.

BENNETT, Mr WILLIAM:

Official Qualification:
Has been Governor of Craiglockhart Poorhouse for eighteen years, 4400–1.

Hospital, Poorhouse:
Should be sufficiently large to permit retention of patients till they are cured, 4404–7. Accommodation is insufficient, 4405–8. A spare ward ought to be available to permit transference of patients while wards are being cleaned, 4408. Of late years number of inmates has largely increased, 4408–10. Venereal and skin diseases are treated in separate wards, 4414–7. Sick inmates should be entirely under the care of the medical officer, 4452. The medical officer should have power to detain patients until they are cured, 4525, 4536–48. There is no proper operating room, 4564. But such is necessary, 4565–6. It has not been necessary to send patients to the Royal Infirmary for operation, 4568–9. Patients prefer to be treated in the poorhouse, as there they are not annoyed by the presence of students, 4578. Some patients consider that in the poorhouse they receive better treatment than in the infirmary, 4581.

Classification:
A more stringent test would tend to diminish the number of inmates, 4410–2, 4457–84a. Classification should be determined by the medical officer 4418–20. Infirm are allowed every possible privilege, 4439–41. Infirm should be placed in the ordinary wards, 4454. A special ward for infirm would obviate the sending of certain cases to the hospital, 4455, 4487. Ordinary and test cases should be subject to Governor, 4457–84a. The taking of firewood into the town in barrows by inmates is subversive of discipline, 4462–75. Readmission of inmates who have gone out ostensibly to look for work, 4477–84a.

Tuberculosis:
Special wards are being provided for tuberculous and malignant cases, 4413–4.

Medical Officer:
Should have power to detain inmates until they are cured, 4525, 4536–48. Sees new inmates twice every day, 4421, 4527–8. Attends any inmate who may require him, 4423–6. Does not periodically scrutinise all the inmates, 4427–37. Should fix hours of rising and going to bed for the sick, infirm, and young children, 4438–9. Sees the infirm about five times a week, 4440–2, 4486. Should note in a book the treatment which he thinks should be given infirm inmates, 4485. Is in the children's wards every morning, 4491. Should examine all new inmates, and direct as to the medical treatment which they may require, 4525–35. Should inform the Governor or head nurse when the services of an extra doctor or nurse are required, 4561–3. Should every month report deaths to the House Committee, 4582. Should have entire power as regards the treatment of the sick, 4623. Salary ought to be progressive, 4654. Should not supply medicines, 4655–62.

Trained Sick Nursing:
Is confined to the hospital wards, 4443–4. Would prefer that a trained nurse should have charge of the infirm, 4456, 4487–9, 4631. Approves of present standard of training; but Board should have power to relax their rule, 4632–3, 4640–1. Grant should be allowed in respect of probationers, 4634–6, 4643–4. Proportion of nurses should be one to twelve for day duty and one to forty for night duty, 4645–7. No nursing rules have been submitted to Board, 4648–51.

Compulsory Detention of Inmates:
The medical officer should have power to detain patients in the hospital until they are cured, 4525, 4536–48.

Admission of Inmates:
Readmission of inmates who have gone out ostensibly to look for work, 4477–84a.

Children:
The matron or nurse should inform the medical officer of sickness among the children, 4490. The medical officer is in the children's wards every morning, 4491. There are over 100 children in the House, 4492. Children should be lodged in a building apart from the poorhouse, 4494. Children go to Slateford Board School, and get a 'piece' for lunch, 4495–8. A board school education is desirable, 4498–502.

Cleanliness of Inmates:
Governor and matron should be responsible for, 4506. Verminous inmates are required to have their hair cut short, 4625–6.

Dietary:
Medical officer should advise as to diet in cases of sickness, 4507–8. There are few complaints of diet, 4509. Diet suggested by Local Government Board in 1898 is impracticable, as it involves too much machinery, 4511–7. It would be practicable to test the sufficiency of the diet by weighing the inmates, 4518–24.

Bathing:
When necessary the medical officer should instruct as to bathing, 4549.

Sudden Deaths:
The death of an inmate not under medical treatment is regarded as sudden, 4583–5, 4599–603.

Punishment:
'Locking-up' is usually sufficient punishment, 4604–7.

BENNETT, Mr WILLIAM—*continued.*

An inmate under medical treatment is not confined unless certified fit by the medical officer, 4608–9. To withdraw delicacies from diet forms sufficient punishment for old people, 4610–2. Corporal punishment is in use for the children, 4613–7.

Surgical Operations:
There is no proper operating room, 4564. It has not been necessary to send patients to the Royal Infirmary for operation, 4568–9. If necessary the medical officer may procure outside assistance, 4618–20.

Governor:
Should be supreme as regards discipline, 4624–30. Should, with matron, be responsible for cleanliness, 4506.

Visitation:
House Committee visit regularly, 4652.

Medicines:
Ought to be obtained in bulk and issued by a dispenser, 4655–67.

BIGGER, Dr E. COEY:

Official Qualification:
Poor Law Medical Inspector under the Local Government Board for Ireland, 6022–4.

Workhouse Hospital:
Most workhouses have a fever hospital attached, 6027. The fever hospital is for poor persons—not necessarily paupers—and the public health authorities have no jurisdiction over it, 6028–31. Guardians have power to send to a suitable hospital any inmate requiring special treatment, 6035–7. Diet of sick is in discretion of medical officer, 6038. The majority of workhouse inmates are sick and infirm, 6068. Local Government Board have power to say how many nurses, ward attendants, and ward maids shall be employed, 6084–5. Medical officer has supreme control of hospital, 6086, 6118–9. Hospital is usually separate from workhouse, 6088. Idiots, dipsomaniacs, and epileptics are received, 6102–4.

Medical Relief (Outdoor):
Receipt of, does not pauperise, 6032–3. Unions are divided into dispensary districts, 6059–60. Government pays half the medical officers' salaries and half the cost of medicines, 6061–6. Dispensary relief is granted on production of a ticket signed by a Guardian, a warden, or a relieving officer, 6069–74.

Dietary:
Of indoor sick is in discretion of medical officer, 6038. Ordinary inmates are dieted according to scale approved by Local Government Board, 6038–58. No objection is taken to any increase in diet suggested by Guardians, 6043. The scale prescribed by the Local Government Board was not suggested by physiological experts, 6045–50; Board have no power to compel Boards of Guardians to adopt their scale, 6057–8.

Medical Officer:
Diet of sick in workhouse is in discretion of, 6038. Has supreme control of hospital, 6086, 6118–9. Classifies inmates of workhouse, 6103, 6106–9. Sees inmates every day, 6109. The master of the workhouse calls his attention to the case of any ordinary inmate who may require medical aid, 6110–1. Inmates have direct access to him, 6112. Cannot be removed without consent of Local Government Board, 6124–7. Principle is excellent, 6128–9.

Nursing:
Grant is given in respect of only one trained nurse in each workhouse, 6078. Is meant to induce Guardians to appoint a trained nurse, 6079–80. There is no workhouse without paid nurses, 6081–3. Local Government Board have power to say how many nurses shall be employed, 6084. In absence of the medical officer, the head nurse has charge of the hospital, 6086–7. Ratio of nurses to sick is roughly 1 to 10 or 12, 6090–1.

Medical and Lay Inspectors under Local Government Board:
There are two Poor Law medical inspectors, 6092. The general inspectors visit the workhouses twice a year, 6098. There is slight overlapping of the duties of the two classes of inspector, 6093–7. There are 159 workhouses in Ireland, 6099. There are eight general inspectors, who, however, have many duties besides inspecting workhouses, 6100–1.

Punishment:
Is infrequent, 6113–7. Inmates have a right of appeal to Guardians, 6120.

Boarded-Out Children:
There are two lady inspectors under Local Government Board, 6122. The number of boarded-out children at 31st March 1901 was 2755, 6123.

CAMPBELL, Mr ALEXANDER J. H., of Dunstaffnage:

Official Qualification:
Chairman of the Parish Council of Kilmore and Kilbride, a member of the House Committee of Lorn Combination Poorhouse, 5367–9.

Hospital, Poorhouse:
There is much vacant accommodation in Highland poorhouses, 5371. In Lorn Poorhouse there is accommoda-

CAMPBELL, Mr ALEXANDER J. H.—*continued.*
tion for 234, but the average number of inmates is 78, 5372. Sick and infirm are classed together, 5373, 5395–6. A number of young women enter the poorhouse to be confined, 5378–81. Parish Councils should have power to admit into the poorhouse sick people who though not paupers, are likely to become so, 5382–91.
Tuberculosis:
Cases are placed in a separate ward, 5373, 5392–4.
Nursing:
There is a trained nurse in the house, 5397–8. She has a general supervision of both sick and infirm, 5399–407. Medical officer should have power to employ as nurse any person he thinks qualified, irrespective of training, 5443. Medical grant ought to be allowed in respect of probationers, 5448–9. Training of nurses might be partly in a poorhouse, partly in a general hospital, 5450–5. A certificated nurse is inclined to be overbearing, 5455–60.
Medical Officer:
Medical officer sees every sick person daily, 5376–9. Should control treatment of sick, 5408–11. Should be authorised to inspect the poorhouse at any time and to report defects, 5411–5, 5417–8. Should not have power to employ extra nurses without consulting House Committee, 5423–4. But might call in an extra doctor, 5424–7A. Salary should be proportioned to the number of inmates, 5466–8. Should supply medicines and sign vouchers, 5469–71, 5514. Should not be removable without sanction of Local Government Board, 5503–7. Advertisement of vacancies ought to be restricted, 5514–6.
Infectious Disease:
Cases are isolated in the poorhouse, 5419–22.
Punishment:
Is practically done away with, 5428–30. There is a refractory cell, but it is not used, 5430–4. Would prefer to hand over to the police cases requiring punishment, 5434–41.
Visiting:
It should be made clear that the members of the Visiting Committee are not required to visit together, 5461–2. Visiting members should be instructed that they have no power to reprimand officials, but should report to the House Committee, 5462–5.
Outdoor Medical Relief:
Medical officers are sometimes extravagant in ordering extras for sick paupers, 5472–83. District nurses dislike pauper cases, 5484–9.
Compulsory Removal to Poorhouse:
Power of, should be given to Parish Councils, 5493–501.
Convalescent Homes:
Does not approve of sending paupers to, 5502.
Relief from Rates:
Relief from assessment granted to poor persons by parish of residence ought to be repaid by parish of settlement, 5509–13.
Work:
Poorhouse inmates are sent into the town with firewood; system is satisfactory, 5517–25. When an inmate does good work the House Committee ought to have power to recognise it by a gratuity, 5444–7.

CAMPBELL, Dr KENNETH:

Official Qualification:
Medical Officer for Parish of Kilmore and Kilbride and for Lorn Combination Poorhouse, 5848. Formerly Medical Officer for Parish of Laggan, 5849.
Poorhouse Hospital:
Every poorhouse ought to contain hospital wards and appliances for operations, 5852, 5862–6, 5870–3. Beds should have wire mattresses, 5852. Visitors whose presence would tend to brighten the inmates' lives should be encouraged, 5874–9. It is in medium-sized poorhouses that the provision for the sick and infirm is least adequate, 5893–5. The medical officer should be responsible for the treatment of the infirm as well as of the sick, 5923. Every year a certificate that the house is sanitary ought to be obtained from a qualified inspector, 5929, 5937–9.
Nursing:
Skilled night attendance is necessary for the sick and infirm, 5852, 5973–7. There ought to be trained nurses in Highland poorhouses, 5853–5. Pauper nursing should be abolished, 5856–7. More nurses would require to be employed if tuberculous cases are to be properly treated, 5896–9. Probationers should be trained in the larger poorhouses, 5900–2. There ought to be one nurse and one probationer for twenty sick and infirm, 5915–22, 5993. Nurses are obtained with difficulty, 5952–3. Where the matron is a trained nurse she should be head of the nursing staff, 5978–87. Standard of training should remain as at present, 5988. Probationers might serve for a year in the poorhouse and continue their training in a larger hospital, 5988–92. Rules specifying duties ought to be framed, 5994.
Work:
Paupers may usefully do cleaning and scrubbing, 5858–9. A little tobacco is sometimes given as a reward, 5860–1.

CAMPBELL, Dr KENNETH—*continued.*
Such work as the Brabazon Society provides would be of great use, 5878–83. The medical officer should determine as to the work for which inmates are fit, 5923, 5940.
Classification:
The sick are now separated from the infirm, 5866–8. Suggests method of classifying, 5909–15. Classification of children, 5924–6. A daily roll-call is advisable, 5968–72.
Boarding-out of Children:
Children sent to the poorhouse should be boarded out, 5885–91, 5927–8. Should be inspected quarterly by the medical officer, 6010–5.
Education:
The children in the poorhouse attend a Board School, 5892.
Tuberculosis:
Tuberculous and malignant disease ought to be isolated, and to receive adequate nursing, 5896. The nursing staff is not usually sufficient to deal with such cases 5896. An attempt is made to treat tuberculous patients, on sanatorium lines, but the house is not suitable, 5903–8.
Medical Officer:
Ought to be responsible for the treatment of the infirm, 5923. Should determine the work for which inmates are fit, 5923, 5940. Should once a week or once a fortnight inspect the inmates with a view to satisfying himself as to their general health, cleanliness, etc., 5929. Sees the sick and infirm every day, 5933–4. Rings a bell on entering the poorhouse, so that all the inmates may be aware of his presence, and be able to make any complaints, 5935–6, 5968–72. Should make an annual report on lines to be prescribed by the Local Government Board, 5967. Salaries ought to be more liberal, 5995–6. Should not be removable from office without consent of Board, 6017.
Bedding:
Matron should be responsible for cleanliness of, 5941.
Admission of Inmates:
Every poorhouse should have a separate probationary ward for each sex, 5942–3. An admission register should be kept by the medical officer, 5943.
Discharge of Inmates:
Inmates should not be permitted to leave the poorhouse unless medically certified as fit, 5943–8.
Deaths:
Procedure ought to be simplified so as to permit of speedy burial, 5954–8.
Punishment:
Has had small experience, but suggests slight modification of existing rules, 5959–66.
Compulsory Removal to Poorhouse:
Parish Councils ought to have powers, 5998–6003, 6016.
Medical Relief (Outdoor):
Relatives sometimes make an improper use of special relief granted to a sick pauper, 5997, 6004–7.
Removal of Paupers to Poorhouse:
A cab or small ambulance is used, 6018–21.

CAMPBELL, Miss MARY C.:

Official Qualification:
Formerly member of Ayr Parish Council, 2979–80, and member of Kyle Poorhouse Board; has visited many poorhouses in Scotland, 2981–2.
Classification:
Medical officer ought to have larger powers, 2985. It is difficult to classify on basis of character, 2987. Test cases should be made to work, 2987–90. Infirm should be separated from sick, 2993. Cancer and consumptive cases should be isolated, 2993–4.
Nursing:
There is one trained nurse in Kyle Poorhouse, 2997. Paupers assist nurse, 3008. Nursing staff is insufficient, 3009. Infirm require quite as much nursing as sick, 3010–1. Medical officer should have power to employ extra nurses, 3034–8. A poorhouse training is not sufficient for a nurse, 3056. Does not approve of combining outdoor and indoor nursing, 3101–5. Some pauper nurses work admirably under supervision, 3106. Does not approve of a nurse-matron, 3109–13. Local Government Board should provide nurses, 3115–7.
Discharge of Inmates:
Inmates are reluctant to leave poorhouse, where they are kindly treated, 3015–7. In a small house it is difficult to apply a proper test, 3017. Poorhouse authorities should have power to discharge able-bodied inmates without communicating with parish of settlement, 3020–2.
Bathing:
Bathing of inmates by other inmates should be discouraged, 3023–33. Medical officer should instruct as to bathing, 3025–7.
Medical Officer:
Should have power to employ extra nurses when necessary, 3034–8. Should instruct as to bathing, 3025–7. Should have full power in regard to treatment of the sick, 3039. Inmates should be able to complain direct to medical officer, 3041. When medical officer goes on holiday he

CAMPBELL, Miss MARY C.—*continued.*
should intimate name of substitute to chairman of House Committee, 3045–6.
Surgical Operations:
Are not performed in poorhouse, 3050–2.
Boarded-out Children:
Is aware of cases where children were ill-treated by guardians, 3064–73. More supervision is necessary, 3071, 3075–6. A lady inspector under Local Government Board is required, 3076, 3079–84. Particulars of a tour of inspection in England, 3076–88.
Governors:
Ought not to be removable from office without sanction of Local Government Board, 3089–91. Relationship of Governor to other officials is satisfactory, 3094.

CHISHOLM Mr JOHN:
Official Qualification:
Governor of East Poorhouse, Dundee, 1832. Formerly Assistant-Governor at Barnhill Poorhouse, 1833. Prior Assistant-Inspector of Poor in Glasgow, 1833.
Poorhouse Hospitals:
In the larger poorhouses, compare favourably with infirmaries, 1837. The general administration of indoor medical relief is very satisfactory, 1837. Sick wards should be well ventilated, and made as cheerful and comfortable as possible, 1838. In the smaller poorhouses the want of a trained nurse is much felt, 1839. Save for the poorhouse hospital, many sick people would get no relief at all, 1844. Relatives frequently contribute towards cost of sick, but rarely pay full cost, 1845–9.
Nurses:
The want of, is much felt in the smaller poorhouses, 1839. In a large poorhouse it is desirable that a nurse should work among the infirm, 1885. Does not approve of pauper nurses where there are not also trained nurses, 1939–46. Each poorhouse should frame its own nursing rules, 1947–9.
Classification:
The medical officer is careful to distinguish the sick from the infirm and ordinary inmates, 1850–1. Inmates prefer the hospital, because it is the most comfortable part of the poorhouse, 1852. Classification cannot be maintained without 'isolation tests,' 1872. The test class should be kept apart from the other inmates, 1873–5. Infirm who receive medical treatment are regarded as sick, 1880–1. But do not count as sick in the matter of nursing, 1882–4.
Number of Sick:
Number of beds in hospital is 332, 1853. If the number of inmates continues to increase at present rate, more accommodation will be required, 1855. Statement of admissions in years from 1895 to 1901 inclusive, 1857. Increase may be due to dulness of trade, 1858. Paupers who in other poorhouses would probably be regarded as merely infirm are sent to hospital: this probably explains why in Dundee the proportion of infirm to ordinary inmates is small, 1861–7.
Tuberculosis:
Patients should be placed in separate wards, 1868. Cases are being isolated to such extent as is possible, 1869–70.
Medical Officer:
Control should be strictly limited to the medical treatment of the sick, 1876–80, 1887–9. Gives directions as to the diet of the children, 1886. Certifies as to the ability of any inmate who refuses to work, 1893–5. Periodical medical inspection of inmates would not interfere with jurisdiction of Governor, 1897. Inmates have direct access to the medical officer, 1899–902. This arrangement ought to be enforced in all poorhouses, 1902–6.
Diet:
Medical officer instructs as to the diet of the children, 1886.
Work:
Description of work applicable to test cases, 1890–1. When an inmate refuses to work, the medical officer is required to report as to his ability, 1893–5. Governor selects class of work, 1896.
Punishment:
Medical officer is consulted as to whether inmates are fit for work, but is not otherwise consulted before an inmate is punished, 1907. Would not punish children unless in the presence of the medical officer, 1910. So far it has not been necessary to punish children, 1911–2.
Cleanliness:
Governor and matron are responsible for cleanliness of inmates, bedding, and food, 1913. Medical officer reports faults to Governor and matron, 1913. Where necessary, bathing is regulated by the instructions of the medical officer, 1914–7.
Sudden Deaths:
Present rule of Local Government Board satisfactory, 1920.
Admission of Inmates:
New entrants are searched by warders, 1931–4. The porter does not search females, 1932–4.
Visits to Paupers:
Visitors ought to be restricted to one visit per month, 1950.
House Porter:
Appointment, dismissal, etc., ought to be made by Governor, with approval of House Committee, 1951–3.

CHISHOLM, Mr JOHN—*continued.*
Removals to Poorhouse:
Are conducted by the inspector of poor, 1954. The medical certificate is satisfactory, 1957–8.

CORE, Dr WILLIAM:
Official Qualification:
Has been Medical Officer at Barnhill Poorhouse, Glasgow, since, 1876, 292.
Poorhouse Hospital:
Cubic space per bed ought to be increased to 1000 or 1100 feet, 293. Cubic space in Barnhill is over 800 cubic feet, 294. Lavatory accommodation should be more convenient for the wards, 295. The new hospital at Stobhill meets his views, 296–7. Every type of case is treated in Barnhill Poorhouse, 305–6. Operations are conducted as in infirmaries, 309–13.
Number of Sick:
Is increasing, 298. Explanation, 299–304. Every type of case is treated in poorhouse hospital, 305–6.
Tuberculosis:
Should be treated in buildings apart from hospital, 314–5. Special wards are being built at Stobhill, 316–9. Patients receive open-air treatment, 320–1.
Medical Officer:
Duties as regards admission of inmates, 322–7. Sees sick every day, 329. Sees infirm twice a week, 330–3. Does not examine infirm inmates unless they complain to officials, 332–4, 337–41, 419–25, 467–9. Is not aware that further precautions are necessary, 335. Receives at stated times a list of inmates and examines them with a view to ascertaining whether they have become able-bodied, 343–5, 480–4. Determines when patients may be removed from the hospital, 345–6. Is independent of Governor so far as treatment of the sick is concerned, but has no say in general management, 406–8. Has no voice in appointment or dismissal of nurses, 409–15. Has no jurisdiction over nurses, 413–5. Examines and sometimes tastes food, 430. Certifies whether inmates adjudged to be deserving of punishment are fit to receive such, 454–7. An inmate may complain of sickness to medical officer direct, 463–6.
Infectious Diseases:
Cases are removed to the Public Health Hospital, 347–8. Tuberculosis and some skin diseases are treated in poorhouse, 349–50. If the Public Health Hospital were full, cases would have to be isolated in the poorhouse, 352.
Nurses:
Extra nurses have been obtained from a nursing home in an emergency, 353–6, 445–7. Sanction of chairman of House Committee was obtained, 355–6. Are trained in poorhouse, 379–81. Probationers are now easily obtained, 382–4. Ratio is about one nurse for eighteen patients, 387. Does not think it would be reasonable to ask Medical Relief Grant for probationers, 390. The nurses are subject to the matron, who exercises the right of appointment and dismissal under the Governor and the Chairman of the House Committee, 409–11. Nurses should have more time for recreation, 448–53.
Sudden Deaths:
Does not report deaths occurring in hospital, 357–61, 441–4. Sudden deaths occurring in ordinary wards are reported, 362–70. Medical officer intimates death to Governor in first place, 371. When a death occurs in the ordinary wards it is entered as if it had taken place in the sick wards, 363–78.
Visitation of Inmates:
Friends should be afforded every facility to visit patients, 394. And should be allowed to come oftener than at present, 395–6. When a patient's life is in danger the fact is intimated to his friends, who are then allowed to visit as often as they wish, 397.
Medicines:
A female dispenser is at present employed, 401–5.
Diet:
Of children and infirm is prescribed by medical officer, 428. Medical officer examines and sometimes tastes food, 430–3. Does not weigh inmates; proposed to do so, but Committee objected, 434–8.
Punishment:
Medical officer certifies whether inmates adjudged deserving of punishment are fit to receive such, 454–7. Children are sometimes punished by the Governor, but the medical officer is always consulted, 471–9.
Classification:
It is difficult to keep classes separate because of deficient accommodation, 459–62.

CRICHTON, Mr ARCHIBALD HENDERSON:
Official Qualification:
Has been Member and Chairman of Linlithgow Parish Council, 3479–80. Chairman of Linlithgow Combination Poorhouse Committee, 3481.
Indoor Relief:
Sick poor receive better treatment in the poorhouse than the working class can obtain in their homes, 3496–7. There is a prejudice against the poorhouse; sick prefer the infirmary, 3498–504. The discipline—particularly the bathing—in the poorhouse is objected to by many,

CRICHTON, Mr ARCHIBALD HENDERSON—*continued.*

3503. Poorhouse relief ought not to be forced on decent old people who can get along outside with a small allowance, 3505–9.

CLASSIFICATION:
Sick and infirm should be kept apart from ordinary inmates, 3483–4, 3486–7. There should be isolation for tubercular and malignant and offensive cases, 3488–95. Present classification of inmates as sick, infirm, and ordinary is sufficient, 3510. Definition of sick and infirm, 3511. When a pauper is admitted, the medical officer decides which class he is to be put into, 3512. The medical officer puts inmates off or on the sick list according to their health, 3513. The Governor distinguishes between infirm and ordinary inmates, 3516–9.

MEDICAL OFFICER:
Paupers have direct access to medical officer, 3526. Should see the ordinary inmates periodically, 3527–8. Should not interfere in the management of the poorhouse, 3529, 3531–3. Should periodically inspect the ordinary inmates, 3527–8, 3530. When absent ought to name a substitute, 3564–6. Salary should be fixed by House Committee, 3605. Buys medicines wholesale and dispenses, 3606. Salary should exclude medicines, 3630.

INFECTIOUS DISEASE:
Should be treated by the Public Health authorities, 3536–40.

TUBERCULOSIS:
Should be made a notifiable disease, 3541–5.

NURSING:
Trained nurses have charge of the infirm as well as of the sick, 3520–2. Medical officer should not be empowered to obtain nurses on an emergency without reference to the chairman of the House Committee, 3546–8. Approves of trained nursing, 3572. Approves of pauper nursing under supervision of trained nurse, 3573–7. An untrained nurse is frequently of great service, 3578. Nurses ought to be subject to Governor and matron, 3580. Matrons of experience should be placed on register of trained nurses, 3580. Minimum age of probationer might be eighteen, 3580–1, 3599–600. It is difficult to obtain nurses, 3582. Provision should be made in all poorhouses for the training of probationers, 3592–6. In certain cases a district nurse might visit poorhouse, 3622–4. Nurses should be appointed by Governor with consent of House Committee, 3634–41.

SUDDEN DEATHS:
Rules ought to be adjusted so as to facilitate earlier interment of bodies, 3549–55. An unexpected death is regarded as sudden, 3556.

PUNISHMENT:
The Governor ought not to have to consult House Committee before punishing, 3557–8. But medical officer should be consulted, 3559. Would discourage corporal punishment, 3567–71.

SURGICAL OPERATIONS:
Are sometimes performed in poorhouse, 3562. Would pay a special fee to medical officer for operations, 3625–9.

GOVERNOR:
Duties of, 3567.

VISITATION:
Present system satisfactory, 3601–4.

DISPENSARIES:
Are unnecessary in rural parts, 3607–8. Medical officer buys medicines wholesale, 3606, 3609.

CASUAL SICK:
Tramps found sick at roadside ought to be admitted into poorhouse on the application of anyone presenting them, without formality of any kind, 3610–1, 3613–7. No need for a casual sick house in every parish, 3612.

MEDICAL RELIEF GRANT:
That portion of grant applicable to poorhouses might be paid direct to the poorhouses, 3618–9. Would not extend grant to outside nursing nor to probationers, 3620–1.

HOUSE COMMITTEE:
Should have power to remit work to sub-committees, 3632. Ought in no circumstances to be charged with boarding-out of children, 3632. Should engage all officials, 3633–4. Porter should be subject to Governor, 3634.

DOWNES, Dr ARTHUR:

OFFICIAL QUALIFICATION:
Senior Medical Inspector for Poor Law purposes under the Local Government Board, England, and one of the General Inspectors (Metropolitan District), 5526–7. Formerly Poor Law Medical Inspector for Provincial Workhouses, 5528.

HOSPITAL, WORKHOUSE:
In London, the infirmary is usually separate from the workhouse, 5531, 5643–51. Poor persons may be sent to institutions for curative treatment, 5563–5. Board have power to inspect establishments other than workhouses where paupers are lodged, 5566–70. Special rules are issued for each workhouse, 5533–44.

OUTDOOR MEDICAL RELIEF:
Is given in London through a dispensary, 5531–4, 5537–8, 5652. In urgent cases, the relieving officer has power to call in outside medical aid, 5541–2. Paupers receive a ticket entitling them to claim medical aid, 5585–93.

DOWNES, Dr ARTHUR—*continued.*

MEDICAL OFFICER:
Receives fees in addition to salary, 5535–6, 5539–40. Is furnished with a list of permanently sick or disabled paupers, 5585–93. Prescribes the diet in individual cases, 5598. As to inclusion of medicines in salary, 5603–5. Has right of appeal to Local Government Board against dismissal; this tends to greater efficiency, 5628–32.

SUPERVISION BY CENTRAL AUTHORITY:
System adopted by the English Board in supervising the administration of indoor relief, 5543–7. Every year selected workhouses are examined by the medical inspector, 5543–52. Local Government Board may refuse to sanction the occupation of any part of a workhouse that does not satisfy them, 5553–62.

NURSING:
A superintendent nurse is necessary where three trained nurses are employed, 5548. Nurse superintendent is subject to the medical officer as regards treatment, and to the master and matron in matters of discipline, 5549. Guardians have a power—rarely exercised—to appoint district nurses, 5581–4. There is no difficulty in obtaining probationers, but uncertificated nurses are scarce, 5617. No pauper is allowed to act as nurse, 5618.

SUBSCRIPTIONS TO HOSPITALS, ETC.:
Guardians may, with the consent of the Local Government Board, subscribe to public hospitals, consumptive sanatoria, institutions for epileptics, nursing associations, etc., 5563, 5566, 5571–6.

TUBERCULOSIS:
Would prefer if consumptive sanatoria were available for all classes and not exclusively for paupers, 5576–9.

DIETARY:
By allowing a more varied diet, waste has been checked, 5597. The medical officer may prescribe the diet in individual cases, 5598. A discretionary power—rarely exercised—rests with the relieving officer, as to whether he shall give or withhold a special diet recommended by the medical officer, 5599–602.

CLASSIFICATION:
Is practically in the hands of the medical officer, by whose advice the Guardians are guided, 5609–13. 'Roll-call' is now in disuse, 5660. Proportion of sick to ordinary inmates, 5666–8. Definition of 'able-bodied pauper,' 5677.

PUNISHMENT:
By solitary confinement is rare, 5619–20, 5624–5. Is usually by deprivation of leave or privileges, such as tobacco, 5621.

SUDDEN DEATHS:
Only such deaths as call for an inquest are reported, 5661.

REMOVAL OF PAUPERS:
A nurse usually accompanies the ambulance, 5664–5.

BOARDED-OUT CHILDREN:
Lady inspectors (non medical) are appointed by the Local Government Board, 5670–4.

MEDICAL RELIEF GRANT:
Method of distributing, 5675.

DURRAN, Dr DAVID:

OFFICIAL QUALIFICATION:
Medical Officer of Thurso Parish (part) and Combination Poorhouse, 4668–9. Formerly Medical Officer for parishes of Olrig and Dunnet, 4670–1.

DUTIES:
Visits poorhouse regularly once a week, but also at such other times as may be necessary, 4673–7. At certain seasons visits daily, 4673. There are only four inmates on the sick list, but most of the inmates, being old and infirm, require advice and medicine, 4678. Sees all the inmates when visiting the poorhouse, 4727–9.

NUMBER OF INMATES:
Averages fourteen or fifteen; poorhouse is sanctioned for 149, 4679–80. Parishes are reluctant to apply the poorhouse test, 4682–3.

CLASSIFICATION:
Is not in use, but an offensive case would be placed in a separate ward, 4684, 4691. There are no special sick wards, 4685. The inmates occupy two wards—one for males, one for females, 4686–90. There is ample ward space to admit of classification, 4724–6.

NURSING:
No trained nurse in poorhouse, 4692. Matron acts as nurse, 4693–5. Trained nursing would be of great utility, 4696. Trained nursing and a proper sick ward would probably induce sick aged persons to enter the poorhouse more readily, 4696–703. A trained nurse would facilitate operations, 4707.

SURGICAL OPERATIONS:
There are no appliances for, 4704. But has performed operations in the poorhouse, 4705–8. A trained nurse would facilitate operations, 4707.

CUBIC SPACE:
Is limited in the rooms actually occupied, but there are a number of vacant rooms, 4710–23.

CHILDREN:
Thrive well in the poorhouse, 4731. Attend Board School, 4732–3.

DURRAN, Dr DAVID—*continued.*

Work:
Inmates work a pump to supply the poorhouse with water, 4734–6, 4880–3.

Poorhouse Accommodation:
The house is sanctioned for 149, but fourteen or fifteen is the average number of inmates, 4679–80. Latheron Poorhouse ought to be closed, as Thurso Poorhouse is more conveniently situated, and is adequate, 4737–49.

Medicines:
A supply ought to be retained in the poorhouse and be dispensed by the medical officer, 4750–7.

Tuberculosis:
There are no cases in the poorhouse, 4758. Is not common among the outdoor poor, 4759. Cases could be isolated in the poorhouse, 4762–3.

Bathing:
The poorhouse is fitted with baths, 4765–6.

Dietary:
In a few cases a diet of tea and bread is preferred to one of oatmeal, 4767–8. A cook is employed, and the cooking is good, 4769–71.

Outdoor Medical Relief:
Visits paupers only when called upon, or when he thinks it necessary, 4776–7. Probably visits a dozen cases in a week, 4778–9. It would be convenient to have a supply of medicines in the outlying parishes, 4780–2. A Jubilee nurse is employed in the parish, and visits paupers, 4783–94. Is of great service, and Parish Council subscribe towards her cost, 4785–93. Nutritious diet is always supplied to paupers when ordered by the medical officer, 4819–21.

Compulsory Removal to, and Detention in, Poorhouse:
Parish Councils ought to have powers, 4795–818, 4865–79.

Casual Sick:
There is a casual sick house in the parish with an attendant, 4822–8.

Tenure of Office of Medical Officer:
A medical officer should not be dismissed without consent of Local Government Board, 4830–47. The duties of a parochial medical officer are not such as call for fixity of tenure, 4844, 4849.

Visitation:
House Committee visit regularly, 4848.

Medical Officer (Outdoor):
Ought not to be removable without consent of Local Government Board, 4830–47. In some parishes clubs are formed, whose members subscribe for the services of the medical officer, 4853–7. Salary ought to exclude medicines; a certain sum should be set apart for medicines, 4859–64.

FERRIER, Mr ANDREW:

Official Qualification:
Inspector of Poor of Edinburgh, 2469. Formerly Inspector of Poor of St Cuthbert's Combination, 2469. Formerly Inspector of Poor of New Monkland, 2469. Formerly Law Clerk to City Parochial Board, 2469. Has had forty one years of Poor Law service, 2469.

Poorhouses:
Poorhouse provision in parish of Edinburgh, 2470. Medical relief arrangements in Edinburgh poorhouses, 2471. Board's rules are strictly adhered to in both poorhouses, 2471–3. Can suggest no improvement in poorhouse arrangements, 2474. In Craigleith Poorhouse the medical officer inspects the wards daily, 2475–81. In Craiglockhart Poorhouse the inmates see the doctor only when they so ask, 2475–81. Cases requiring surgical operation are probably sent to the infirmary, 2494–5. There are no appliances for major operations, 2496. On one occasion an outside doctor was called in to assist in an operation, and was paid a fee, 2497–8. Hospital is below standard of a general infirmary; has neither clinical school nor consulting surgeons, 2500–1. Cost of patients in hospital is, when possible, recovered from relatives, 2705–6. No bargain as to payment is ever made with a patient, 2707–12. Hospital accommodation is insufficient, 2740–1.

Nurses:
Are difficult to obtain, 2482–3. If probationers were trained in poorhouse it would be easier to obtain a full staff, 2482, 2484–6, 2488. Medical grant should be allowed in respect of probationers to encourage Parish Council to train them, 2482, 2486–7, 2502–9. Salary is £30, rising to £35, which is liberal, 2490–1. Prefer a general hospital to a poorhouse hospital, 2492–3. Obtain a larger experience in outside hospitals, 2499. Medical officers would be willing to train probationers, 2502. Nursing associations give valuable aid to outdoor poor; Parish Council subscribe to them, 2537–43. Such subscriptions ought to form a charge against the Medical Relief Grant, 2543.

Tuberculosis:
It is not the duty of the Parish Council to provide sanatoria for consumptives, 2510. But separate accommodation for consumptive paupers should be provided, as in Craiglockhart Poorhouse, 2510. In Craiglockhart Poorhouse sheds have been erected for open-air treatment, 2511. A special dietary has been framed, 2511–3. All consumptive cases will probably be sent to Craiglockhart Poorhouse, 2514, 2516–8. There is a special laundry at Craiglockhart for the clothes of consumptives, 2515, and a disinfector, 2516. When a phthisical patient refuses to enter the poorhouse, his outdoor aliment is frequently withdrawn, with a view to compelling him to enter, 2673, 2713–8. If phthisical pauper persistently refuses to enter the poorhouse, it is considered that the duty of the Parish Council to give aliment ceases, 2677–87. This is done in the interests of the family where the house is small, 2688. The pauper has an appeal to Local Government Board, 2689–90.

Outdoor Medical Relief:
Parish is divided into ten districts, with a medical officer for each, 2519. A medical officer examines such applicants as are sent to poorhouse, 2519–21. Paupers can obtain medical relief by waiting on the doctor and presenting their pay-ticket; this practice is preferable to sending lists of patients to the medical officer, 2521–31. No person is placed on poor roll for a greater period than three months; the case is revised at the expiry of that time, 2527–9. Medicines are dispensed in each medical district by a druggist with whom the Parish Council have contracted, 2532. That practice is better and less expensive than a system of dispensaries, 2533–6. Parish Council subscribe to nursing associations, as they give valuable aid to outdoor poor, 2537–43. Tenure of medical officers does not require change, 2594. Inspector always supplies paupers with whatever may be ordered by the medical officer, 2595–607.

Casual Sick:
Are usually sent to poorhouse hospital, 2544. Medical attendance and medicines are sometimes given to needy applicants who do not require other relief, 2544–8. Parish Council have a casual sick-house at Portobello, to which tramps are sent, 2544. This is necessary for urgent cases, as Portobello is distant from either of the poorhouses, 2549–52. Cases of serious illness are removed from casual sick-house to poorhouse, 2551–2. Tramps found sick at roadside are taken to the poorhouse by the police, 2608–17.

Medical Relief Grant:
Should be allowed in respect of probationer nurses to encourage Parish Councils to train such, 2482, 2486–7, 2502–9. Subscriptions to nursing associations ought to be allowed against grant, 2543, 2633. Grant should be allowed on vouched expenditure; but an average of three or five years might be taken and a proportion fixed, 2630, 2635–48. Items allowed should include aerated waters, disinfectants, artificial limbs, beef-tea—in short, anything ordered by the medical officer, 2631–2. In some cases it would be desirable to retain the present rule as to maximum and minimum, 2639. Some restriction should be placed on subscriptions by Parish Council to infirmaries, asylums for the blind, etc., and only a proportion of subscription should be claimable against grant, 2649–59. Reciprocal rule ought to cover medicines, 2691–7. Fee paid to extra medical officer in surgical operations on other parish paupers is not covered by reciprocal rule, 2699.

Boarded-out Children:
System of boarding out works well, 2553, 2570–1, 2576. At 15th May 1902 Edinburgh had 535 children boarded out, 2553. Medical officer of parish of residence attends on children when sick, and is paid a fee, 2553–9. Inspector of parish of residence is furnished with a list of the children boarded in his parish, 2553. Payment is made direct to guardians, 2553, 2560. An official is set apart for the visitation of boarded-out children, 2561. Local inspector reports in some cases, 2562. Local clergyman and schoolmaster sometimes report, 2564–5. Average payment to guardian is 3s. per week, but is usually more for very young or delicate children, 2566–8. Care is taken in selecting guardians, 2569–71. Children usually turn out well in after-life, 2575–8. Does not approve of local voluntary visitation of children, 2579–83. A female inspector would be of no special utility, 2584–5; nor a medical inspector under Board, 2586.

Compulsory Removal of Paupers to Poorhouse:
Parliament should pass Bill presently before them, giving Parish Councils power to remove to poorhouse sick aged people who cannot be properly treated in their homes, 2587, 2733. Paupers who refuse to enter poorhouse sometimes have their outdoor aliment withdrawn, 2673–90. Parish Council should have power to detain in poorhouse the 'in and out' class, 2734–9. Does not expect to obtain power to detain sick paupers in the poorhouse, 2738–9.

Convalescent Homes:
Parish Council at present board out invalids in private dwellings in country districts, 2588–93. Cases are sent out on recommendation of medical officer—frequently to a farmhouse, where they can obtain plenty of milk 2590–1.

Applications for Relief:
Are received at all hours, day and night, 2620–9.

FERRIER, Mr ANDREW—*continued.*

Infirmary:
A proportion of subscriptions to infirmaries, etc., should be claimable against Medical Relief Grant, 2649–59. Basis of subscription ought to be the benefit which parish receives, 2649. Edinburgh paupers receive no benefit from Royal Infirmary, 2653. Infirmary is made to pay poor rates, but has been refused an equivalent subscription by Parish Council, 2657A–8. Infirmary entails a heavy burden on parish by collecting cases of disease from all parts of the country, 2659. But cases are treated in the infirmary which otherwise would fall upon the Parish Council, 2660–6. Patients who cannot be operated on in the poorhouse find their way to the infirmary, 2667–72. Parish Council refuse to pay for such cases when in the infirmary, 2672.

Medical Officer:
Does not think that tenure requires change, 2594. A fee should be paid to a doctor assisting at a surgical operation, but no fee should be paid to the parish medical officer, 2698–9. The calling in of extra assistance may be left to his discretion, 2702–3. Salary should exclude medicines, 2704.

Removal of Paupers to Poorhouse:
An ambulance, with an attendant inside, is sometimes used in removing sick paupers, 2719–24. A special cab is used when medical officer certifies that this will suffice, 2725–6. An attendant is not sent with patient in cab unless required by medical officer, 2728.

GORDON, Mr JOHN WILSON:

Official Qualification:
Inspector of Poor for the Parish of Rathven, 4176–81.

Outdoor Medical Relief:
It is difficult to get people to attend friendless sick paupers, 4182, 4189, 4201, 4241. Two medical officers are necessary in parish, 4184–8. There is also a Jubilee nurse who visits the sick, 4202–7. Parish Council rightly contribute towards cost of nurse, 4204, 4247. Medicines should not be dispensed by the medical officer, 4236–40. Disapproves of a parochial dispensary, 4239. Sick paupers receive whatever may be ordered by the medical officer, 4242–6. Parish Council should employ nurses for outdoor sick, 4248–58. Grant should be given in respect of such outdoor nursing, 4250, 4352–6.

Removal to Poorhouse:
Sick paupers are reluctant to enter poorhouse, and a power of compulsory removal is necessary, 4196–200, 4208–35, 4330. The poorhouse is used as a test, not as a hospital, 4196. The Parish Council are reluctant to force paupers to enter the poorhouse against their will, 4210–2, 4224, 4228–32.

Boarded-out Children:
Glasgow boards about fifty children in Rathven parish, 4259–61. Inspector receives intimation when children are sent to parish, 4261–6. Approves of boarding-out system, 4268–71. The children do not suffer from the fact that their origin is known, 4272. They prosper in after-life, 4276–81, 4292. The Glasgow children usually return to Glasgow, as they cannot find employment in the villages, 4283–6. The girls enter domestic service, 4286–7. A few boys take service in the country, 4288. Extra supervision is unnecessary, 4293–8, 4315. Glasgow pays for medical attendance on its children, but this practice is not usual, 4299–304. The inspector and medical officer of the parish of residence should be paid for supervising boarded-out children, 4306–14. The resident inspector should not be *obliged* to supervise boarded-out children, 4312–4.

Casual Sick Poor:
The cases that suggest the need for a casual sick house are few, 4316–8. Tramps are placed in the poorhouse or in the common lodging-house, 4319–23. Medical officer attends, 4324. Parish Council object to the expense of maintaining a sick house, 4325–9.

Convalescent Home:
If treatment in such home will enable a sick pauper to regain health, he should be sent thither, 4331–40. A phthisical patient recovered by being boarded in the country, 4332.

Medical Officer:
Should not be dismissed without the sanction of the Local Government Board, 4341–3. Vacancies should be advertised, 4379–82. Receives a guinea for certifying another parish lunatic, and half-a-guinea for a lunatic belonging to his own parish, 4383–99.

Medical Relief Grant:
Minimum should be abolished; maximum should be fixed in each case, 4344–51. Subscriptions to nursing associations and payment for sick-bed attendance should be allowed, 4352–6. Nutritious diet, cordials, etc., should not be allowed, 4357–63. Rule as to reciprocity should not cover medicines, 4364–77. Salary of medical officer should not include medicines, 4378.

HALDANE, Miss E. S.:

Qualification:
Has for twenty years visited the Combination Poorhouse at Auchterarder, 2743. Has visited Scottish poorhouses and English and Irish workhouses when opportunity offered, 2744–9. Has studied the Poor Law administration of foreign countries, 2751–3. Formerly a Member of the Infirmary Board in Edinburgh, 2754.

HALDANE, Miss E. S.—*continued.*

Classification in Poorhouse:
Classification of inmates by character should be attempted, 2755. Poorhouse should be made tolerable for class above lowest test class, 2755. Respectable inmates should not be placed beside inmates whose language is bad, 2759–64. Absence of classification prevents application of the test, 2765–7, 2769. Aged married couples ought to have a separate room, 2772–3. Parents should daily have access to their children, 2774–7. House Committees should have power to discharge inmates, 2778. Medical officer should be advised as to the basis on which sick are to be distinguished from infirm, 2899–900.

Poor Relief:
Ought to be chiefly 'indoor,' 2755–8. Present system promotes pauperism, 2770. Many cases deserving outdoor relief could be reached by organised charity, 2770–1.

Visiting Committee:
Should not be accompanied by officials, 2779–89. Inmates should be permitted to complain to committee, 2779. Committees vary as to the manner in which they do their work, 2780–8. Visitation by an outside committee, possibly of ladies, ought to be encouraged, 2790–4. Functions of an outside committee, 2795–800. Board ought to consider the question of encouraging such outside committees, 2801.

Admission of Inmates:
Paupers ought to be received at any hour day or night, 2802–3. Females should be searched by females on entering or leaving poorhouse, 2805. Matron should see that children and females are, on admission, cleansed, clothed, and placed in proper wards, 2806–8.

Rules of Local Government Board:
The practice is better than that prescribed in rules, 2804. It is not provided that females shall be searched by females, 2805. Nor that matron should attend to bedding of females, 2805. Regulations for bathing should be drawn up, 2809. Officials should be required to direct the Governor's attention to any person who, though not complaining, seems out of health, 2825–6. English rules as to punishment are more humane and modern than Scottish, 2845–9.

Matron:
Should attend to bedding of female paupers, 2805. Should see that children and females, on admission, are cleansed, clothed, and placed in proper wards, 2806–8.

Bathing of Inmates:
Should be performed only by officials—in no case by inmates, 2809–13. Paupers should not be stripped in presence of paupers, 2809. Baths ought to be indoor, 2813–5. It is sometimes dangerous for old people to go outside for a bath, 2815. Children should be bathed oftener than once a week, and taught to brush their teeth, 2816–7.

Bedding and Clothing:
Clothing ought to be examined oftener than bi-monthly, 2818. Beds should be examined at prescribed periods, 2818.

Children:
Should be bathed oftener than once a week, and taught to brush their teeth, 2816–7. Should be taught to eat properly, and accustomed to use of china, 2917. When children go to school and cannot return for dinner, an arrangement should be made to enable them to have lunch outside, 2917–9.

Recreation:
Certain games should be permitted, 2823–4.

Medical Officer:
Should see all the inmates, 2827. Should have supreme control over sick, 2850–1. Should regulate lighting and heating, and number of inmates in the wards, 2852–5, 2857. Should report overcrowding, 2852–6. Should see that dying paupers are attended night and day, 2857. Should be able to obtain extra medical assistance in operations, 2857, 2865–9. Should be able to obtain temporary nurses, 2857. Should report defects in nursing, etc., to Governor, 2857. Should keep a register of children, 2857. Should note in a register *every* case of sickness, 2857, 2862–4. Should have power to permit smoking in wards, 2857. Should be consulted as to food, and test sufficiency by weighing inmates, 2857, 2870–1. Should be consulted as to punishments, 2857. Should be consulted as to classification and capacity of inmates for work, 2857, 2872–7, 2898. Should be accessible to all inmates, 2857, 2878–81. Should fill up certificates of death with greater care than at present, 2857, 2882–4. Should be allowed to recommend change of diet, 2857, 2885–91. Should periodically examine all inmates, 2857, 2899. Should report quarterly to committee, 2857. Should see every patient daily, 2857, 2892–4. Should notify Governor when an illness becomes dangerous, 2857, 2895. Should daily visit paupers under punishment by confinement, 2857, 2896–7. Should periodically inspect sanitary appliances, 2857. Should

HALDANE, Miss E. S.—*continued.*

enforce cleanliness as to persons, bedding, and surroundings of the inmates, 2857. Substitute should be named or sanctioned by House Committee, 2857–8. Cards over beds of sick should be compulsory, 2859–62. Present relation to Governor as regards classification is indefinite, 2901–3. It would facilitate better arrangements if a general medical inspector of poorhouses were to advise local medical officers, 2898, 2904, 2909–12. General medical inspector should see that sick wards are supplied with suitable furniture and appliances, 2913–5.

CONVALESCENT HOMES:
Children and inmates should be sent to, when necessary, 2828. Board should recommend Parish Councils to subscribe to, 2829. Children should occasionally be scrutinised to see whether a change of air is necessary, 2831.

SICK AND INFIRM:
Open spaces around poorhouse, such as gardens, ought to be utilised for sick and infirm inmates, 2837. Lifts would be of use in dealing with sick and infirm when lodged upstairs, 2838.

RELIGIOUS SERVICE:
Inmates ought to be permitted to worship in outside churches, 2839–40.

PUNISHMENT:
Penal dress should be abolished, 2841–3. Governor and House Committee ought not to give separate punishments for the same offence, 2844–6. English rules are more humane and modern than Scottish, 2845–9. Punishments should be proportioned to age, 2848. Corporal punishment of girls should be abolished, 2848. When administered to boys, a witness should be present, 2848. Paupers should have a right to complain of punishment, 2848.

NURSES:
Board's rule requiring a certain ratio between number of nurses and number of sick tends to keep nominal number of sick low, 2906–8. Pauper nursing should be abolished, 2920, 2947–53. Supply and organisation of nurses should be undertaken by a Government Department, 2920–35. Nurses should be civil servants, 2920. Authorised proportion of nurses to patients is too small, 2920. Proportion should probably be one nurse for ten patients, 2954. Substitutes should be provided during holidays of nurses, 2920. Probationers ought to be trained in surgical and infirmary work, 2920. Regular courses of lectures should be given and examinations held, 2920. Probationer should not count as a nurse during first year, 2955. Would prefer twenty-five as minimum age for a probationer, 2956–8. Present relationship of nurses, medical officers, and governors is satisfactory in poorhouses with a superintendent nurse, 2934–9. Nurse-matron system is not desirable, 2940–1. Where only one nurse is employed, her position is unbearable, 2942. Would not approve of a scheme whereby an outside nurse would visit poorhouse when required, 2943–5. Existing outdoor nursing associations ought to be encouraged and engaged to undertake pauper nursing, 2976.

MEDICAL INSPECTOR UNDER LOCAL GOVERNMENT BOARD:
A medical inspector of poorhouses should be appointed, 2898, 2904, 2909–12. Medical inspector should see that sick wards are properly equipped and furnished, 2913–5.

DIETARY:
Scale prescribed by Board in 1850, which is very insufficient, is still in use in some poorhouses, 2916. Scale prescribed in 1898 is not sufficient, 2916. Scale prescribed in 1898 is much less than that used in prisons or in English poorhouses, 2917. Scale of 1850 should be recalled and evidence taken by experts with a view to framing a new scale, 2917. Medical officer of poorhouse should be consulted in framing diets, 2917. Governor should be allowed to modify diet subject to approval of medical officer, 2917. Paupers should be entitled to demand that rations be weighed in their presence, 2917. Cooking should be under skilled supervision, 2832–6, 2917. Children should be taught to eat properly and accustomed to use of china, 2917. When children go to school and cannot return for dinner, an arrangement should be made to enable them to obtain lunch outside, 2917–9.

TUBERCULOSIS:
Phthisical cases should be received into suitable poorhouses and permitted to pay what they can, 2920.

BOARDED-OUT CHILDREN:
A medical inspectress under Local Government Board is desirable, 2959, 2963–9. Rates paid by Parish Councils seem too small, 2959. Regulations should be drawn up for the guidance of Guardians, 2960. Has heard of abuses but has not personally came in contact with any, 2960–2. Medical inspection would not affect the position of the children in country districts, because everybody knows their antecedents, 2963–6. Inspection by a local voluntary committee would not be sufficient, 2970–5.

EPILEPTIC AND FEEBLE-MINDED:
Homes for feeble-minded children should be established in the vicinity of day schools, 2977. Method of dealing with such children in London, 2977. Feeble-minded adults require permanent care, and possibly detention, to

HALDANE, Miss E. S.—*continued.*

prevent propagation of class, 2977. Colony system is commended by authorities, 2977. Poorhouse is not suitable for epileptics, 2977.

POORHOUSE GARDEN:
Should not be cultivated for financial profit, but so that inmates may have a healthy occupation and good vegetables, 2978.

HENDERSON, Mr JAMES:

OFFICIAL QUALIFICATION:
Governor of Kyle Combination Poorhouse, 3642. Formerly Chairman of Works Committee and a Member of Ayr Parish Council, 3643–7.

CLASSIFICATION:
Sick, infirm, and aged are classed together, 3650, 3653, 3771. Classification is necessary, but accommodation is insufficient, 3654–5, 3666–7, 3709–21. Offensive cases should be isolated, 3668, 3673–8. House Committee have not considered question of providing more accommodation, 3669. Ordinary inmates are mostly single young men invalided by intemperance, 3679–84. Medical examination of ordinary inmates is not sufficiently strict, 3685–91. It has not been customary for the Governor and house doctor to discharge able-bodied inmates on their own initiative, 3693–5. Would put infirm under charge of matron, 3714, 3719–20.

MEDICAL OFFICER:
Visits every day, but does not see infirm at each visit, 3653–5. Should be removeable from office only by Local Government Board, 3767.

TUBERCULOSIS:
Should be dealt with by Public Health Authorities, 3672.

MALIGNANT AND OFFENSIVE DISEASES:
It would be desirable to have a separate poorhouse exclusively for such cases; one house would suffice for a county, 3673–8.

CHILDREN:
Ought not to remain in the poorhouse; Parish Councils should be compelled to board them out, 3695–708. Are not separated from adults, 3771–3.

NURSING:
There is one nurse in the poorhouse, and no pauper nursing, 3722–3. Nurse attends both sick and infirm, but has far too much to do, 3730–43. According to Board's standard there ought to be three nurses, 3740. Probationers could not be trained in Kyle Poorhouse, 3745–9. Medical officer and Governor should have power to employ an extra nurse when necessary, 3754–8.

SURGICAL OPERATIONS:
Patients requiring operation are sent to the County Hospital, 3750–3.

PUNISHMENT:
Does not approve of confinement, 3759–67. Bad cases should be handed over to police, 3763–7. Withholding tobacco is an effective punishment, 3770.

GOVERNOR:
Should be removable only by Local Government Board, 3767.

ADMISSION TO POORHOUSE:
Maximum interval between receipt of admission order and entry to poorhouse ought to be lessened, 3773. Only serious cases should be admitted after 8 P.M., 3773–7.

LABOUR-MASTER:
A labour-master ought to be appointed, 3777–8.

HUNT, Dr LEIGH:

OFFICIAL QUALIFICATION:
Has been Medical Officer of Perth Poorhouse for eleven years, 1188–9. Has acted as outdoor parochial medical officer, 1344.

MEDICAL OFFICER:
Attends poorhouse once a day, oftener if required, 1191. In first place examines new admissions and prescribes the class of ward suitable, 1192–4. Does not visit ordinary wards to see whether any inmates have become sick or able-bodied since admission, 1263–5. Does not periodically inspect ordinary inmates, 1266. Has no control over the dismissal of a nurse, but is usually consulted in the appointment, 1296. Does not periodically inspect infirm inmates, 1297–300. When on holiday another doctor acts, 1339. Has never made a regular inspection of ventilation or sanitary arrangements, 1331–2. Has nothing to do with bathing of inmates, 1376–80.

CLASSIFICATION:
New admissions are kept in observation wards until passed by the medical officer, 1192–3. Three classes—'Sick,' 'Infirm,' and 'Ordinary,' are recognised, 1195. 'Infirm' are placed in ordinary wards but are not made to work, 1196, 1200, 1297. There are no infirm wards, 1297. But separate infirm wards are in course of erection, 1197. Sick inmates mostly come from the outside, but are sometimes transferred from the ordinary wards, 1233–9. An ordinary inmate when sick reports himself to the Governor or nurse who inspects the wards each morning, 1243. The inspector of poor sometimes requests the medical officer to state whether certain inmates are able-bodied, 1371–4.

HUNT, DR LEIGH—*continued.*

NUMBER OF SICK:

Daily average number is fifteen or sixteen, 1198. Proportion of sick to ordinary inmates is much less than that over Scotland generally; explanation suggested, 1199–220. Definition of sick inmate—one who requires attention and medical advice, 1201–2. Explanation as to the sudden fall in the number of sick during recent years, 1203–20, 1334–45. Sick mostly come from outside, but are sometimes transferred from ordinary wards, 1233–9. Does not think that necessary proportion of nurses to sick inmates has had any effect in restricting the reported number of sick, 1339–42. Cases of skin disease are not included as sick, 1368–70. Is of opinion that there is plenty of accommodation for sick, 1388.

SUDDEN DEATHS:

For some years the only sudden deaths have been those of patients on sick list, 1223, 1232. Defines a sudden death as that of an inmate whom he had not previously seen, 1275–7, 1311–20. Deaths of ordinary inmates only are reported; deaths of sick inmates are not regarded as sudden, 1228–30, 1325–7. Only suspected criminal cases need be reported to Procurator-Fiscal, 1317–20. Post-mortem examination is always made of deceased lunatics; of deceased ordinary inmates only occasionally, 1328–9.

DIET:

Medical officer does not, as a rule, interfere in diet of children and ordinary inmates, 1272–3, 1275–80. When a child cannot take the ordinary diet, the medical officer sometimes places it in sick ward, 1274. The diet of the infirm inmates is regulated by the Governor, 1301–2. The medical officer does not test the sufficiency of any diet, 1303–4.

PUNISHMENT:

The medical officer is not always consulted before punishment is inflicted, 1281–2. But when a pauper is unwell the Governor consults the medical officer before punishing, 1283–5. Is not aware of corporal punishment having been administered to children, 1286.

NURSING:

The nurse is supposed to be under the control of the medical officer, 1289–94. But takes instructions from the Governor, 1293. The nurse is bound to see that a patient gets whatever is prescribed by the medical officer, 1295. The medical officer has no control over the dismissal of a nurse, but is usually consulted in the selection, 1296.

TUBERCULOSIS:

Tuberculous cases are isolated as far as possible, but there is not sufficient accommodation to permit of effective isolation, 1305. Sanatorium treatment is impracticable, 1306. There is no special diet for phthisical cases, but these are allowed as much milk as they can take, 1307.

REMOVAL OF SICK PAUPERS TO POORHOUSE:

Sick paupers are carried in a special chair or taken by cab, an attendant being in charge, 1346. The inspector of poor is responsible for removals, 1350–4. The removal certificate should contain a question as to infectious disease, 1355–60. There is no provision for the isolation of infectious cases, 1362–4.

BATHING OF INMATES:

The medical officer does not take charge of, 1376–80. But sometimes directs that a sick pauper shall be sponged instead of bathed, 1377. Bathing is done by trained attendants, 1384–5. There is no need that medical officer should give instructions, 1381–2.

WORK OF INMATES:

The medical officer takes no say in work given to the inmates, 1391. Nor does he advise as to outdoor work, 1392. He sometimes requests that paupers leaving sick ward may not be made to work for a little while, 1394.

JOHNSTON, DR J. M'CUBBING:

OFFICIAL QUALIFICATION:

Has been for ten years Resident Medical Officer in City Poorhouse, Glasgow, 490–2. Formerly Assistant in Govan Poorhouse for two years, 750.

POORHOUSE HOSPITAL:

Should be separate from poorhouse, 495–6, 827. Provision should be made for sick in ratio of one sick inmate to two and a half ordinary and infirm inmates, 517–21. All kinds of cases are treated, and the most serious operations undertaken, 534–7. Not less than 1000 cubic feet should be allowed per bed, and between 1200 and 1500 cubic feet for tuberculous, maternity, and offensive cases, 546. Patients who are able are asked to pay, 550–5. Tuberculous and offensive cases ought to be isolated, 556–7.

MEDICAL OFFICER:

Duties sometimes overlap those of Governor, 496. Should entirely control treatment of the sick, nursing arrangements, and classification, 497–502, 504–7, 815–28. At present recommends as to classification, which is effected by the Governor, 503. Sees sick every day, and infirm three times a week, 508–11, 752–8. Receives a list of cases for revision once a fortnight, 512–6. Regulates the diet of all the inmates, 577–8. Ought in certain operations to be empowered to obtain medical assistance, 671–3, 829–38. Has an appointed place and time for seeing ordinary inmates, 760. As a rule ordinary inmates complain through the Governor, 759–64. Can examine an infirm or ordinary inmate without being asked by Governor, 861–3.

JOHNSTON, DR J. M'CUBBING—*continued.*

CLASSIFICATION:

Should be made by medical officer, 497–502, 504–7. Medical officer recommends class to Governor, 504. A list of cases for revision is submitted to the medical officer once a fortnight, 512–6. Defines infirm as 'adults who, from any physical or mental disability, are 'unable to support themselves, but who do not require 'nursing,' 559. Regards ordinary inmates as test cases, 562–5, 794–8. The inmates of a poorhouse would fall into the classes of 'sick,' 'infirm,' and 'test,' 566–73, 765–8. Defines sick as 'all who require nurs-'ing,' 574–6. Epileptics should not be in poorhouse, 769–74. Would include deaf mutes and blind among the infirm, 777–89. Partially paralysed, chronic bronchitis, chronic heart cases, persons with amputated limbs, are classed as infirm 790–1. Tuberculous cases are classed as sick, 799. The medical officer ought at stated intervals to revise the list of 'infirms,' 810–4.

NUMBER OF SICK:

Explanation of apparent decrease, 528–31. A larger proportion of the inmates now require medical treatment, 532–3. Cases that cannot be received in the infirmary frequently come to the poorhouse, 538–45.

DIET:

The medical officer regulates the diet of all the inmates, 577–8, 591–2. Except where a class is dieted according to a scale, 873. Phthisis and hospital cases are sometimes weighed, 874–6. No advantage would result from systematic weighing, 877–81. Diet is monotonous, and adds to the number of complaints, 886–92. But is physiologically sound, 890. The Local Government Board ought to prescribe a minimum diet and allow variations, 893. Monotony of diet prevents patients from taking an adequate quantity, 900–2. Diet of children is better, 904–8.

SUDDEN DEATHS:

Medical officer records deaths in all the classes, 579–88. Post-mortem examination should be made where cause is uncertain, 674–81. Regards as 'sudden' a death that was not expected, 683. Does not regard as sudden a death occurring in the hospital, 684. Deaths occurring in ordinary wards are reported as 'sudden,' 685–90. Would report deaths in hospital only if diagnosis were imperfect, 693. Suggests types of death which should be reported as 'sudden,' 909–12.

NURSES:

The medical officer should have control of, 594. Are appointed by the lady superintendent, with the approval of the Governor, 595. But in practice the medical officer has a voice in the appointment, 597. The medical officer should be required to confirm the choice of the lady superintendent, 598. Should be removable by lady superintendent, subject to confirmation by the medical officer and the chairman, 606. Matters of discipline are referred to the medical officer, though this is nominally within the province of the Governor, 609. Chosen chiefly from among the probationers, 712–4. Probationers are easily obtained, 715. Formerly it was difficult to obtain qualified nurses, 716–8. Does not approve of pauper nurses, 719, 848–51. Supervision of night nursing is necessary, 720. Night nursing is necessary in all poorhouses, 723. It would be advisable to lengthen the training required by a nurse from two to three years, 724–32, 839. Would limit registration to persons between age of twenty-two and forty-five, 733–8. Surgical work is necessary for proper training, 836. Method of training, 842–7. Male nurses are unreliable, 857–60. Lady superintendent is not supervised by Governor, 866–9. But should be subject to medical officer, 870–2.

PUNISHMENT:

The medical officer is not, as a rule, consulted before an inmate is placed in test wards for purposes of discipline, 618–9. There is no need to consult medical officer before inflicting corporal punishment on an inmate, 620–3. There is no need for presence of a second person, 624–7. The medical officer objected to the ward in which inmates were confined, 632–3.

WORK:

Should be provided for infirm inmates, 634–46. Brabazon Society is not a success, because no recompense is given, 637, 644–6. A reward is necessary to stimulate the workers, 648–53. Hours of work ought to be regulated, in individual cases, by the medical officer, 654–5.

CHILDREN:

Children under five years should have a nurse in attendance, 656–66.

INFECTIOUS CASES:

Are removed to infectious diseases hospital, 667–9. Would be isolated in the poorhouse if the infectious diseases hospital were unable to receive them, 670.

MEDICINES:

Are dispensed by a qualified chemist on the establishment, who dispenses also to outdoor patients, 739–51.

JOHNSTON, Dr J. M'CUBBING—*continued.*

TUBERCULOSIS:
Cases of, are classed as sick, 799. At present there are 100 tuberculous patients in the poorhouse, 802. Is not treated on sanatorium principles, 803. Patients have frequently improved so far that they were able to resume work, 805–6.

REMOVAL OF PAUPERS:
Approves present form of removal certificate, 915. Only special cases are accompanied by a nurse, 916–22. The outdoor medical officers ought to be careful to secure that nurses are sent with serious cases, 923, 932–8, 954–7. A nurse is not necessary in every case, 924, 929–41. On ground of economy it is sometimes necessary to place several patients in one ambulance, 925–30. Would approve employment of more ambulance waggons, 940. The Governor is responsible for the management of the ambulance, 947–51. Patients are admitted at all hours, 962–3. Searching of new inmates, 981–8.

KYD, Mr JAMES:

OFFICIAL QUALIFICATION:
Inspector of Poor of Dundee, 3118–9. Formerly employed in Dundee Parochial Board Office, 3120. Formerly Inspector of Poor of Kettle, 3120.

MEDICAL RELIEF GRANT:
Approves of a fixed 'minimum' expenditure, 3122–8, 3141–4. Every parish ought to be required to appoint a medical officer, 3129–38. Every parish ought to be required to give medical attendance free of charge to such resident paupers as may belong to other parishes, 3122–34. A maximum salary of medical officer ought to be fixed, 3147. Trained sick nursing should apply only to cases requiring active medical treatment; this would lessen claims on grant, 3161–2. Would allow grant for probationers in third year, 3163–72. Would refuse grant on cost of outdoor nursing, 3173–6. Grant ought to be allowed on chemical foods prescribed by medical officer, 3183–4. But would disapprove inclusion of 'nutritious diet,' 3186–91. A special fee paid to medical officers in accouchement cases ought to form a charge against grant, 3195–8, 3226–30. Grant should be allowed only on that part of a subscription to a hospital applicable to medical treatment, 3199–211. Would prefer that reciprocal rule should cover medicines, 3212–4. But this might result in a person who had obtained medical relief and medicines losing a settlement in another parish, which, if claim had been intimated, would have been retained, 3216–25. Salary of medical officer should exclude medicines, 3231. To advertise vacancies for three successive weeks is very expensive; one advertisement is sufficient, 3232–5.

BOARDED-OUT CHILDREN:
Guardians are, as a rule, permitted to employ their own doctor, 3138–40, 3292. Children are periodically visited by inspector, and by members of the Parish Council, 3292. There is no call for more systematic inspection, 3294–3298. Each case is visited at least twice a year, 3296.

NURSING:
Trained nursing should be only for cases requiring active medical treatment, 3161–2. Nurses with inferior training could, under supervision, deal with infirm, 3236–46. Grant should not be claimed for inferior nurses, 3237–8. Would approve of proportioning nurses to total number of inmates, 3243–6.

TUBERCULOSIS:
If isolation be possible, phthisical cases should be received in poorhouse, 3247. An effort is made to induce phthisical paupers to enter poorhouse, but only fifty per cent. do so; the others are, as far as possible, provided for in their own homes, 3248–56. Refusal to enter the poorhouse is not made a reason for withholding outdoor aliment, 3251–3.

CLASSIFICATION:
The medical officer, governor, and matron should arrange jointly as to the classification of new entrants, 3257–8. The medical officer should advise periodically as to classification, 3259–60, 3264–5. No inmate should be discharged as able-bodied unless medically certified, 3262. Inmates should have access to the medical officer at any time, 3263. Inmates might be classed as sick, infirm, and test and separate rules framed for each class, 3267–9. 'Test' should be separated from other inmates, 3270–2.

POORHOUSE HOSPITAL:
In certain cases a claim is made against the relatives of inmates, 3273–5, 3278–9. Patients are sometimes received from the infirmary, 3276–7. An attendant travels inside van used in removing patients to hospital, 3280–5. An ambulance is also used, 3287–8. One death has occurred in ambulance, 3289–91.

COMPULSORY REMOVAL:
Type of case for which a power of compulsory removal to poorhouse is necessary, 3292.

CONVALESCENT HOMES:
Approves of, for children, but to use such for ordinary poor would place a pauper in a better position than a broken-down labourer who has to work, 3300. But if sending ordinary paupers to such homes prevented breakdown, it would ultimately be a saving to the parish, 3301–2.

KYD, Mr JAMES—*continued.*

CASUAL SICK:
Tramps found sick at roadside ought to be taken charge of by inspector of poor, 3303–5.

MEDICINES:
The parish is divided into four medical districts, and in each an agreement is made with a chemist to supply medicines to paupers, 3306–7.

MEDICAL OFFICER (OUTDOOR):
Does not receive lists; paupers obtain medical relief on presenting pay-card, 3308–9. There are four outdoor medical officers, each of whom will have charge of about 250 paupers, 3310–1.

LAIRD, Mr GEORGE BLAIR:

OFFICIAL QUALIFICATION:
Has been Governor of Perth Poorhouse since 1887, 1397–8. Previously a Master's Clerk in South Shields Workhouse, 1489.

POORHOUSE HOSPITAL:
Does not think hospital susceptible of improvement, 1399. The accommodation is ample, 1428, 1516–9. Poorhouse has no provision for surgical operations, which should be performed in the nearest infirmary, 1542. The hospital is heated merely with fires, 1569–71, 1607–18.

NUMBER OF SICK:
Has been reduced in recent years, 1400, 1543–65. Because the former doctor put into, and retained in, sick wards persons whose ailment was not sufficient to justify such procedure, 1401, 1405–9, 1515. The difference did not shew for some years, as the new doctor did not wish to be too arbitrary at first, 1402–3, 1419–27. When two nurses were retained, they had so little to do that they continually quarrelled, 1404, 1508. Many persons formerly in the sick wards ought to have been ranked as merely infirm, 1408–10. Offensive and skin diseases are returned as sick, 1411–8.

MEDICAL OFFICER:
There will in future be a periodical medical examination of the inmates, 1429, 1524. Regulates the diet of sick children, 1431–7. Duties do not overlap those of the Governor, 1525–9. Complaints of illness by inmates are made through the Governor, 1529–37. Is sometimes consulted before punishment is inflicted on an inmate, 1539–41.

CLASSIFICATION:
Children are, as far as possible, separated from adults, 1438. Thinks that class (B)—inmates who are 'healthy but not working'—is superfluous, as nearly every inmate is made to work, 1439–42.

DIET:
The rules of the Local Government Board are observed, 1430. The medical officer regulates diet of sick children, 1431–7. Inmates who work do not receive the diet prescribed by Board for working inmates (C), but receive instead class B diet, which is inferior, 1443–5, 1460–70. An exception is made in favour of women who scrub all day, and men who do a tradesman's work, 1446. Infirm inmates are made to work six hours a day on B (non-working) diet, 1449–55. Lunatics receive a better diet, 1456–60.

WORK:
Inmates who work do not receive the diet prescribed for working inmates, but the inferior diet prescribed for inmates who do not work, 1443–5, 1460–70. An exception is made in favour of women who scrub all day, and men who do a tradesman's work, 1446. Infirm inmates are made to work six hours a day on an inferior diet, 1449–55. Inmates who refuse to work should be handed over to the police, as in England, 1487–96. If the medical officer says that an inmate is unfit for work, the Governor accepts his decision, 1529.

PUNISHMENT:
Is rare, 1471–2. But is more frequent than in other poorhouses, 1473–82. Inmates who refuse to work ought, as in England, to be handed over to the police, 1487–96. The medical officer is sometimes consulted before punishment is inflicted, 1539–41.

DISCIPLINE:
There is no need for a roll-call of the inmates, 1483–5. The Board's rule as to hours of rising and meal times is observed, 1486. The appointment and dismissal of the porter should be by the Governor, 1599. Appointments and dismissals must be confirmed by the House Committee, 1600–2.

NURSING:
The trained nurse ought to be subject to the Governor and the medical officer, not to the matron, 1497–500. There is a pauper assistant in each ward, 1502–3. When a case requires night-nursing, the trained nurse sits up, 1504–7. When two nurses were retained they had not sufficient work to prevent them from quarrelling, 1404, 1508. Extra nurses may be employed in an emergency, without reference to the House Committee, 1538. The nurse attends to three wards, 1567–8. The Governor appoints the nurse, but consults the medical officer, 1577–81.

HOUSE COMMITTEE:
Visit frequently, 1509–14.

LAIRD, Mr GEORGE BLAIR—*continued.*

TUBERCULOSIS:
Provision ought to be made in the poorhouse for dealing with tuberculous cases, 1520. No special diet is provided, but the medical officer may order what he likes, 1522.

ADMISSIONS:
Paupers are received at any hour, day or night, 1582–3.

SUDDEN DEATHS:
If an inmate die without having been seen by the doctor, or if the doctor is unable to certify the exact cause of death, the death is reported, 1584–5.

REMOVALS:
Are conducted by the inspector of poor, 1594. The medical certificate should contain an instruction as to bathing, 1603–4.

BATHING:
Removal certificate ought to contain an instruction as to, 1603–4. The ordinary inmates are bathed once a fortnight, 1613. The sick are bathed as ordered by the medical officer, 1624. Outdoor position of bath, 1629–31.

MATRON:
Is responsible for the cleanliness of beds and bedding 1626. Is subject to Governor, 1627.

M'INNES, Mr MILES:

OFFICIAL QUALIFICATION:
Inspector of Poor of Dumfries, 3312–3. Prior was in police service, 3314–6. Is President of Poor Law Officers' Association of Scotland, 3317.

POORHOUSES:
There should be an observation ward in the larger poorhouses for the reception of cases of temporary mental derangement; this would avert the sending of many persons to an asylum, 3318–32. Accommodation for sick poor in Dumfries Poorhouse is ample, 3333.

TUBERCULOSIS:
Should not, as a rule, be treated in a poorhouse, 3334–7. No special provision for phthisical cases is made in Dumfries Poorhouse, 3338–9.

CLASSIFICATION:
New inmates ought to be assigned appropriate wards by the Governor and medical officer jointly, 3340–1. Periodical revision by the medical officer is necessary, 3342–4. Treatment of sick and infirm ought to be left to medical officer, 3345–6.

TRAINED SICK NURSING:
The number of nurses ought to be proportioned to the *total* number of inmates in a poorhouse, 3347–8, 3354. Every poorhouse ought to be compelled to employ a proportionate number of trained nurses, 3348–58.

OUTDOOR MEDICAL RELIEF:
Present arrangements in Dumfries parish are satisfactory, 3359–60. Board's rules are good, but require revision, 3362. Gives paupers whatever may be ordered by medical officer, 3363–4. The outdoor poor are very badly nursed, 3369–70. District nurses are of much use, 3371–2, 3378–84. Board might instruct Parish Councils to employ district nurses, 3374. Parish Councils ought to subscribe to nursing associations, 3377. Nursing of outdoor poor ought to form a charge against Medical Relief Grant, 3376.

BOARDED-OUT CHILDREN:
Visits children four times a year, 3385–91. Extra supervision is unnecessary, 3392, 3396–7. Children turn out well as a rule, 3394–4.

CASUAL SICK:
A casual sick house is necessary in every parish that has no poorhouse, 3398–409. Tramps applying for relief ought to be tested, 3411. Police should attend in first instance to tramps found sick at roadside, 3425–6.

COMPULSORY REMOVAL TO, AND DETENTION IN, POORHOUSE:
Legislature ought to grant powers of, 3412–4.

CONVALESCENT HOMES:
Paupers sent to such homes are placed in a better position than the poorer class of ratepayer, 3415–23.

MEDICAL OFFICER:
Should not be removable from office without consent of Board, 3424. A salary ought to be paid in respect of lunacy certificates, 3430–2. Salary should exclude medicines, 3472. One advertisement of a vacancy is sufficient, 3473.

MEDICAL RELIEF GRANT:
Stereotyped minimum, should be abolished, 3427–30. Subscriptions to infirmaries ought to be restricted, 3433–6. General views as to basis on which grant ought to be distributed, 3437–62. 'Reciprocal' rule ought to include medicines, 3463–71.

REMOVAL TO POORHOUSE:
Paupers are usually removed in a cab, but an ambulance is used when considered necessary by medical officer; an attendant is not sent with every case, 3474–7.

MACKENZIE, Sir KENNETH, Bart., of Gairloch:

OFFICIAL QUALIFICATION:
Chairman of Gairloch Parish Council, 4068. Formerly a General Superintendent of Poor under Local Government Board, 4067.

MACKENZIE, Sir KENNETH, Bart.—*continued.*

OUTDOOR MEDICAL RELIEF:
Local Government Board ought to give grants to poor West Highland parishes, so as to enable them to obtain adequate medical relief, 4071, 4081. Employment of a parish nurse, in addition to a doctor, would not afford efficient relief, 4072–5, 4082–4. The large areas make it impossible for one medical officer to do the work of a whole parish, 4076–80. Is aware of no case in which an inspector refused relief ordered by the medical officer, 4096–7. An inspector ought to be *obliged* to obey the medical officer in granting relief, 4098–101. Dispensaries may be advisable in towns, but not in country, 4102. Would prefer that parish councils hired outdoor nurses when necessary, instead of subscribing to nursing associations, 4104–8.

TUBERCULOSIS:
A poor ratepayer, with a consumptive son or daughter, would feel it hard if only paupers were sent to consumptive sanatoria, 4089, 4093–5. If by treatment in a sanatorium a man were prevented from becoming a permanent burden on the parish, it might be economical to send him to such sanatorium, 4090–2.

BOARDED-OUT CHILDREN:
Ratepayers should be protected from expense incurred by Inspection Committees having 'free drives' about the country, 4113. 'Surprise' visits should be made after school hours by the inspector of poor, 4113–9.

CASUAL SICK:
Accommodation for, is only necessary when a parish is not within reasonable distance of a poorhouse, 4120. Disapproves of parochial lodging-houses, 4122–6. Tramps found sick at roadside, if not paupers, should be taken charge of by police, 4137–8.

COMPULSORY REMOVAL OF PAUPERS TO POORHOUSE:
Parish Councils should have powers of, 4127–9.

CONVALESCENT HOMES:
To send paupers to such places is unfair to the poorer class of ratepayer, 4130–1.

MEDICAL OFFICER:
Medical officers should not have fixity of tenure, 4132–6.

MEDICAL RELIEF GRANT:
Once allocated, should be fixed for a period of years, 4139, 4152. Should be divided between indoor and outdoor relief, 4139–41. Ought to be allocated in rural parishes according to area of parish and number of paupers, 4142–50. Board should have power to withhold, when their rules are not complied with, 4154–8. Subscriptions to infirmaries ought to be subject to veto of Board, 4159. Rule as to reciprocity should apply equally to medical attendance and medicines, 4163–4. Inclusion of medicines in salary of medical officer, 4167–72. Advertising should be curtailed, 4173–5.

MICKS, Mr WILLIAM LAWSON:

OFFICIAL QUALIFICATION:
Poor Law Commissioner of Local Government Board, Ireland, 6130.

WORK:
There are not sufficient able-bodied paupers in Irish workhouses to do the ordinary household work, 6131.

WORKHOUSES (IRELAND):
Are tending to become hospitals for sick and infirm, 6132; It is proposed to devote some of the better-class workhouses to destitute persons not sick, 6133–4. It is proposed to have different workhouses for different types of inmate, 6135–8. But as different workhouses belong to different unions, legislation is necessary, 6136–38.

MEDICAL RELIEF (OUTDOOR):
Persons receiving medical relief alone are not returned as paupers and are under no legal disabilities, 6139. But sick inmates of a workhouse are so returned, 6140–2.

MILLAR, Mr ALEXANDER B.:

OFFICIAL QUALIFICATION:
General Superintendent of Poor for Northern Highland District, 4890–3. Formerly on staff of Board of Supervision and Local Government Board, 4894–5.

OUTDOOR MEDICAL RELIEF:
Arrangements are on the whole satisfactory, 4896. Salary of medical officer should not include medicines, 4896–8. Local Government Board might fix rates for medicines, 4899. Medicines supplied to poor belonging to other parishes are charged for at a higher rate than medicines supplied to local poor, 4899–906, 5085–92. When the medical officer prescribes nutritious diet, cordials, or clothing for a pauper, Parish Councils as a rule grant this, 4907–31. Is not aware that any medical officer has been threatened with dismissal for ordering extras to paupers, 4916. Extras are frequently obtained without the inspector being consulted, 4918–31. In certain large parishes it would be convenient to have a stock of medicines at stated centres, 4932–8.

INDOOR RELIEF:
It is becoming more usual to offer only indoor relief to the mothers of illegitimate children, 4978–9.

NURSING:
District nurses are very useful; Parish Councils ought to subscribe for their upkeep; subscription should be

MILLAR, Mr ALEXANDER B.—*continued.*

claimable against the Medical Relief Grant, 4939–53. The provision of nursing, etc., in the Northern poorhouses would not make paupers more willing to enter, 4957–60.

Compulsory Removal to Poorhouse:

If Parish Councils receive compulsory powers, the pauper should have an appeal, 4971–4. Is in favour of Parish Councils obtaining powers, 5011–6. In Shetland there is less aversion to entering the poorhouse than in the Highlands, 4961–7.

Boarded-out Children:

The inspector of the parish of residence should have a general charge of boarded-out children, and should receive a small fee from the parish of settlement; the schoolmaster should report progress in education, 4950, 4984–7. No cases of ill-treatment have been brought under his notice, 4982–3.

Casual Sick:

Accommodation for, should be provided in every parish remote from a poorhouse, 4988–97.

Parochial Lodging-Houses:

Are useful and economical in parishes that lie at a distance from the poorhouse, 4998–5010.

Convalescent Homes:

Parish Councils might combine to erect, for consumptive and cancer cases, 5017–22.

Medical Officers (Outdoor):

Salary should not include medicine, 4896–8. When medical officer prescribes nutritious diet, etc., Parish Council, as a rule, grant it, 4907–31. Is not aware that any medical officer has been threatened with dismissal for prescribing extras, 4916. Parish Councils should have power to provide a house for the medical officer and sufficient land to graze a horse, 5023, 5070–5. There is no urgent need for fixity of tenure to medical officer, 5023–33. A medical officer in a Highland parish with fixity of tenure and no opposition would have it in his power to neglect or overcharge his ordinary patients, 5023, 5031–2. Salaries should be readjusted by the Board, 5023, 5034–59. Parishioners in some places club together to pay for the services of a doctor, 5050–7. A nurse would facilitate the work of the medical officer, 5060–4. It would be desirable to give medical officers an appeal to the Board in event of dismissal, 5065–8. Medical officer should be paid a fee for attending vagrant women about to be confined, 5076–9. Medical officer's register is very unsatisfactory, 5114–9. It is not usual to supply a list of sick to the medical officer, 5137–58. Pay-tickets are not common, but might be introduced, and serve as the pauper's authority to obtain medical relief, 5152–8.

Medical Relief Grant:

Minimum should be abolished, 5080–3. A maximum for medicines should be fixed, 5081, 5084. Grant should not be given in respect of nutritious diet, etc., 5095–100. Should be allowed on vouched expenditure, 5101. Would allocate grant on basis of an average expenditure for a number of years, 5101–3. Should be allowed in respect of outdoor nursing, 4939–53, 5104–6. It would not be practicable to require Board, before allowing grant, to satisfy themselves that medical relief had been efficiently administered in every parish during the year, 5109–14, 5120–2. Restrictions should be placed on subscriptions to hospitals, 5123–32. Reciprocal rule should include medicines, 5133–6.

MOTION, Mr JAMES RUSSELL:

Official Qualification:

Has been Inspector of Poor and Clerk to Parish Council of Glasgow since 1885, 1959–61.

Medical Relief:

The arrangements presently being carried out in Glasgow are superior to anything yet attempted in Scotland, 1963. The system in Glasgow is adequate, 2117–20. It is usual to give each pauper a line for the medical officer, 2119–22. Case of a person with fractured limb who refused to enter poorhouse, although he could not be properly treated in his own home, 2124–30. Refusal to enter poorhouse does not exonerate officials from responsibility for a pauper's welfare, 2125–30. Drugs are supplied from dispensary, 2131. A committee of the Parish Council have special charge of medical relief, 2200–5.

Tuberculosis:

Tuberculosis and offensive diseases ought to be treated in separate wards, 1965. Glasgow District Lunacy Board are building wood-and-iron hospitals for tuberculous patients, at a cost of £90 per bed, 1966, 1968–76. Stone-and-lime hospitals cost about £150 per bed, 1967. Would recommend hospitals of wood-and-iron for isolation purposes, 1977.

Classification:

Inmates are classified as 'sick, infirm, and ordinary,' 1978. An attempt will be made in Stobhill Hospital to classify the inmates according to character, 1979–90. Only the infirm and such of the sick as are able to walk about would be so classified, 1987–90. All first admissions with disease of an acute character or requiring the

MOTION, Mr JAMES RUSSELL—*continued.*

constant attention of a medical officer will be classified as sick, 1991. Complaints of illness are made at the dispensary or through a nurse or warder, 2099.

Admissions to Poorhouse:

The medical officer sees all cases on admission, 1992. The admission orders should contain more of the applicant's history, 1993–6. Differently coloured orders are used to distinguish sick from ordinary cases, 1998. A case made 'test' solely because relatives refuse to support receives better treatment than a pauper of dissipated or immoral habits, 2000–7. A more thorough medical inspection of inmates ought to be made on admission, 2015–8. Persons who cannot be attended in their own homes, and whose relatives pay for them, are sometimes received, 2066–77. Where relatives of persons are able to pay, a claim is made upon them, 2072–88. As to cases where medical officer of poorhouse has to fill up admission medical certificate, 2206–11. Form of certificate is satisfactory, 2253–4.

Poorhouse Rules:

The special rules for the test departments have been found to work well, 2009. Special rules have been framed for the guidance of officials and tradesmen of Barnhill Poorhouse, 2019–23, 2050–1, 2101.

Medical Officer:

In the new hospitals the medical officer will have supreme control, 2011–2. Does not see the ordinary inmates unless specially requested, 2013–8. Inspects food, 2026. Inmates sometimes make unfounded complaints as to diet, which are enquired into by governor and medical officer, 2027–37. A more thorough medical inspection of inmates ought to be made on admission, 2045–8. Instructs as to temperature of baths, 2049. May call in extra nurses, or another medical practitioner, if governor and House Committee approve, 2059–60. Present medical staff is, as a rule, sufficient, 2061. Medical officer conducts surgical operations with success, 2097. Should report annually to Local Government Board, 2098. Examines applicants for relief, 2123. Salaries should be regulated according to number of inmates in poorhouse, 2115. Vacancies should be advertised, 2199. Should not be removable without consent of Board, 2251.

Diet:

Inmates sometimes complain as to diet; complaints are enquired into by governor and medical officer, 2027–37.

Visiting Committee:

Members of Parish Council visit poorhouse in rotation, two at a time, 2029, 2038, 2110–1. Complaints are received and recorded, 2039–44. Disapproves of a visiting committee composed of outsiders, 2111–5.

Bathing:

Medical officer instructs as to temperature of bath, 2049. Bathing of new inmates is done by another inmate under supervision, 2051–7. System works well, 2056–7.

Punishment:

Punishment is not inflicted until medical officer certifies fitness of inmate, 2096.

Governor:

Duties are regulated by special rules, 2101.

Nurses:

System of trained nursing will be extended when new hospitals are completed, 2102. Present standard of training should not be changed, 2103. Rules specifying a nurse's duties should be framed, 2105. There should be special rules for groups of similar poorhouses, 2106–9. Nursing associations, to which Parish Council subscribe, assist in caring for the outdoor sick poor, 2132–3. Cost of outdoor nurses should be allowed against the medical grant, 2134.

Boarded-out Children:

Guardians of children are authorised to employ their own medical officer, 2135–6. Care is taken to avoid attaching stigma of pauperism to children, 2137–8. Has not known children to receive ill-treatment, 2139. Visitation of children is satisfactory; local teacher or clergyman is also ready to inform Parish Council if anything is wrong, 2140–1. System is satisfactory, 2142. Parish Council employ a lady inspector, 2143–6.

Compulsory Removal of Paupers to Poorhouse and Detention there:

Powers of removal are very necessary, 2147. Bill now before Parliament ought to be supported, 2147. Power to detain inmates until for discharge from poorhouse is also necessary, 2212–9. Power to detain ought to be vested in Board or in Sheriff, 2217.

Convalescent Homes:

Parish Council subscribe to homes at Dunoon and send cases there, 2148. Parish Council pay for cases in Roman Catholic Home at Lanark, 2148. A children's department, which will have the effect of a convalescent home, is being established at Stobhill Hospital, 2151–2. Children will be placed there before being boarded out, 2152.

Medical Relief Grant:

Ought to be allowed in respect of wines, cordials, beef-extract, milk, soda-water, sanitas, disinfectants, etc., 2153–4, 2177. Ought to be allowed on vouched expenditure, irrespective of minimum or maximum, 2155, 2168. Whatever is ordered by the medical officer ought to rank

MOTION MR JAMES RUSSELL—*continued.*

against grant, 2156–7. Present distinctions between medicines and diet cause much trouble, 2158–65. Grant is insufficient, 2166. Grant should be allowed on an average of three years' expenditure, 2167. A restriction should be placed on the amount Parish Councils may subscribe to a hospital, 2178–82. Rule as to reciprocity should be extended to medicines, 2183–8. Position of matters where medical officer in attending a pauper belonging to another parish finds it necessary to employ extra assistance in a difficult operation, 2189–99.

SUDDEN DEATHS:

It is often desirable on account of bad surroundings to remove to poorhouse sick persons hardly able to bear removal, 2220–7. Precautions taken in removing by ambulance, 2228–50.

BRABAZON SOCIETY does good work and ought to be encouraged, 2255.

MUIR, DR WILLIAM LIMONT:

OFFICIAL QUALIFICATION:

One of the Outdoor Medical Officers under the Parish Council of Glasgow, 992. Secretary to the Scottish Poor Law Medical Officers' Association, 993.

OUTDOOR MEDICAL RELIEF:

Is adequate in cities and large towns, but not in Highlands and country districts, 995, 1000–1, 1006–7. Parish Councils find fault with medical officers for supplying extras to paupers, 995–6, 1017–28. Relatives of Parish Councillors are improperly placed on the Poor Roll so that they may receive medical relief free, 1002–4. Some parishes are too large for one medical officer, 1001, 1008, 1011–5. Rules of Local Government Board in regard to the provision of extras for sick poor cannot be carried out, 1017–28.

MEDICAL OFFICER (OUTDOOR):

Ought to have a free hand in all matters relating to the treatment of the sick, 1016, 1044–6. Dare not order better lodging, clothing, food, etc., although necessary, because if he did so he would be dismissed, 1016–24, 1031–8. In the large towns the medical officer is generally allowed a free hand in ordering extras, 1029–31. In certain cases a medical officer has had to pay out of his own pocket for extras to paupers, 1031–7. Parish Councils should not have power to remove the medical officer without the sanction of the Local Government Board, 1038–9, 1142–3. Is restricted even in regard to medicines, 1042–3. Salaries of medical officers ought to be readjusted by the Local Government Board, 1151–3. Parish Councils ought to pay a fee where an extra medical man is required to assist in an operation, 1154–9. Salary ought to be exclusive of medicines, 1160. The druggist ought to send in his account to the Parish Council, 1161. Where there is no druggist, the medical officer ought to charge druggist's prices, 1162–5. Vacancies should be advertised as at present, 1166. The post ought not to be rotated annually among the medical men in a district, 1167–73.

DIET:

The medical officer should prescribe, 1047–50. Never orders pure stimulant in case it should not reach the patient; orders a brandy-and-egg mixture, 1047. When stimulant is in the form of medicine, part of cost is recovered from the Medical Relief Grant, 1050.

DISPENSARIES:

Expediency of, in large parishes, 1051–5.

NURSES:

District nurses are very useful, and Parish Councils ought to subscribe towards their maintenance, 1076. District nurses should be the servants of the Parish Council, 1056–8. If outdoor nurses are employed by the Parish Council, their salaries ought to form a charge against the Medical Relief Grant, 1061–2. In country parishes there would not be sufficient pauper-work to employ a nurse's full time, 1062–5.

BOARDED-OUT CHILDREN:

Might be periodically inspected by medical officer, 1066–80.

CASUAL SICK POOR:

A casual sick house ought to be in every parish, 1083–91. Are not sufficiently provided for, 1095. The medical officer would deal with the case of a tramp found lying ill at the roadside without waiting for an order from the inspector of poor, 1144–9.

COMPULSORY REMOVAL OF PAUPERS TO POORHOUSE:

Such powers are urgently required where the surroundings of a pauper make medical treatment hopeless, 1096. Certain cases ought also to be compulsorily detained in the poorhouse hospital till cured, 1096–102. Case of a person with fractured leg who refused to go to the poorhouse, and whose home was unsuitable for his treatment, 1096, 1103–38, 1174–87. An injured man who refuses to go to the poorhouse, when asked, has no more claim on the services of the medical officer, 1174–5.

CONVALESCENT HOMES:

Would greatly benefit the sick poor, 1139. Parish Councils should have power to provide, 1140–1.

ROSS, MR ALEXANDER:

OFFICIAL QUALIFICATION:

Chairman of Parish Council of Lochbroom, 5159, 5165–6.

ROSS, MR ALEXANDER—*continued.*

Formerly Inspector of Poor of Lochbroom, 5160. Factor for Countess of Cromarty, 5162.

ADMINISTRATION OF RELIEF:

There are some 200 paupers in the parish, 5168, 5209–48. Only four receive indoor relief, 5169–71. Paupers are mostly old, 5172, 5213–5, 5222–31. Lochbroom parish is a member of a Poorhouse Combination, 5175–6. The poorhouses test is frequently applied with the result of preventing pauperism, 5177–81. Indoor relief is offered to the mothers of illegitimate children, 5234–7. Outdoor relief is not given unless Parish Council are satisfied that applicant is physically incapable of earning a livelihood, 5251–62.

OUTDOOR MEDICAL RELIEF:

Arrangements in Lochbroom are adequate, 5182–4, 5187–96. There is one medical officer in the parish, 5185–6. There are two midwives, but no qualified nurse, 5217–21.

CASUAL SICK POOR:

Accommodation is provided for, 5238–47.

LUNACY:

Excessive number of lunatics in parish is due, probably, to intermarriage, 5263–6. Excessive use of tea, whisky, and tobacco may also account for lunacy, 5267–9, 5275–7. Flour is taking the place of oatmeal as food, 5269–74. Fish-food is scarce, 5278.

COMPULSORY REMOVAL TO POORHOUSE:

Powers of removal are necessary, 5279–86. Case of an aged and filthy pauper who refuses to enter poorhouse, 5281–2.

CONVALESCENT HOMES:

Cases might arise where it would be desirable to send paupers to such homes that they might regain health, 5287.

MEDICAL OFFICER:

Is averse to change in the tenure of medical officers, 5288. In the absence of professional competition, fixity of tenure might cause a medical officer to neglect his ordinary patients, 5288. Is not aware of any case where a medical officer has unreasonably prescribed extras, 5289–93. When medical officer requires assistance, Parish Council defray cost, 5329–32. Medical officer keeps a register of sick, 5353–8. Parish Council have no difficulty in obtaining a medical officer, 5359–63. Post would be worth about £300 per annum, 5364.

MEDICAL RELIEF GRANT:

Should be allocated on basis of vouched expenditure; minimum ought to be abolished, 5294–6. The distance which the medical officer requires to travel ought to be taken into account in fixing the amount of grant earned by a parish, 5297–306. Something ought to be done to assist poor people, who, though not paupers, require the parochial medical officer as, being unable to pay the doctor's fees, they cannot obtain medical aid when necessary. In one case a crofter was pauperised by the medical officer's charge of £6, 5307–17, 5333–7. 'Reciprocal' rule should cover medicines, 5318–20. Would prefer to include medicines in the salary of the medical officer, 5321–8.

TUBERCULOSIS:

There are a good many cases in parish, 5343–7.

SANDEMAN, DR LAURA STEWART:

OFFICIAL QUALIFICATION:

Resident Medical Officer in East Poorhouse, Dundee, 1632–3.

MEDICAL OFFICER:

Visits poorhouse every morning to examine inmates who are sick or who complain, 1635–8. Duties do not overlap those of Governor, 1714.

PHTHISIS:

Paupers suffering from phthisis ought not to be allowed to live in the poorhouse as ordinary inmates, 1639, 1652–5. The Local Government Board should prescribe a special diet for such cases, 1640–4. Phthisical patients should be given some light work, 1644–50. Phthisical patients are those in whose sputa tubercle has been found, 1651. Phthisical patients should have isolation wards, 1652–5.

CLASSIFICATION:

Sick are those who are acutely or chronically ill and under treatment, 1657. Cases are put in hospital which would be put in infirm wards did such exist, 1657–9.

WORK:

All who are able work to some extent, 1661–9. Phthisical patients ought to be given light work, 1644–50. Rope-picking is really a punishment, 1664–7. Brabazon scheme is to be introduced, 1669.

SURGICAL OPERATIONS:

Cases are treated as in an infirmary, 1672. The operating room is not so completely equipped as in an infirmary, 1673. Specialists assist the medical officer gratuitously, 1674–7. Are not given a fee even when employed on behalf of other parish paupers, 1678–9. Nurses cannot be properly trained unless operations are performed in the poorhouse, 1679–80.

NUMBER OF SICK IN POORHOUSE:

For each of last two years there has been an increase of 400 on the preceding year, 1681–2. Increase is probably owing to improved treatment, 1683–6. Formerly the proportion of sick to ordinary inmates was greater than

SANDEMAN, Dr LAURA STEWART—*continued.*

it is now, because cases merely infirm were allowed to remain in the sick wards, 1687–8. Non-pauper cases which cannot be received in the infirmary are frequently treated in the poorhouse. When possible, the friends of such persons are made to repay part of cost, 1728–32.

Sudden Deaths:
Definition—The death of an inmate who is not receiving medical treatment, 1691. When disease has previously been diagnosed, the death is not regarded as sudden, 1692–6.

Nurses:
Surgical operations in poorhouse are necessary for their training, 1679–80. The best poorhouse nurses are those trained in a poorhouse, 1697, 1700–1. Poorhouse nurses require more tact than those in a general hospital, 1697. The training of probationers should be made as complete as possible, 1697. Approves of rules of Local Government Board as to nurses, 1701. Training should be for three years, 1702–6. No difficulty is experienced in obtaining probationers, 1707, 1721. Proportion of nurses to patients insisted on by Local Government Board is not adequate, 1707–9. Disapproves of pauper nursing, 1716. Nurses trained in large poorhouses could be sent to small poorhouses for short periods, 1720. Minimum age of probationers should be twenty-four or twenty-five, 1723–4. No need for a maximum age, 1725–7.

Medicines:
Are given out most economically by a dispenser, 1710. Precautions are adopted in dealing with poisonous medicines, 1711.

Discipline of Poorhouse:
Is satisfied with the relationship of the Governor to the other officials, 1712. The medical officer's duties do not overlap those of the Governor, 1714. The rules of the Local Government Board tend to prevent friction, 1715.

Diet:
Does not supervise the diet, 1733. The hospital diet is excellent, 1733. Only phthisical patients are weighed, 1734. Approves of weighing inmates periodically, 1735–8.

THOMSON, Mr JOHN:

Official Qualification:
Governor of Govan Combination Poorhouse, 1. Has held office for nine years, 2. Formerly was Superintendent of Paisley Parochial Asylum for eleven years, 2. Formerly was Governor of Buchan Combination Poorhouse for seven years, 2.

Poorhouse Hospital:
Is conducted in accordance with rules of Local Government Board, 4–5. Is more used than formerly, because it has been raised to standard of best local infirmaries, 6–15, 117–8, 262–3. The hospital is equipped with all modern appliances, and the medical staff are able to undertake the most delicate surgical operations, 9–13. A poorhouse hospital ought not to be inferior to an infirmary, 14, 113–6. Infirmaries refuse certain patients, who, in consequence, are obliged to enter the poorhouse, 106–9. Trained sick nursing has attracted cases to poorhouse, 117, 122–3. Proportion of sick to ordinary inmates is increasing, 119. Deaths do not often occur outside of the hospital, 183. Method of heating wards, 220–9.

Tuberculosis:
Cases of phthisis must be treated in poorhouse, but separate buildings ought to be provided, 16–17. At present they are in separate wards, and dressings are burned, 146. Sanatorium treatment is given as far as possible, 148–9. Numbers are increasing, 151.

Classification:
The medical officer sees inmates on admission, and in doubtful cases prescribes class, 18–20. The medical officer sees the sick and infirm every day, and determines whether any inmate has become fit for work, 21–2. Working inmates have an opportunity of seeing the medical officer every day before going to work, 21, 124–39.

Medical Officer:
Classifies inmates, 18–21, 24. Sees sick and infirm every day, 21–2, 124–39. His control of the hospital ought to be limited to the treatment of the sick; the general administration should rest with the Governor, 26–7, 152–5. Should regulate diet of sick, infirm, and children, 29–30. With Governor, the medical officer, at stated times, examines the ordinary inmates, with a view to seeing whether any have become able-bodied, 31–3, 140–5. Instructs as to bathing of sick, and in cases of uncleanness of person, 35–7.

Bathing of Inmates:
Inmates are bathed on admission, 34. Infirm and workers are bathed once a week, 34. Medical officer instructs as to the bathing of the sick, 35–6. The warders see that inmates are clean and free from vermin, 37.

Discharge of Inmates:
There is no power to detain inmates who wish discharge, 38. When a sick inmate is removed by friends, use of the ambulance is frequently given, 38.

Infectious Disease:
Is not usually treated in the poorhouse, 39–41. Cases of whooping-cough and measles are sometimes received in the poorhouse when the public health hospital is full, 42, 247–51. A small hospital for infectious cases is attached to poorhouse, 42–3.

THOMSON, Mr JOHN—*continued.*

Nurses:
Extra nurses should not be employed in emergencies without the consent of the chairman of the House Committee, 44–7, 258–61. Such extra nurses are sometimes required, 45–6. Trained sick nursing is now a necessity in the poorhouse, 69. Nurses trained in poorhouse give best results, 69. No difficulty is now experienced in obtaining probationers, 69. It is being recognised that an efficient training is given in a poorhouse hospital, 70, 73. Prejudice against nurses trained in a poorhouse is unreasonable, 71. If the larger poorhouses trained more nurses, it would be easier for the smaller poorhouses to obtain good nurses, 71, 267–75. One nurse to twenty patients would be a reasonable proportion, 75–7. Medical Relief Grant should be allowed in respect of probationers, 80, 267–74. The appointment and dismissal of nurses and probationers is left to the medical officer and lady superintendent jointly, 82, 157–76. The lady superintendent is independent of the matron, but subject to the Governor, 153–5.

Deaths:
Are reported as sudden only when unexpected, and when doubt exists as to the cause, 48–54, 234–9.

Punishment:
Rules of Local Government Board are modified as regards children, 55. If inmates refuse obedience, the medical officer is asked to examine them; if able-bodied, they are discharged, 55. In view of the type of inmate in the poorhouse during winter, a power to punish is essential for discipline, 58–9. Where there is a doubt as to the physical ability of an inmate to receive punishment, the medical officer ought to be consulted, 59–60. Corporal punishment is rare, but the presence of a member of the House Committee is not required, 61–3. There is no limit of age as regards punishment, 64. Has only once confined an inmate in a cell overnight, 65. Punishment is not inflicted on female children, 66–7.

Admission of Inmates:
Paupers are admitted in accordance with the rules of the Local Government Board and House Committee, 186–8. Board's rule appears to place too much responsibility on the house porter; no person should be refused admission without reference to the Governor, 188–91. Cases are admitted at all hours during the night, 193–4. Same porter acts during day and night, 195–7. The removal certificate should instruct as to bathing, and whether a nurse should accompany the patient, 240–6.

Officials:
Appointment and dismissal of hired servants, exclusive of nurses, should be subject to Governor, 198–206. Governor should appoint porter, and have power to suspend him, 200–3.

Governor:
Relationship to house porter, 188–91, 199–203. Should appoint and dismiss hired servants, exclusive of nurses, 204–6. Method of keeping books and accounts, 207. A daily roll-call and inspection of inmates is impracticable, 208, 212–4. Should read prayers in absence of chaplain, 209–11. Cannot personally visit every ward at night, 215–8.

Children:
Punishment of, 55, 66–7. Before being boarded out, are sent to a convalescent home maintained by Parish Council in Bute, 83–8. Home has been a success, 84. Are separated from adults, with exceptions where nursing is necessary, 280–4.

Epileptics:
Special provision should be made for, 89–91.

Cost of Sick Inmates:
Sick inmates boarded at cost of other parishes are, in terms of the decision in the case of Beattie *v.* Muir, charged for at a rate which represents the average of both sick and ordinary poor. As the sick cost much more than the ordinary inmates, this is felt to be a hardship, 92–105.

Diet:
Is regulated by Governor and medical officer in case of infirm inmates and children, 177–82. There is a special diet for the privileged class, 177. Bread-and-milk has been substituted for porridge as supper to the children, with the result that eczema has decreased, 177. Inmates are not weighed, 180–2.

Registration of Births and Deaths, 230–3.

House Committee visit very frequently, 252–7.

Brabazon Society work tends to brighten the lives of inmates, 285–91.

WADE, Miss:

Official Qualification:
Superintendent of the Scottish District Training Home and Edinburgh District Nurses' Home under the Jubilee Institute for Nurses, 6143–4.

Nursing:
There are 224 Jubilee nurses and eighteen probationers, 6145–8. Method of training, 6149–91. Nurses are trained in Edinburgh Royal Infirmary, Leith Hospital,

WADE, Miss—*continued.*

Barnhill Poorhouse, Dundee and Aberdeen Infirmaries, 6156. A poorhouse training teaches the nurses not to despise chronic cases, 6158–60. Would approve of nurses being trained in any poorhouse so well equipped as is Barnhill, 6166. Probationers in the poorhouse receive £5 for the first year and £10 for the second, besides board and uniform, 6168–73. Method of training in Bolton Workhouse Infirmary, 6175. Minimum age of probationer should be twenty two, 6177–9. Applicants must have an educational qualification, 6180–5. Applicants must give evidence of character, 6186. Applicants must be fit physically, 6187. Applicants usually come from the farming class, 6188. County nurses begin at a salary of £35, with board and uniform, 6192–4. The work varies in quantity, but the nurses are being better appreciated, 6195–8. District nurses are inspected periodically, 6202. When the Local Executive Committee fail to provide funds, nurse is withdrawn, 6203–6. Nurses are bound to serve for two years wherever sent, but prefer the more populous districts, 6207–12. The Institute would be willing to accept poorhouse-trained nurses, 6213–5. A poorhouse certificate of training does not rank high, 6221–2. Probationers are frequently found to be unsuitable, 6229–32. The efficiency of a poorhouse training depends largely on the type of medical officer there, 6235–9. Rules of Association preclude trained nurses from serving in poorhouses, 6244–50.

WALKER, Miss MARGARET:

Official Qualification:

Lady Superintendent of Nurses in Dundee East Poorhouse, 3781–3. Trained in Glasgow Royal Infirmary, 3784.

Nursing:

Staff in poorhouse consists of thirteen nurses and seven probationers, 3786–7. There are 320 patients in hospital, 3788–9. Work is very hard, more nurses being necessary, 3790–1, 3793. Recreation is fairly adequate, 3792. Nurses' work is more menial in a poorhouse than in a hospital, 3795–7. Standard of training should be raised, and minimum age should be twenty-five, 3800–19. Disapproves of probationers being taken on so young as eighteen, 3802. Period of training ought to be three years, 3820–7. Pauper nursing should be discouraged, 3828–37. But under supervision the paupers give valuable aid, 3830, 3837. If more nurses were employed, pauper aid could be largely dispensed with, 3833. Probationers are easily obtained, 3838. Nurses trained in poorhouse generally get on very well, 3839–41. One nurse and one probationer for every twenty-five inmates would be a reasonable proportion, 3842–5. Nurses are now obtained without much difficulty, 3847–8.

WALLACE, Mr ANDREW:

Official Qualification:

Inspector of Poor of Govan Combination, 2256. Representative of Society of Inspectors of Poor in Scotland, 2256. Formerly Inspector of Poor of Renfrew, 2259. Formerly Inspector of Poor of St Ninians, 2259.

Poorhouse Hospital:

Indoor medical relief has greatly improved of late years, 2257–8, 2261–2. Public infirmaries could not accommodate all the cases that would come to them if poorhouse hospitals did not exist, 2257, 2263–6. The employment of trained nurses marks a special improvement, 2262. Govan Poorhouse Hospital is now equal to any infirmary, 2262. A claim is made against relatives who are able to pay, 2267–74, 2281–2. Surgical operations in poorhouse are very successful, 2277. Infirmaries send incurable cases to poorhouse, 2274–9. No one who could gain admission to an infirmary would prefer to go to a poorhouse, though prejudice against poorhouse has largely disappeared, 2280–1.

Tuberculosis:

Must continue to be treated in poorhouse hospitals, 2257.

Classification:

Suggests method, 2284. Ordinary inmates should be classed according to character, 2284–93. The well-behaved old people are slightly privileged in diet, 2293.

Medical Officer:

Should visit sick and infirm daily; should visit children once a week; should visit ordinary inmates once a week; should report cases that have become fit for work; should supervise general health, cleanliness, food and bathing; should examine and classify new inmates; should be empowered to call in extra nurses or medical assistance; no punishment should be inflicted on an inmate without consent of medical officer; should report annually to Local Government Board—2294. In larger poorhouses, medical officer should daily visit sick and infirm, 2295–300. Should not be removable without consent of Board, 2375. Appointments should not be rotated annually, 2375–9.

Ins and Outs:

There would be about fifty or sixty of such cases in a year, 2301–3. Generally wish out to get whisky or tobacco, 2304. Legislation is not necessary to permit detention of such cases in poorhouse, 2305–7.

WALLACE, Mr ANDREW—*continued.*

Discipline:

Severe testing by diet and work is sometimes necessary, 2309.

Nursing:

Some inspectors are of opinion that a certificated nurse is not always necessary, and that a woman, uncertificated but experienced as a nurse, who would assist in the ordinary work, would be equally useful, 2310, 2394–417. Nursing associations merit subscriptions from Parish Councils, 2345. Some trained nurses have a very high notion of their importance, 2395, 2403, 2415. There is no pauper nursing in Govan, but paupers assist nurses, 2396. Practical women, not trained nurses, would assist in keeping wards clean, 2398. After examination by medical officer, such women might be registered, 2399–400. The scarcity of applicants tends to give nurses a sense of importance, 2412–3.

Visitation of Poorhouse:

Is regularly performed by members of the Parish Council, 2311–29. Visiting members receive complaints from inmates, 2316–26.

Outdoor Medical Relief:

Present arrangements are fairly adequate, 2330. Medical officer should attend promptly on all cases notified to him by the inspector, 2331. Inspector should give prompt effect to medical officer's recommendations, 2331, 2337–9. Method of dealing with applications in Govan, 2332–6. Doctors sometimes order too much nutritious diet, 2340–3. In large parishes there should be district dispensaries, 2344.

Boarded-Out Children:

Local voluntary visiting committees are desirable, 2346, 2354, 2363–6. Children are visited insufficiently, and often hurriedly and superficially, 2346–8. Are visited once a year by a committee of the Parish Council; in some cases the children's inspector or the inspector of poor visits oftener, 2349. Reports as to school attendance are received, 2351. The local inspector reports when anything is wrong, 2351. Aliment is sent direct to the guardians, 2353. A record of subsequent history of children is maintained as far as possible, 2355–60. The guardians of children are empowered to employ their own doctor, 2361–2, 2369. Periodical medical inspection is unnecessary, 2367–8. Precautions are taken to avoid stigmatising the children as paupers, 2371. Education of, 2371.

Casual Sick Poor:

Should when possible be sent to poorhouse; otherwise there should be a casual sick house near inspector's office, 2372. Tramps found sick at roadside should be dealt with by the inspector of poor, 2389.

Compulsory Power of Removal to Poorhouse:

Is most essential in the case of sick persons who have no proper homes and who refuse to enter poorhouse, 2373.

Convalescent Homes:

It is desirable to send cases to, 2374, 2385–8. Parish Council subscribe to three or four homes, 2374, 2385. Home maintained by Parish Council in Bute is very satisfactory, 2380–4.

Medical Relief Grant:

Should be apportioned according to expenditure, population, and pauperism, 2390. Should be given on vouched expenditure only, 2391, 2418, 2421. Should include cost of nurses, 2391. Should include everything ordered by medical officer, 2392, 2422. There is no necessity for a check on medical officer, 2393. Some inspectors object to trained nursing because it takes away a large portion of the grant, 2394–5. Method of allocating grant between sick nursing and other purposes is inequitable, 2419. There should be no distinction between method of applying the grant to nursing and method of applying it to other medical relief, 2420. Board should have power to restrict grant where an excessive subscription has been made to a hospital, 2423. Subscriptions to nursing associations ought to form a claim against grant, 2424–6. Rule as to reciprocity of medical attendance is good, but should not be extended to medicines and medical appliances, 2427–32. For accouchements and surgical operations those medical officers whose whole time is not given to parochial work should receive extra fees, 2433–8. Medical officer's salary should not include medicines, 2439. The rule requiring advertisement of vacant medical officerships is objectionable, 2440. It retards appointments, 2441. Three advertisements extending over three weeks are too many, 2444–5.

Removals to Poorhouse:

A nurse is not sent with pauper unless ordered by doctor, 2446, 2449. Removal certificate is satisfactory, 2447. Deaths have occurred in ambulance, 2448. An attendant, besides driver, usually accompanies ambulance, 2449. Is averse to a rule requiring invariable presence of a nurse in ambulance, 2453.

Test Cases:

Are intimated to Governor, 2459–63. Governor is informed where it is the disposition of the family—not the pauper—that is being tested, 2465. A distinction in treatment should be made, 2466–8.

WHYTE, Dr J. MACKIE:

Official Qualification:
Medical Officer to East and West Poorhouses, Dundee, 1739-40.

Tuberculosis:
A special ward is set apart for female patients, 1743. There is no special ward for males, but these receive hygienic treatment, 1743. Phthisical patients should be isolated and given light work, 1744-7. Local Government Board should prescribe a special diet, preferably a maximum diet, 1748-9.

Number of Sick Poor:
Has increased since poorhouse was made more comfortable and appliances improved, 1750-4. The assiduity of Dr Sandeman has made the hospital more popular, 1755. Cases come to the poorhouse because they cannot be received in the infirmary for lack of room, 1758-9. Non-pauper cases are treated, 1760.

Surgical Operations:
Very difficult operations are sometimes performed in the poorhouse, 1757.

Classification of Inmates:
Inmates merely infirm ought to be separated from the sick, 1762. Arrangements should be made for the treatment of offensive diseases, 1779. Defines infirm as those who are able to sit about, do light work, and do not require skilled nursing, 1780. Infirm should be kept apart from ordinary inmates and have kindly treatment, 1781. It is not necessary to make the hospital a separate building from the poorhouse, 1799.

Work of the Inmates:
The question of providing work for phthisical cases is not of primary importance, 1744. Approves of providing work for infirm, 1762.

Nursing:
Probationers are trained in the poorhouse, 1764. Standard is being raised, but the probationers are not of the same class as in infirmary, 1782-3. Two years is sufficient training when the probationer is to remain in the poorhouse, but three years are required to enable her to assume duty elsewhere, 1765-7. The training in poorhouse is as good as that in an infirmary, except as regards surgical cases, 1784-7. One nurse and one probationer to thirty patients is probably sufficient, but would prefer more, 1768-71. Disapproves of pauper nursing, 1772-8. The hospital should be made as attractive as possible for nurses, 1788-90. At present the facilities for recreation, are limited, 1791. Annual holidays ought to be extended to three weeks, and two half-days should be given in each week, 1792. A larger staff is required to admit of proper holidays, 1794. The Parish Council ought to provide facilities for recreation, 1794. It is sometimes difficult to retain nurses, 1795. Nurses obey the visiting medical officer, 1800. Formerly the nurses were engaged by the Governor, and the medical officer had no say in the appointment, 1801-4. Probationers are not engaged unless certified by the medical officer as physically fit, 1805. Engagements are terminated if the medical officers consider nurses unsuitable, 1806-9. The visiting medical officer ought to engage and dismiss nurses, subject to House Committee, 1809-17. Nurses are given stated instruction and examined by visiting and resident medical officers, 1818-21.

WHYTE, Dr J. MACKIE—*continued.*

Discipline:
Relationship of visiting medical officer to Governor and matron has always been harmonious, 1796. The rules do not entail overlapping of duties, 1797. The nurses obey the visiting medical officer, 1800.

Medical Officer:
Duties do not overlap those of Governor, 1797. Reports on physical fitness of applicants for nurse probationerships, 1805. Reports as to whether probationers should be retained, 1806-9. Instructs and examines probationers, 1818-21. The nurses obey the visiting medical officer, 1800. The resident medical officer attends to ordinary cases, 1822. Formerly the visiting medical officer received every day a list of sick cases and of inmates making complaints. Those who were not in bed met him at a stated place, and he prescribed for them, 1823. Inmates can complain direct to the medical officer, 1825. Considers present system adequate, 1826-31. Does not consider a periodical inspection necessary except as regards children, 1829-31.

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ACCOMMODATION. (*See* 'HOSPITAL POORHOUSE.')

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ADMISSION OF PAUPERS TO POORHOUSE:
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The porter does not search females (Dundee). *Chisholm*, 1932–4.
Admission orders should contain more of the applicant's history. *Motion*, 1993–6.
Differently coloured orders are used to distinguish sick from ordinary cases (Glasgow). *Motion*, 1998.
A case that is made 'test' merely because relatives refuse to support receives better treatment than a person of dissipated or immoral habits (Glasgow). *Motion*, 2000–7; *Wallace*, 2466–8.
A more thorough medical inspection of inmates ought to be made on admission. *Hunt*, 1358; *Motion*, 2045–8; *Henderson*, 3685–91.
Persons who cannot gain admission to a general infirmary or who have been discharged therefrom are sometimes received. (Govan)—*Thomson*, 6–7, 106–9; *Wallace*, 2263–83; (Glasgow)—*Johnston*, 538–45, 550–5, 978–80; *Motion*, 2065–95; (Dundee)—*Sandeman*, 1728–32; *Whyte*, 1758–61; *Chisholm*, 1844; *Kyd*, 3273–9; (Edinburgh)—*Ferrier*, 2705–12.
As to cases where medical officer of poorhouse has to fill up admission medical certificate. (Glasgow)—*Johnston*, 913–4; *Motion*, 2206–11.
Paupers ought to be received at any hour, day or night. *Haldane*, 2802–3.
Females ought to be searched by females. *Haldane*, 2805; *Chisholm*, 1934.
The matron should see that females and children are, on admission, cleansed, clothed, and placed in proper ward. *Haldane*, 2806–8.
Maximum interval between receipt of admission order and entry to poorhouse ought to be lessened. *Henderson*, 3773.
Only serious cases ought to be admitted after 8 P.M. *Henderson*, 3773–7.
Paupers ought not to be refused admission though they may not have all the prescribed documents. *Laird*, 1604–5; *Aitchison*, 4001–3.
Readmission of paupers who ostensibly have gone out to look for work (Craiglockhart). *Bennett*, 4477–84A.
Except in an emergency no person should be admitted unless previously certified by the medical officer as suitable for poorhouse treatment. *Bell*, 5747–72.
The Governor should be informed in advance when a pauper is to be sent to the poorhouse. *Bell*, 5763–72.
Every poorhouse should have a separate probationary ward for each sex. *Dr Campbell*, 5942–3.
An admission register should be kept by the medical officer. *Dr Campbell*, 5943.
See also 'REMOVAL OF PAUPERS TO POORHOUSE.'

ADVERTISING VACANT MEDICAL OFFICERSHIPS:
Vacancies should be advertised. *Muir*, 1166; *Motion*, 2199; *Gordon*, 4379–82.
But vacancies for assistant medical officers do not require to be advertised. *Motion*, 2199.
Advertising is not advisable, as it retards appointments. *Wallace*, 2440–1, 2444–5.

ADVERTISING VACANT MEDICAL OFFICERSHIPS—*continued.*
One advertisement is sufficient. *Kyd*, 3232–5; *McInnes*, 3473.
Advertising should be restricted. *Mackenzie*, 4173–5; *Campbell* (Dunstaffnage), 5514–6.

AITCHISON, DR R. S.:
Evidence by, 3849–4066.

ALMSHOUSES. (*See* PAROCHIAL LODGING-HOUSES.)

AMBULANCE—REMOVAL BY. (*See* 'REMOVAL OF PAUPERS TO POORHOUSE.')

ANNUAL REPORT:
Poorhouse medical officers should report annually to Local Government Board. *Motion*, 2098; *Wallace*, 2294; *Campbell* (*Dr*), 5967.

APPLICATIONS FOR RELIEF:
Method of dealing with (Govan). *Wallace*, 2332–6.
Are received at all hours, day and night (Edinburgh). *Ferrier*, 2620–9.

ATTENDANCE ON OUTDOOR POOR:
Cost and difficulty of procuring. *Motion*, 2127; *Wallace*, 2373; *Millar*, 4939–58; *Gordon*, 4182, 4189–224, 4241; *Durran*, 4797–8.

AYR:
Evidence by Miss Mary C. Campbell, formerly member of Parish Council of, 2979–3117.

BARNHILL POORHOUSE:
Evidence by Dr William Core, Medical Officer at, 292–489.

BATHING OF INMATES:
Inmates are bathed on admission (Govan). *Thomson*, 34.
Infirm and working inmates are bathed once a week (Govan). *Thomson*, 34.
The medical officer instructs as to bathing of the sick (Govan). *Thomson*, 34–7; (Perth)—*Laird*, 1624; (Glasgow)—*Motion*, 2049; (Craigleith)—*Aitchison*, 3973–7; (Orkney)—*Bell*, 5714–6.
The warders see that inmates are clean and free from vermin (Govan). *Thomson*, 37.
The medical officer does not take charge of (Perth). *Hunt*, 1376–80.
But sometimes directs that an inmate shall be sponged instead of bathed (Perth). *Hunt*, 1377.
Is done by trained attendants (Perth). *Hunt*, 1384–5.
No need for medical officer to instruct in each case. *Hunt*, 1381–2.
Removal certificates should instruct as to. *Laird*, 1603–4.
Ordinary inmates are bathed once a fortnight (Perth). *Laird*, 1623.
Outdoor position of bath (Perth). *Laird*, 1629–31.
Where necessary, bathing is regulated by the medical officer (Dundee). *Chisholm*, 1914–7.
New inmates are bathed by paupers under supervision (Glasgow). *Motion*, 2051–7.
System works well (Glasgow). *Motion*, 2056–7.
Board should draw up regulations for. *Haldane*, 2809.
Should be performed only by officials; in no case by inmates. *Haldane*, 2809; *Miss Campbell*, 3023–33.
Paupers should not be stripped in presence of other paupers. *Haldane*, 2809.
Baths ought to be indoor. *Haldane*, 2813–5.
Children should be bathed oftener than once a week. *Haldane*, 2816–7.
Should be regulated by the medical officer. *Wallace*, 2294; *Miss Campbell*, 3025–7; *Bennett*, 4549.
Many inmates dislike bathing. *Crichton*, 3503.
In bathing probationary inmates the immediate presence of an official is not necessary. *Aitchison*, 3978–80.
Infirm inmates require supervision in bathing. *Aitchison*, 3981.
The poorhouse is fitted with baths (Thurso). *Durran*, 4765–6.
(*See also* 'LAVATORY ACCOMMODATION FOR SICK WARDS.')

BEDDING OF INMATES:
The matron is responsible for the cleanliness of beds and bedding (Perth). *Laird*, 1626.
The matron should be required by the rules to attend to bedding. *Haldane*, 2805; *Dr Campbell*, 5941.
Beds and clothing should be examined at stated periods. *Haldane*, 2818.
The medical officer should enforce cleanliness. *Haldane*, 2857.
The medical officer should not have to supervise bedding. *Aitchison*, 3969–70.
Beds ought to have wire mattresses. *Dr Campbell*, 5852.

BELL, Dr B. D. C.:
Evidence by, 5678–847.

BENNETT, Mr WILLIAM:
Evidence by, 4400–667.

BIGGER, Dr E. COEY:
Evidence of, 6022–129.

BIRTHS IN POORHOUSE:
Registration of. (Govan)—*Thomson*, 231–3; (Perth)—*Laird*, 1597.

BOARDING-OUT OF CHILDREN:
Before being boarded out, children are sent to a convalescent home maintained by Parish Council in Bute (Govan). *Thomson*, 86–8; *Wallace*, 2380–4.
Children might be periodically inspected by medical officer. *Muir*, 1066–80; *Bell*, 5833–4; *Dr Campbell*, 6010–5.
Guardians are authorised to employ their own medical officer when children are ill. *Motion*, 2135–6; *Wallace*, 2361–2, 2369; *Kyd*, 3138–40, 3292.
Instructions are issued to guardians (Glasgow). *Motion*, 2135.
Has not known children to receive ill-treatment. *Motion*, 2137–8; *Millar*, 4982–3.
Children are visited by a committee of the Parish Council or by an official. (Govan)—*Wallace*, 2349; (Edinburgh)—*Ferrier*, 2561; (Dundee)—*Kyd*, 3292; (Dumfries)—*McInnes*, 3385–91.
There is a lady inspector of boarded-out children (Glasgow). *Motion*, 2143–6.
Visitation of children is satisfactory. *Motion*, 2140–1; *Ferrier*, 2579; *Kyd*, 3294–8; *McInnes*, 3392–7; *Gordon*, 4293–315.
Local clergyman, or teacher, or inspector inform Parish Council if anything be wrong. *Motion*, 2140–1; *Wallace*, 2351; *Ferrier*, 2564–5; *Kyd*, 3297.
Care is taken to avoid attaching stigma of pauperism to boarded-out children. *Motion*, 2137–8; *Ferrier*, 2559; *Wallace*, 2353, 2370–1.
Local visiting committees would be desirable. *Wallace*, 2346, 2354, 2363–6.
Disapproves of same. *Ferrier*, 2579–83.
Insufficiency of present method of visiting. *Wallace*, 2346–9.
Reports as to school attendance are received (Govan). *Wallace*, 2351.
Parish Council appoint a local medical officer to attend children when ill (Edinburgh). *Ferrier*, 2553–7.
Aliment is sent to the guardians direct (Govan). *Wallace*, 2353; *Ferrier*, 2553, 2560.
Subsequent history of children is recorded as far as possible. (Glasgow)—*Motion*, 2142; (Govan)—*Wallace*, 2355–60; (Edinburgh)—*Ferrier*, 2572–4.
Periodical medical inspection is unnecessary. *Wallace*, 2367–8.
Education of. *Wallace*, 2350, 2371; *Ferrier*, 2563.
System works well. (Glasgow)—*Motion*, 2142; (Edinburgh)—*Ferrier*, 2553, 2570–8; (Rathven)—*Gordon*, 4268–71, 4293–8, 4315; (Dumfries)—*McInnes*, 3393–4.
Number of children boarded out. (Edinburgh)—*Ferrier*, 2553; (Rathven)—*Gordon*, 4259–61; (Ireland)—*Bigger*, 6123.
The average weekly payment — which is made direct to guardians—is 3s. for each child (Edinburgh). *Ferrier*, 2553–60, 2566–8.
Care is taken in selecting guardians (Edinburgh). *Ferrier*, 2569–71.
No need for a female inspector nor for a medical inspector under Local Government Board. *Ferrier*, 2584–6; *McInnes*, 3396–7.
A lady inspector under Local Government Board is required. *Haldane*, 2959, 2963–9; *Miss Campbell*, 3076, 3079–84.
Aliment is often too small. *Haldane*, 2959.
Regulations for guardians should be framed. *Haldane*, 2960.
Medical inspection would not affect the position of the children in country districts, because everybody knows their antecedents. *Haldane*, 2963–6.
Inspection by local voluntary committees would not be sufficient. *Haldane*, 2970–5.
Is aware of cases where children were ill-treated by guardians. *Miss Campbell*, 3064–76.

BOARDING-OUT OF CHILDREN—*continued.*
More supervision is required. *Haldane*, 2975; *Miss Campbell*, 3071, 3075–6.
Particulars of a tour of inspection in England. *Miss Campbell*, 3076–88.
There are lady inspectors under Local Government Board. (England). *Miss Campbell*, 3082–8; *Lownes*, 5670–4; (Ireland)—*Bigger*, 6122.
House committees ought not to be charged with the boarding out of children. *Haldane*, 2959–60; *Crichton*, 3632.
Children ought not to be retained in the poorhouse; Parish Councils should be compelled to have them boarded out. *Henderson*, 3695–708; *Dr Campbell*, 5885–91, 5927–8.
Ratepayers should be protected from the expense incurred by Inspection Committees having 'free drives' about the country. *Mackenzie*, 4113.
'Surprise' visits should be made after school hours by the inspector of poor. *Mackenzie*, 4113–9.
The children do not suffer from their origin being known. *Gordon*, 4272.
The Glasgow children usually return to Glasgow, as they cannot find employment in the villages (Rathven). *Gordon*, 4283–6.
Glasgow pays for medical attendance on its children, but this practice is not usual (Rathven). *Gordon*, 4299–304.
Girls usually enter domestic service. *Gordon*, 4286–7.
Boys take service in the country. *McInnes*, 3395; *Gordon*, 4288.
The inspector and the medical officer of the parish of residence should be paid for supervising the children. *Gordon*, 4306–14.
But an inspector should not be *obliged* to supervise children boarded in his parish. *Gordon*, 4312–4.
The inspector of the parish of residence should have a general charge over the children boarded in his parish, and should receive a small fee from the parish of settlement. The schoolmaster should report progress in education. *Millar*, 4980, 4984–7.

BRABAZON SOCIETY:
Tends to brighten the lives of the inmates (Govan). *Thomson*, 285–91.
Brabazon work is not a success, because no recompense is given to workers (Glasgow). *Johnston*, 637, 644–6.
Brabazon scheme of work is to be introduced (Dundee). *Sandeman*, 1069.
The Society does good work and ought to be encouraged. *Motion*, 2255.
Brabazon work would be of much use (Lorn). *Dr Campbell*, 5878–83.

CAMPBELL, Mr A. J. H. (of Dunstaffnage):
Evidence by, 5367–525.

CAMPBELL, Dr KENNETH:
Evidence by, 5848–6021.

CAMPBELL, Miss MARY C.:
Evidence by, 2979–3117.

CANCER:
Cases should be isolated. *Miss Campbell*, 2993–4.
(*See also* 'MALIGNANT AND OFFENSIVE DISEASES.')

CAPACITY OF POORHOUSES:
Number of inmates averages 14 or 15; poorhouse is sanctioned for 149 (Thurso). *Durran*, 4679–80.
Thurso Poorhouse ought to be closed, as Halkirk Poorhouse is more conveniently situated and is adequate. *Durran*, 4737–49.
Poorhouse is sanctioned for 201 inmates, but can accommodate 158 only (Kyle). *Henderson*, 3770.
Space is limited in the rooms actually occupied, but there are a number of vacant rooms (Thurso). *Durran*, 4710–23.
Orkney Combination Poorhouse will hold 50, but the number of inmates has not exceeded 13. *Bell*, 5687–8.
There is much vacant accommodation in Highland poorhouses. *Campbell* (Dunstaffnage), 5371.
In Lorn Poorhouse there is accommodation for 234, but the average number of inmates is 78. *Campbell* (Dunstaffnage), 5372.

CASUAL SICK POOR:
A casual sick house ought to be in every parish. *Muir*, 1084–91; *Bell*, 5835.
Casual sick are not sufficiently provided for at present. *Muir*, 1095.
A medical officer would deal with the case of a tramp found ill at the roadside without waiting for an order from the inspector of poor. *Muir*, 1144–9.
Where possible, casual sick should be sent to the poorhouse hospital; where this cannot be done there should be a casual sick house near the inspector's office. *Wallace*, 2372.

CASUAL SICK POOR—*continued.*

Tramps found sick at roadside should be dealt with by the inspector of poor. *Wallace*, 2389; *Kyd*, 3303–5
Casual sick are usually sent to the poorhouse hospital (Edinburgh). *Ferrier*, 2544, 2608–17.
Medical attendance and medicines are sometimes given to needy applicants (Edinburgh). *Ferrier*, 2544–8.
There is a casual sick house at Portobello for urgent cases (Edinburgh). *Ferrier*, 2544, 2549–52.
A casual sick house is necessary in every parish that has no poorhouse. *McInnes*, 3398, 3409; *Millar*, 4988–97; *Mackenzie*, 4120.
Tramps applying for relief ought to be tested. *McInnes*, 3411.
The police or inspector of poor should attend in the first instance to tramps found sick at roadside. *McInnes*, 3425–6; *Mackenzie*, 4137–8.
Tramps found sick at roadside ought to be admitted to the poorhouse on the application of anyone presenting them, without formality of any kind. *Crichton*, 3610–1, 3613–7.
There is no need for a casual sick house in every parish. *Crichton*, 3612.
Cases requiring a casual sick house are few (Rathven). *Gordon*, 4316–8.
Tramps are placed in the poorhouse or in the common lodging-house (Rathven). *Gordon*, 4319–23.
Medical officer attends (Rathven). *Gordon*, 4324.
Parish Council object to the cost of maintaining a casual sick house (Rathven). *Gordon*, 4325–9.
There is a casual sick house in the parish with an attendant (Thurso). *Durran*, 4822–8; *Ross*, 5238–47.

CHARITY:

Many cases deserving outdoor relief could be reached by organised charity if parochial relief were refused. *Haldane*, 2770–1.

CHILDREN IN POORHOUSE:

Punishment of (Govan). *Thomson*, 55, 66–7.
Before being boarded out are sent to a convalescent home maintained by the Parish Council in Bute (Govan). *Thomson*, 83–8; *Wallace*, 2380–4.
Are separated from adults, except where nursing is necessary (Govan). *Thomson*, 280–4.
If under five years, should have a nurse in attendance. *Johnston*, 656–66.
Is not aware of corporal punishment having been administered to (Perth). *Hunt*, 1286.
Are, as far as possible, separated from adults (Perth). *Laird*, 1438.
It has not been found necessary to punish children (Dundee). *Chisholm*, 1911–2.
Children educated in poorhouse and physical drill attended to (Govan). *Wallace*, 2371.
Parents should have daily access to their children. *Haldane*, 2774–7.
Children should be bathed oftener than once a week and taught to brush their teeth. *Haldane*, 2816–7.
Children should occasionally be scrutinised to see whether a change of air is necessary. *Haldane*, 2831.
The medical officer should keep a register of. *Haldane*, 2857.
Children should be taught to eat properly and accustomed to use china. *Haldane*, 2917.
When children go to school and cannot return for dinner, suitable arrangements should be made to enable them to obtain lunch. *Haldane*, 2917–9.
Homes for feeble-minded children should be established in the vicinity of day-schools. *Haldane*, 2977.
Children ought not to be retained in the poorhouse; Parish Councils should be compelled to have them boarded out. *Henderson*, 3695–708; *Dr Campbell*, 5885–91, 5927–8.
Are not separated from adults (Kyle). *Henderson*, 3771–3.
The matron or the nurse should inform the medical officer of sickness. *Bennett*, 4490.
The medical officer visits the children's wards every morning (Craiglockhart). *Bennett*, 4491.
Number of children in the poorhouse (Craiglockhart)—*Bennett*, 4492; (Govan)—*Wallace*, 2371.
Children should be lodged in a building distinct from the poorhouse. *Bennett*, 4494.
Children attend board school (Craiglockhart)—*Bennett*, 4495–8; (Thurso)—*Durran*, 4732–3; (Lorn)—*Dr Campbell*, 5892.
A board school education is desirable. *Bennett*, 4498–502.
Children thrive well in the poorhouse (Thurso). *Durran*, 4731.
(*See also* 'BOARDING-OUT OF CHILDREN,' 'DIETARY,' 'PUNISHMENT OF INMATES,' 'TEETH,' etc.)

CHISHOLM, MR JOHN:

Evidence by, 1832–958.

CLASSIFICATION OF INMATES:

Medical officer determines class on admission. (Govan)—*Thomson*, 18–24; (Barnhill)—*Core*, 322–7; (Perth)—*Hunt*, 1192–5; (Linlithgow)—*Crichton*, 3512; (Ireland)—*Bigger*, 6103, 6106–9.
Medical officer sees sick every day, and determines whether any inmate has recovered sufficiently to be able to work (Govan). *Thomson*, 21–2.

CLASSIFICATION OF INMATES—*continued.*

Working inmates have an opportunity of seeing medical officer every day before going to work (Govan). *Thomson*, 21, 124–30.
Medical officer determines when patients may be removed from the hospital. (Barnhill)—*Core*, 345–6; (Linlithgow)—*Crichton*, 3513.
Deficient accommodation prevents a proper classification of inmates. (Barnhill)—*Core*, 459–62; (Dundee)—*Sandeman*, 1657–9; (Kyle)—*Henderson*, 3654–7, 3709–21; (Craiglockhart)—*Bennett*, 4410–7.
Medical officer should classify inmates. *Johnston*, 497–503, 594–7; *Bennett*, 4418–20.
Medical officer receives periodically a list of inmates for the purpose of ascertaining if any of them are able-bodied. (Barnhill)—*Core*, 343–5, 480–4; (Glasgow)—*Johnston*, 512–6; (Perth)—*Hunt*, 1371–2.
Definition of 'infirm'—'adults who from any physical or 'mental disability are unable to support themselves, but 'who do not require nursing.' *Johnston*, 559.
Inmates might be classified into 'sick,' 'infirm,' and 'test.' *Johnston*, 566–73, 765–8; *Kyd*, 3267–9; *Crichton*, 3510.
Regards ordinary inmates as test cases. *Johnston*, 562–5, 794–8.
Defines sick as 'all who require nursing.' *Johnston*, 574–6.
Would include deaf mutes and blind among the infirm. *Johnston*, 777–89.
Partially paralysed, chronic bronchitis, chronic heart cases, persons with amputated limbs, are classed as infirm (Glasgow). *Johnston*, 790–1.
Tuberculous cases are classed as sick. *Johnston*, 779.
Medical officer ought at stated intervals to revise list of 'infirms.' *Johnston*, 810–4.
Three classes, 'sick,' 'infirm,' and 'ordinary,' are recognised (Perth)—*Hunt*, 1195; (Glasgow)—*Motion*, 1978.
Infirm are placed in ordinary wards, but are not made to work (Perth). *Hunt*, 1196, 1200, 1297.
Infirm wards are in course of erection (Perth). *Hunt*, 1197.
An ordinary inmate, when sick, reports himself to the Governor or nurse, who inspects the wards each morning (Perth). *Hunt*, 1243.
Cases of skin disease are not included as sick (Perth). *Hunt*, 1368–70.
Class B—'inmates who are healthy but not working'—is superfluous, as nearly every inmate is made to work (Perth). *Laird*, 1439–42.
'Sick' are those inmates who are acutely or chronically ill and under treatment (Dundee). *Sandeman*, 1657.
Infirm ought to be separated from sick. *Sandeman*, 1657–9; *Whyte*, 1762; *Miss Campbell*, 2992–3, 3006.
Special arrangements should be made for the treatment of offensive and consumptive diseases. *Johnston*, 556–7; *Whyte*, 1779; *Miss Campbell*, 2993–4; *Crichton*, 3488–95; *Henderson*, 3668, 3673–8.
Defines infirm as those who are able to sit about, do light work, and do not require skilled nursing. *Whyte*, 1780.
Infirm should be kept apart from ordinary inmates and have kindly treatment. *Whyte*, 1781.
It is not necessary to make the hospital a separate building from the poorhouse. *Whyte*, 1799.
Medical officer is careful to distinguish sick from ordinary and infirm (Dundee). *Chisholm*, 1850–1.
Inmates prefer the hospital because it is the most comfortable part of the poorhouse (Dundee). *Chisholm*, 1852.
Classification necessitates 'isolation tests' (Dundee). *Chisholm*, 1872.
Test class should be kept apart from other inmates. *Chisholm*, 1873–5; *Kyd*, 3270–2; *Bennett*, 4411–2.
Infirm who receive medical treatment are regarded as sick (Dundee). *Chisholm*, 1880–1.
But do not count as sick as regards nursing (Dundee). *Chisholm*, 1882–4.
In Stobhill Hospital an attempt will be made to classify according to character (Glasgow). *Motion*, 1979–90.
Only the infirm and such of the sick as are able to walk about will be so classified (Glasgow). *Motion*, 1987–90.
All new admissions with acute disease, or requiring the constant attention of a medical officer, will be classed as sick (Glasgow). *Motion*, 1991.
Suggests method of classification. *Wallace*, 2284; *Dr Campbell*, 5902–15.
Ordinary inmates should be classed according to character. *Wallace*, 2284–93; *Haldane*, 2755, 2759–64.
Well-behaved old people are slightly privileged in diet (Govan). *Wallace*, 2293.
A distinction in treatment is made when the pauper's character is good, and it is desired to test merely the resources of the family. (Glasgow)—*Motion*, 2000–7; (Govan)—*Wallace*, 2465–8.
Poorhouse should be made tolerable for class above lowest test class. *Haldane*, 2755.
Absence of classification prevents application of test. *Motion*, 1984; *Haldane*, 2765–7, 2769.
Aged married couples ought to have a room for themselves. *Haldane*, 2772–3.
Medical officer should be advised as to the basis on which sick are to be distinguished from infirm. *Haldane*, 2899–900.
The present relation of medical officer to Governor as regards classification is not sufficiently defined. *Haldane*, 2901–3.

CLASSIFICATION OF INMATES—*continued.*

Medical officer ought to have larger powers. *Miss Campbell*, 2985.
It is difficult to classify inmates on basis of character. *Miss Campbell*, 2987.
Test cases should be made to work. *Miss Campbell*, 2987–90.
Medical officer, Governor, and matron should arrange jointly as to classification of new inmates. *Kyd*, 3257–8.
Medical officer should advise periodically as to classification. *Kyd*, 3259–60, 3264–5; *McInnes*, 3342–4; *Aitchison*, 3940–53.
New inmates ought to be assigned appropriate wards by the Governor and medical officer jointly. *McInnes*, 3340–1.
Sick and infirm should be kept apart from ordinary inmates. *Crichton*, 3483–4, 3486–7.
Definition of 'sick' and 'infirm.' *Crichton*, 3511.
Governor distinguishes between infirm and ordinary (Linlithgow). *Crichton*, 3516–9.
Sick, infirm, and aged are not separated (Kyle). *Henderson*, 3650, 3653, 3771.
House Committee have not considered question of providing more accommodation (Kyle). *Henderson*, 3669.
Ordinary inmates are chiefly single young men invalided by intemperance (Kyle). *Henderson*, 3679–84.
The medical examination of ordinary inmates is not sufficiently strict (Kyle). *Henderson*, 3685–91.
It has not been customary for the Governor and house doctor to turn out able-bodied inmates (Kyle). *Henderson*, 3693–5.
Would place infirm in charge of the matron. *Henderson*, 3714, 3719–20.
A sick inmate should be at once removed from the ordinary wards (Craigleith). *Aitchison*, 3923–38.
Classification of ordinary and infirm should be left with the Governor and matron. *Aitchison*, 3939–40.
It should be left to the Governor to call attention to cases that have become able-bodied. *Aitchison*, 3954.
A more stringent test would tend to keep down the number of inmates (Craiglockhart). *Bennett*, 4410–2, 4457–84A.
Infirm are allowed every possible privilege (Craiglockhart). *Bennett*, 4439–41.
Infirm should be placed in the ordinary wards (Craiglockhart). *Bennett*, 4454.
But a special ward for infirm would prevent certain cases from being sent to the hospital (Craiglockhart). *Bennett*, 4455, 4487.
Ordinary and test cases should be subject to Governor. *Bennett*, 4457–84A.
Classification is not in use, but an offensive case would be placed in a separate ward (Thurso). *Durran*, 4684, 4691.
There are no sick wards (Thurso). *Durran*, 4685–90.
There is ample ward space to admit of classification (Thurso). *Durran*, 4724–6.
The Guardians are guided by the advice of the medical officer (England). *Downes*, 5603–13.
Definition of 'able-bodied pauper' (England). *Downes*, 5677.
The sick are separated from the infirm (Lorn). *Dr Campbell*, 5866–8.
Classification of children. *Dr Campbell*, 5924–6.

CLEANLINESS OF INMATES:

Governor and matron are responsible for cleanliness of inmates, bedding and food. (Dundee)—*Chisholm*, 1913; (Craiglockhart)—*Bennett*, 4506.
Medical officer reports faults to Governor and matron (Dundee). *Chisholm*, 1913.
Medical officer should enforce cleanliness as to beds, etc. *Haldane*, 2857.
Medical officer should not have to supervise personal cleanliness of inmates. *Aitchison*, 3969–70.
Verminous inmates are required to have their hair cut short (Craiglockhart). *Bennett*, 4625–6.
(*See also* 'BATHING OF INMATES')

CLOTHING OF INMATES:

Should be examined oftener than bi-monthly. *Haldane*, 2818.

COMPLAINTS BY INMATES:

Inmates may complain of sickness to medical officer direct. (Govan)—*Thomson*, 21–3, 124–38; (Dundee)—*Whyte*, 1825; (Dundee)—*Chisholm*, 1899–902; (Linlithgow)—*Crichton*, 3526; (Thurso)—*Durran*, 4727–9; (Lorn)—*Campbell* (*Dr*), 5936.
As a rule inmates complain to the medical officer through the Governor. (Barnhill)—*Core*, 419–23, 463–6; (Glasgow)—*Johnston*, 759–64.
An ordinary inmate when sick reports himself to the Governor or nurse. (Perth)—*Hunt*, 1243, 1267–71, 1342; (Perth)—*Laird*, 1530–7; (Craiglockhart)—*Bennett*, 4423–7.
Complaints of illness are made at the dispensary or through a nurse or warder. *Motion*, 2099.
Complaints are received by visiting committee (Glasgow)—*Motion*, 2039–44; (Govan)—*Wallace*, 2316–26.
Inmates should be able to complain to Visiting Committee when officials are not present. *Haldane*, 2779.

COMPLAINTS BY INMATES—*continued.*

Officials should be required to direct attention of Governor to any inmate who, although not complaining, seems out of health. *Haldane*, 2825–6.
Inmates should be able to complain direct to the medical officer. *Chisholm*, 1901–6; *Haldane*, 2857, 2878–80; *Miss Campbell*, 3041–4; *Kyd*, 3263; *Bennett*, 4428–36.
Master of workhouse is directed to call attention of medical officer to any case requiring his skill (Ireland). *Bigger*, 6110–2.
(*See also* 'MEDICAL OFFICER (INDOOR).')

COMPULSORY REMOVAL OF PAUPERS TO POORHOUSE AND DETENTION THEREIN:

Power to remove compulsorily is urgently required where surroundings of pauper make medical treatment hopeless. *Muir*, 1096; *Motion*, 2147; *Wallace*, 2373.
Paupers ought to be compulsorily detained in poorhouse hospital till cured. *Muir*, 1096–102; *Motion*, 2212–9; *Aitchison*, 4005–9; *Bennett*, 4525, 4536–48; *Durran*, 4865.
Case of a person with fractured leg who refused to enter poorhouse and whose house was unsuitable for his treatment. *Muir*, 1096, 1103–38, 1174–87; *Motion*, 2124–30.
When a sick or injured person refuses to enter poorhouse, he has no more claim on the services of the medical officer. *Muir*, 1174–5.
Bill now before Parliament ought to be supported. *Motion*, 2147; *Ferrier*, 2587, 2733.
Dissolute paupers may be detained in poorhouse without further legislation. *Wallace*, 2305–6.
Paupers who refuse to enter poorhouse sometimes have their aliment withdrawn (Edinburgh). *Ferrier*, 2673–90.
Parish Council should have power to detain the 'in and out' class in poorhouse. *Ferrier*, 2735–9.
Does not expect to obtain power to detain sick paupers till they are cured. *Ferrier*, 2738–9.
Type of case for which power of compulsory removal is desirable. *Kyd*, 3299; *McInnes*, 3413–4; *Aitchison*, 4005; *Durran*, 4865–70, 4872–3; *Bennett*, 4544–5; *Millar*, 5011–2; *Ross*, 5281–5; *Bell*, 5695–709.
Legislature ought to grant Parish Councils powers of compulsory removal and detention. *Motion*, 2147; *Ferrier*, 2587, 2733; *McInnes*, 3412–4; *Mackenzie*, 4127–9; *Campbell* (Dunstaffnage), 5193–501; *Bell*, 5836–8; *Dr Campbell*, 5998–6003, 6016; *Durran*, 4795–818, 4865–79; *Millar*, 5011–6; *Ross*, 5279–86.
Poorhouse relief ought not to be forced on decent old people who can get along outside with a small allowance. *Crichton*, 3498–504.
Sick paupers are reluctant to enter poorhouse, and a power of compulsory removal is necessary. *Gordon*, 4196–200, 4208–35, 4330.
The Parish Council are reluctant to force paupers to enter the poorhouse against their will (Rathven). *Gordon*, 4210–2, 4224, 4228–32.
In Shetland there is less aversion to enter the poorhouse than in the Highlands. *Millar*, 4961–7.
Paupers before removal ought to have a right of appeal to the Local Government Board. *Millar*, 4971–4.
In Orkney there are many paupers in receipt of outdoor relief who would be better off in the poorhouse, but who cannot be induced to enter. *Bell*, 5693–709.
Some years ago an inspector was prosecuted for refusing outdoor relief to a pauper, who subsequently died from want, and since then inspectors have been afraid to enforce the poorhouse test. *Bell*, 5703–9.
An inmate should not be permitted to leave the poorhouse unless certified fit by the medical officer. *Dr Campbell*, 5943–8.
(*See also* 'INS AND OUTS.')

CONSUMPTION. (*See* 'TUBERCULOSIS.')

CONTRIBUTION IN AID. (*See* 'MEDICAL RELIEF GRANT.')

CONVALESCENT HOMES:

Convalescent homes would be of great benefit to the sick poor. *Muir*, 1139.
Parish Councils should have power to provide. *Muir*, 1140–1.
Children, before being boarded out, are sent to convalescent home in Bute (Govan). *Thomson*, 86–8; *Wallace*, 2380–4.
Home in Bute is very satisfactory. *Wallace*, 2380–4.
Parish Council subscribe to homes at Dunoon, etc., and send cases thither (Glasgow). *Motion*, 2148; *Wallace*, 2385–6.
Parish Council pay for cases in Roman Catholic Home at Lanark (Glasgow). *Motion*, 2148.
A children's home is being established at Stobhill Hospital (Glasgow). *Motion*, 2151–2.
Children will be placed there before being boarded out. *Motion*, 2152.
It is desirable to send cases to convalescent homes. *Wallace*, 2374, 2385–8.

CONVALESCENT HOMES—*continued.*

Parish Council board out invalids in private houses in country districts on recommendation of medical officer (Edinburgh). *Ferrier*, 2588–93.
Children and inmates should be sent to convalescent homes when necessary. *Haldane*, 2828.
Board should recommend Parish Councils to subscribe to. *Haldane*, 2829.
Children should occasionally be scrutinised to see whether a change of air is necessary. *Haldane*, 2831.
Approves of convalescent homes for children; to use such for ordinary poor would place the pauper in a better position than a broken-down labourer who has to work. *Kyd*, 3300.
But to send ordinary poor to such homes might prevent break-down, and ultimately be an economy. *Kyd*, 3301–2.
By sending paupers to such homes they are placed in a better position than the poorer class of ratepayer. *McInnes*, 3415–23; *Mackenzie*, 4130–1.
Paupers should be sent to such homes if treatment is likely to result in their gaining health. *Gordon*, 4331–40.
Parish Councils might combine to erect homes for consumptive and cancer cases. *Millar*, 5017–22.
It might occasionally be desirable to send paupers to such homes. *Ross*, 5287.
Does not approve of paupers being sent to such homes. *Campbell* (Dunstaffnage), 5502.
Sick poor may be sent to institutions for curative treatment (England). *Downes*, 5563–5.
Local Government Board have power to inspect such institutions when paupers are lodged there (England). *Downes*, 5566–70.

CORDIALS:

Should be allowed against medical relief grant. *Motion*, 2153–4; *Ferrier*, 2631–2.
Should not be allowed against Medical Relief Grant. *Kyd*, 3186–94; *Gordon*, 4537–63; *Millar*, 5095–100.
(*See also* 'NUTRITIOUS DIET.')

CORE, Dr WILLIAM:

Evidence by, 292–489.

COST OF INMATES IN POORHOUSE HOSPITAL:

Sick inmates boarded in hospital at cost of their parishes are, in terms of the decision in the case of Beattie *v.* Muir, charged for at a rate which represents the average of both ordinary and sick poor. As sick cost much more than ordinary inmates, this is felt to be a hardship (Govan). *Thomson*, 92–105.

CRAIGLEITH POORHOUSE:

Evidence by Dr R. S. Aitchison, visiting Medical Officer at, 3849–4066.

CRAIGLOCKHART POORHOUSE:

Evidence by Mr William Bennett, Governor of, 4400–667.

CRICHTON, Mr ARCHIBALD HENDERSON:

Evidence by, 3478–641.

CUBIC SPACE.

(*See* 'HOSPITAL, POORHOUSE.')

DEATHS OF INMATES:

Registration of. (Govan)—*Thomson*, 230; (Perth)—*Laird*, 1596.
(*See also* 'SUDDEN DEATHS OF INMATES.')

DETENTION, COMPULSORY, OF PAUPERS IN POORHOUSE. (*See* 'COMPULSORY REMOVAL.')

DIETARY:

Is regulated by the Governor and the medical officer for infirm and children. (Govan)—*Thomson*, 177–82; (Barnhill)—*Core*, 428.
There is a special diet for the privileged class (Govan). *Thomson*, 177; *Wallace*, 2293.
Bread-and-milk has been substituted for porridge at children's supper, with the result that eczema has decreased (Govan). *Thomson*, 177.
Inmates are not weighed (Govan). *Thomson*, 180–2.
Medical officer examines and tastes food (Barnhill). *Core*, 430–3.
Medical officer does not weigh inmates; proposed to do so, but House Committee objected (Barnhill). *Core*, 434–8.
Medical officer regulates diet of all the inmates, except where a class is dieted according to a scale (Glasgow). *Johnston*, 577–8, 591–2, 873.
Phthisical and hospital cases are sometimes weighed (Glasgow). *Johnston* 874–8.

DIETARY—*continued.*

No advantage would result from systematic weighing. *Johnston*, 877–81.
Monotony of diet causes inmates to refuse to take an adequate quantity of food, and it is a frequent cause of complaint (Glasgow). *Johnston*, 886–902.
Cooking appliances deficient (Glasgow). *Johnston*, 903.
Diet of children is better (Glasgow). *Johnston*, 904–8.
Diet is physiologically sound (Glasgow). *Johnston*, 890.
Local Government Board ought to prescribe a minimum diet and allow variations (Glasgow). *Johnston*, 893.
Medical officer should prescribe diet for out-door poor. *Muir*, 1047–50.
Never prescribes pure stimulant for outdoor poor in case it should be mis-used, but instead orders a brandy-and-egg mixture. *Muir*, 1047.
When stimulant is in the form of a medicine, part of its cost is recovered out of the Medical Relief Grant. *Muir*, 1050.
Medical officer does not interfere in diet of children and ordinary inmates (Perth). *Hunt*, 1272–3, 1275–80.
When a child cannot take the ordinary diet, the medical officer sometimes places it in sick ward (Perth). *Hunt*, 1274; *Laird*, 1431–7.
The diet of the infirm is regulated by the Governor (Perth). *Hunt*, 1301–2.
Medical officer applies no test as to sufficiency of diet (Perth). *Hunt*, 1303–4.
Class B—'inmates who are healthy, but not working'—is superfluous, because nearly every inmate is made to work (Perth). *Laird*, 1439–42.
Inmates who work do not receive so good a diet as that prescribed by Board for working inmates (Perth). *Laird*, 1443–5, 1460–70.
An exception is made in favour of women who scrub all day and men who do a tradesman's work (Perth). *Laird*, 1446.
Infirm inmates are made to work six hours a day on Class B (non-working) diet (Perth). *Laird*, 1449–55.
Lunatics receive a superior diet (Perth). *Laird*, 1456–60.
Medical officer does not prescribe diet unless asked (Dundee). *Sandeman*, 1733.
Hospital food is excellent (Dundee). *Sandeman*, 1733.
Only phthisical patients are weighed (Dundee). *Sandeman*, 1734.
Approves of weighing inmates periodically. *Sandeman*, 1735–8; *Aitchison*, 4053; *Bennett*, 4518–24.
Local Government Board should prescribe dietary for phthisical patients; would approve if they indicated a maximum. *Sandeman*, 1643; *Whyte*, 1748–9.
Medical officer instructs as to diet of children (Glasgow). *Core*, 428; (Dundee)—*Chisholm*, 1886.
Inmates sometimes complain of diet; complaints are inquired into by Governor and medical officer (Glasgow). *Motion*, 2027–37.
A special diet has been arranged for consumptives (Edinburgh). *Ferrier*, 2511–3.
Medical officer should be allowed to recommend a change of diet. *Haldane*, 2857, 2885–91.
The scale prescribed by the Local Government Board in 1850, which is very insufficient, is still in use in some poorhouses. *Haldane*, 2916.
The scale prescribed by the Local Government Board in 1898 is not sufficient, being less than that used in prisons and in English poorhouses. *Haldane*, 2916–7.
A new scale should be framed by experts. *Haldane*, 2917.
The medical officer of the poorhouse should be consulted in framing diets. *Haldane*, 2917.
The Governor should be allowed to modify diets subject to the approval of the medical officer. *Haldane*, 2917.
Paupers should be entitled to demand that rations be weighed in their presence. *Haldane*, 2917.
Cooking should be under skilled supervision. *Haldane*, 2832–6, 2917.
Adheres to dietary which he suggested to Local Government Board in 1898. *Aitchison*, 4036–9.
Criticises action of Board in permitting boiled meat to be removed from soup. *Aitchison*, 4040–4.
Disapproves of making soup with tinned meat. *Aitchison*, 4047.
Diet of the sick is prescribed by the medical officer. (Craigleith)—*Aitchison*, 4045; (Ireland)—*Bigger*, 6038.
Monotony of diet need not be considered unless an inmate's health give way. *Aitchison*, 4056–9.
It may be left to the medical officer to see that respectable paupers, suffering from debility, are fed up to a normal standard. *Aitchison*, 4062–3.
Diets prescribed in 1898 are slightly in excess of what is necessary. *Aitchison*, 4064.
Medical officer should advise as to diet in sickness. *Bennett*, 4507–8.
There are few complaints as to diet (Craiglockhart). *Bennett*, 4509.
Diet prescribed by Local Government Board in 1898 is impracticable, as it involves too much machinery (Craiglockhart). *Bennett*, 4511–7.
In a few cases a tea-and-bread diet is preferred to one of oatmeal (Thurso). *Durran*, 4767–8.
A cook is employed, and the cooking is good (Thurso). *Durran*, 4769–71.
By allowing a more varied diet, waste has been checked (England). *Downes*, 5597.

DIETARY—*continued.*

The medical officer may prescribe the diet in individual cases (England). *Downes*, 5598.
A discretionary power (rarely exercised) rests with the relieving officer as to giving or withholding special diet to outdoor sick cases when recommended by the medical officer (England). *Downes*, 5599–602.
Ordinary inmates are dieted according to scale approved by Local Government Board (Ireland). *Bigger*, 6038–58.
Guardians are permitted to give a more liberal diet than that prescribed (Ireland). *Bigger*, 6043.
Diet scale was framed without any detailed expert investigation (Ireland). *Bigger*, 6045–50.
Guardians cannot be compelled to adopt prescribed scale (Ireland). *Bigger*, 6057–8.

DISCHARGE OF INMATES:

There is no power to detain inmates who wish discharge. *Thomson*, 38.
When a sick inmate is removed by friends, use of ambulance is frequently given (Govan). *Thomson*, 38.
Medical officer receives periodically a list of inmates for the purpose of ascertaining if any of them are able-bodied. (Barnhill)—*Core*, 343–5, 481–4; (Glasgow)—*Johnston*, 512–6: (Perth)—*Hunt*, 1371–2.
A number of able-bodied inmates are discharged at each periodical medical inspection (Govan). *Thomson*, 140–3.
Inmates are reluctant to quit poorhouse (Kyle). *Miss Campbell*, 3015–7.
Poorhouse authorities should have power to discharge able-bodied inmates without communicating with parish of settlement. *Haldane*, 2778; *Miss Campbell*, 3020–2.
Relieving Committee should cause medical officer to examine inmates periodically with a view to the discharge of the able-bodied. *Aitchison*, 3954.
An inmate should not be discharged unless the medical officer certifies that he is fit to leave the poorhouse. *Kyd*, 3262; *Bell*, 5773–6; *Dr Campbell*, 5943–8.
It has not been customary for the Governor and medical officer to discharge able-bodied inmates (Kyle). *Henderson*, 3693–5.

DISCIPLINE, POORHOUSE:

Board's rule as to hours of rising and meal times is observed (Perth). *Laird*, 1486.
Board's rule as to hours of rising and meal times is not observed. (Govan)—*Thomson*, 27–8; (Dundee)—*Chisholm*, 1925–8; (Craiglockhart)—*Bennett*, 4438.
Severe testing by diet and work is sometimes necessary (Govan). *Wallace*, 2309.
The discipline of the poorhouse and the bathing is objected to by many inmates. *Crichton*, 3503; *Ross*, 5181.
The taking of firewood into the town in barrows by inmates is subversive of discipline (Craiglockhart). *Bennett*, 4462–75.
The above system is satisfactory (Lorn). *Campbell* (Dunstaffnage), 5517–25.

DISPENSARIES. (*See* 'MEDICINES.')

DOWNES, Dr ARTHUR:

Evidence by, 5526–677.

DUMFRIES, PARISH OF:

Evidence by Mr Miles McInnes, Inspector of Poor for, 3312–477.

DUNDEE EAST POORHOUSE:

Evidence by Dr Laura Stewart Sandeman, Resident Medical Officer in, 1632–738.
Evidence by Mr John Chisholm, Governor of, 1832–958.
Evidence by Miss Margaret Walker, Superintendent of Nurses in, 3781–848.

DUNDEE EAST AND WEST POORHOUSES:

Evidence by Dr J. Mackie Whyte, Visiting Medical Officer to, 1739–958.

DUNDEE, PARISH OF:

Evidence by Mr James Kyd, Inspector of Poor for, 3118–311.

DURRAN, Dr DAVID:

Evidence by, 4668–889.

ECZEMA IN POORHOUSE:

Has decreased since bread-and-milk was substituted for porridge-and-milk at children's supper (Govan). *Thomson*, 177.

EDINBURGH, PARISH OF:

Evidence by Mr Andrew Ferrier, Inspector of Poor for, 2469–741.
Craigleith Poorhouse: Evidence by Dr R. S. Aitchison, Consulting and Visiting Medical Officer for, 3849–4066.

EDINBURGH, PARISH OF—*continued.*

Craiglockhart Poorhouse: Evidence by Mr William Bennett, Governor of, 4400–667.

EDUCATION.

(*See* 'BOARDING-OUT OF CHILDREN' and 'CHILDREN IN POORHOUSE.')

ENGLAND:

System of Poor Law medical relief in. See evidence of Dr Downes, 5526–677.

EPILEPTICS:

Special provision should be made for treatment of. *Thomson*, 89–91.
Should not be treated in poorhouse. *Johnston*, 769–74; *Haldane*, 2977.
Homes for epileptic and feeble-minded children should be established in the vicinity of day schools. *Haldane*, 2977.

EXTRA ASSISTANCE.

(*See* 'MEDICAL OFFICER (INDOOR),' 'MEDICAL OFFICER (OUTDOOR),' and 'MEDICAL RELIEF (OUTDOOR).')

FEEBLE-MINDED ADULTS:

Require permanent care and possibly restraint to prevent propagation of class. *Haldane*, 2977.
Commends colony system. *Haldane*, 2977.

FERRIER, Mr ANDREW:

Evidence by, 2469–741.

FIRES AND LIGHTS IN POORHOUSE:

Rules as to extinguishing of, at night in sick wards not carried out. (Govan)—*Thomson*, 217–21; (Perth)—*Laird*, 1569–74; (Craiglockhart)—*Bennett*, 4447.

FIREWOOD:

The taking of firewood into the town in barrows by inmates is subversive of discipline (Craiglockhart). *Bennett*, 4462–75.
Paupers are sent into the town with firewood; system is satisfactory (Lorn). *Campbell* (Dunstaffnage), 5517–25.

GARDENS:

Open spaces around poorhouse, such as gardens, ought to be utilised for sick and infirm. *Haldane*, 2837.

GLASGOW CITY POORHOUSE:

Evidence by Dr J. M'Cubbing Johnston, Resident Medical Officer at, 490–991.

GLASGOW PARISH:

Evidence by Dr William Limont Muir, one of the outdoor Medical Officers for, 992–1187.
Evidence by Mr James Russell Motion, Inspector of Poor for, 1959–2255.

GORDON, Mr JOHN W.:

Evidence by, 4176–399.

GOVAN COMBINATION POORHOUSE:

Evidence by Mr John Thomson, Governor of, 1–291.

GOVAN COMBINATION PARISH:

Evidence by Mr Andrew Wallace, Inspector of Poor for, 2256–468.

GAIRLOCH:

Evidence by Sir Kenneth Mackenzie, Bart., Chairman of Parish Council of, 4067–175.

GOVERNOR OF POORHOUSE:

Relationship to house-porter (Govan). *Thomson*, 188–91, 200–3; *Chisholm*, 1951–3.
Should have power to appoint and dismiss hired servants, exclusive of nurses. *Thomson*, 204–6.
Method of keeping books and accounts (Govan). *Thomson*, 207.
Daily roll-call and inspection of inmates by, is impracticable. (Govan)—*Thomson*, 208, 212–4; (Perth)—*Laird*, 1483–5; (Dundee)—*Chisholm*, 1921–4.
Should read prayers in absence of chaplain. *Thomson*, 209–11.
Cannot personally visit every ward at night. *Thomson*, 215–8.
Duties do not overlap those of medical officer (Perth)—*Laird*, 1525–9; (Dundee)—*Sandeman*, 1714; *Whyte*, 1797.
Duties are regulated by special rules (Glasgow). *Motion*, 2101.
Should not be removable from office without consent of Board. *Miss Campbell*, 3089–91; *Henderson*, 3767.

GOVERNOR OF POORHOUSE—*continued.*

Relationship to other officials is satisfactory. *Miss Campbell*, 3094.
Duties of (Linlithgow). *Crichton*, 3567.
(*See also* 'ADMISSION OF PAUPERS TO POORHOUSE,' 'CLASSIFICATION OF INMATES,' 'CLEANLINESS OF INMATES,' 'COMPLAINTS BY INMATES,' 'DIETARY,' 'DISCHARGE OF INMATES,' 'NURSING (INDOOR),' 'OFFICIALS (GENERAL),' 'PERIODICAL INSPECTION OF INMATES,' 'PORTER,' 'PUNISHMENT OF INMATES,' &c.)

GRANT IN AID. (*See* 'MEDICAL RELIEF GRANT.')

HALDANE, Miss E. S.:

Evidence by, 2742–978.

HEATING OF POORHOUSE:

Plenum system of heating and ventilation is in use (Govan). *Thomson*, 3.
Poorhouse is heated with fires (Perth). *Laird*, 1569, 1607–18.
Medical officer should regulate heating. *Haldane*, 2852–5, 2857.
(*See also* 'TEMPERATURE OF WARDS.')

HENDERSON, Mr JAMES:

Evidence by, 3642–780.

HIGHLAND PARISHES:

Salaries of medical officers in. *Kyd*, 3151–60.
Physical difficulties of providing medical attendance in. *Mackenzie*, 4071–8; *Bell*, 5828–31.
Local Government Board ought to give grants to poor West Highland parishes to enable them to obtain adequate medical relief. *Mackenzie*, 4071, 4081; *Ross*, 5297–306.
Need for further medical aid to inhabitants of. *Ross*, 5307–17, 5333–7.
Club system of providing medical aid in operation in certain parishes. *Durran*, 4853–7; *Millar*, 5050–7.

HOSPITAL, POORHOUSE:

Is more frequently used than formerly, because it has been brought up to standard of best local infirmaries (Govan). *Thomson*, 6–15, 117–8, 262–3.
Every type of case is treated. (Govan)—*Thomson*, 9–13; (Barnhill)—*Core*, 305–12; (Glasgow)—*Johnston*, 534–7; (Dundee)—*Sandeman*, 1672–9; *Whyte*, 1757.
Ought not to be inferior to an infirmary. *Thomson*, 14, 113–6.
Trained sick nursing has attracted cases to poorhouse (Govan). *Thomson*, 117, 122–3.
Proportion of sick to ordinary inmates is increasing (Govan). *Thomson*, 119.
Method of heating. (Govan)—*Thomson*, 220–9; (Perth)—*Laird*, 1569, 1607–18.
Trained nursing is now a necessity. *Thomson*, 69.
Cubic space per bed ought to be increased. *Core*, 293; *Johnston*, 546.
Cubic space per bed in Barnhill Hospital. *Core*, 294.
Lavatory accommodation should be more convenient for the wards (Barnhill). *Core*, 295.
Number of sick is increasing. (Barnhill)—*Core*, 298–304; (Craiglockhart)—*Bennett*, 4408–10.
Should be separate from poorhouse. *Johnston*, 495–6, 827.
Provision should be made for sick in ratio of one sick inmate to two and a half ordinary and infirm inmates. *Johnston*, 517–21.
Special provision should be made for tuberculous and offensive cases. *Johnston*, 556–7; *Whyte*, 1779; *Miss Campbell*, 2993–4; *Crichton*, 3488–95; *Henderson*, 3668, 3673–8.
Accommodation for sick is ample. (Perth)—*Hunt*, 1388; *Laird*, 1428, 1516–9; (Dumfries)—*McInnes*, 3333.
Does not think hospital susceptible of improvement (Perth). *Laird*, 1399.
Cases are put in hospital which would be put in infirm wards did such exist (Dundee). *Sandeman*, 1657–9.
Number of patients admitted to and discharged from hospital in the course of a year is increasing. (Dundee)—*Sandeman*, 1681–7; *Whyte*, 1750, 1768; *Chisholm*, 1855–7.
Increase is probably owing to improved treatment. (Dundee)—*Sandeman*, 1683–6; *Whyte*, 1751–5.
Persons who cannot gain admission to a general hospital, or who have been discharged therefrom, are sometimes received. (Govan)—*Thomson*, 6–7, 106–9; *Wallace*, 2263–83; (Glasgow)—*Johnston*, 538–45, 550–5, 978–80; *Motion*, 2065–95; (Dundee)—*Sandeman*, 1728–32; *Whyte*, 1758–61; *Chisholm*, 1844; *Kyd*, 3273–9; (Edinburgh)—*Ferrier*, 2705–12.
Hospital need not be separated from poorhouse. *Whyte*, 1799.
Sick wards should be well ventilated and made as cheerful and comfortable as possible. *Chisholm*, 1838.
Inmates prefer the hospital because it is the most comfortable part of the poorhouse (Dundee). *Chisholm*, 1852.
Public infirmaries could not overtake all the work that would come to them if poorhouse hospitals did not exist. *Thomson*, 6–7, 106–9; *Chisholm*, 1844; *Wallace*, 2257, 2261–2.

HOSPITAL, POORHOUSE—*continued.*

The larger poorhouse hospitals are now equal to any infirmary. *Chisholm*, 1837; *Wallace*, 2257, 2262.
The employment of trained nurses marks a special improvement in poorhouse hospitals. *Wallace*, 2262.
Surgical operations in the poorhouse are very successful. (Govan)—*Wallace*, 2277; (Glasgow)—*Motion*, 2097.
Cases requiring surgical operation are probably sent to the infirmary (Edinburgh). *Ferrier*, 2494–5.
The hospital is below the standard of a general infirmary: has neither clinical school nor consulting surgeon. (Edinburgh)—*Ferrier*, 2500–1.
Cost of patients is, when possible, recovered from relatives. (Glasgow)—*Johnston*, 538–45, 550–5, 978–80; *Motion*, 2066–88; (Dundee)—*Sandeman*, 1728–9; *Whyte*, 1758–61; *Chisholm*, 1845–9; *Kyd*, 3273–5, 3278–9; (Govan)—*Wallace*, 2267–74, 2281–2; (Edinburgh)—*Ferrier*, 2705–6.
Hospital accommodation is insufficient. (Edinburgh)—*Ferrier*, 2740–1; (Craigleith)—*Aitchison*, 3855–8, 3879–88; (Craiglockhart)—*Bennett*, 4405–8.
Lifts would be of use in dealing with sick and infirm lodged upstairs. *Haldane*, 2838.
Cards over beds of sick should be compulsory. *Haldane*, 2859–62.
It would facilitate better arrangements if a general medical inspector of poorhouses were to advise local medical officers. *Haldane*, 2898, 2904, 2909–12.
General medical inspector should see that sick wards are supplied with suitable furniture and appliances. *Haldane*, 2913–5.
There is a prejudice against the poorhouse; sick people prefer an infirmary. *Core*, 302–4; *Wallace*, 2280–1; *Crichton*, 3498–504.
Prejudice might be removed if conditions were made more like those of a cottage hospital. *Dr Campbell*, 6001–3.
Wards should be smaller but more numerous (Craigleith). *Aitchison*, 3856–8.
Separate sleeping accommodation ought to be provided for those paupers who assist in the work of the hospital (Craigleith). *Aitchison*, 3859–62.
The isolation wards for such diseases as scabies and syphilis are too far away from the main body of the hospital (Craigleith). *Aitchison*, 3863–6, 3874–8.
No provision exists whereby a ward may be emptied for cleaning purposes. (Craigleith)—*Aitchison*, 3866–8; (Craiglockhart)—*Bennett*, 4408.
Appliances for surgical operations are inadequate. (Perth)—*Laird*, 1542; (Dundee)—*Sandeman*, 1673; *Whyte*, 1757; (Edinburgh)—*Ferrier*, 2494–5; (Craigleith)—*Aitchison*, 3869, 3920; (Craiglockhart)—*Bennett*, 4564–6; (Lorn)—*Dr Campbell*, 5852, 5862–6; (Thurso)—*Durran*, 4704.
Operations are occasionally performed in the poorhouse. (Linlithgow)—*Crichton*, 3562; (Craigleith)—*Aitchison*, 3903–6, 3912; (Thurso)—*Durran*, 4705–8; (Lorn)—*Dr Campbell*, 5865.
An isolation ward is necessary for such diseases as measles and whooping-cough (Craigleith). *Aitchison*, 3869–73.
The larger poorhouses ought to have proper means for carrying out operations. *Aitchison*, 3907–10.
Cases are not sent to the infirmary for operation. (Craigleith)—*Aitchison*, 3913–9; (Craiglockhart)—*Bennett*, 4568–9.
Hospital should be sufficiently large to permit retention of inmates until they are cured. *Bennett*, 4404–7.
Venereal and skin diseases are treated in separate wards (Craiglockhart). *Bennett*, 4414–7.
Some patients prefer to be treated in the poorhouse, as there they are not annoyed by the presence of students (Craiglockhart). *Bennett*, 4578–81.
There are no wards exclusively for sick. (Kyle)—*Miss Campbell*, 2993; *Henderson*, 3656–60, 3709; (Thurso)—*Durran*, 4685; (Lorn)—*Campbell* (Dunstaffnage), 5373, 5395–6.
Parish Councils should have power to admit into the poorhouse sick persons who, though not actually paupers, are likely to become so. *Campbell* (Dunstaffnage), 5382–91.
The hospital is usually apart from the workhouse (London)—*Downes*, 5531, 5643–51; (Ireland)—*Bigger*, 6088.
Special rules are issued for each workhouse having a separate infirmary (England). *Downes*, 5633–44.
Every poorhouse ought to contain hospital wards and appliances for operations. *Dr Campbell*, 5852, 5862–6, 5870–3.
Beds should have wire mattresses. *Dr Campbell*, 5852.
In medium-sized poorhouses the accommodation for the sick and infirm is least adequate. *Dr Campbell*, 5893–5.
A certificate that the poorhouse is sanitary ought to be obtained every year from a qualified inspector. *Dr Campbell*, 5929, 5937–9.
Most workhouses have a fever hospital attached (Ireland). *Bigger*, 6027.
Fever hospital is for poor persons—not necessarily paupers—and Public Health Authorities have no jurisdiction over it (Ireland). *Bigger*, 6028–31.
When an inmate requires special treatment, Guardians have power to send him to a suitable hospital (Ireland). *Bigger*, 6035–7.
Idiots, dipsomaniacs, and epileptics are received (Ireland). *Bigger*, 6102–4.
(*See also* 'MEDICAL OFFICER (INDOOR)' and 'NURSING (INDOOR),' etc.)

HOUSE COMMITTEE:
Should have power to remit work to sub-committees. *Crichton*, 3632.
Ought not to be charged with boarding out of children. *Haldane*, 2959–60; *Crichton*, 3632.
Should engage all officials. *Crichton*, 3633–4.
Should approve medical officer's substitute. *Wallace*, 2294.
(*See also* 'CLASSIFICATION OF INMATES,' 'DISCHARGE OF INMATES,' 'GOVERNOR OF POORHOUSE,' 'HOSPITAL POORHOUSE,' 'MALIGNANT AND OFFENSIVE DISEASES,' 'MEDICAL OFFICER (INDOOR),' 'NURSING (INDOOR),' 'OFFICIALS (GENERAL),' 'PORTER,' 'PUNISHMENT OF INMATES,' 'TUBERCULOSIS,' 'VISITATION OF POORHOUSE,' 'WORK,' ETC.)

HUNT, DR LEIGH:
Evidence by, 1188–396.

ILLEGITIMATE CHILDREN:
It is becoming more usual to offer only indoor relief to the mothers of illegitimate children. *Millar*, 4978–9.
Only indoor relief is offered to the mothers of illegitimate children (Lochbroom). *Ross*, 5234–7.

INDOOR RELIEF:
Ought not to be forced on decent old people who can get along outside with a small allowance. *Crichton*, 3505–9.
Parishes are reluctant to apply the poorhouse test. *Durran*, 4682–3; *Bell*, 5703–9.
In Shetland there is less aversion to enter the poorhouse than in the Highlands. *Millar*, 4961–7.
System adopted in supervising indoor relief (England). *Downes*, 5543–7.
Every year selected workhouses are examined by the medical inspector (England). *Downes*, 5543–52.
Local Government Board may refuse to sanction the occupation of any part of a workhouse that does not satisfy them (England). *Downes*, 5553–62.
The inmates of the poorhouse are very comfortable, but seem to lose all interest in life and to become 'dotty' (Orkney). *Bell*, 5736–8.

INFECTIOUS DISEASE:
Is not usually treated in the poorhouse (Govan). *Thomson*, 39.
Patients suffering from whooping-cough and measles are sometimes received when the public health hospital is full (Govan). *Thomson*, 39–43, 247–51.
A small hospital for infectious cases is attached to poorhouse (Govan). *Thomson*, 42–3.
All serious cases are removed to the public health hospital (Barnhill)—*Core*, 347–8; (Glasgow)—*Johnston*, 667–9.
Tuberculosis and skin diseases are treated in the poorhouse (Barnhill). *Core*, 349–50.
If the Infectious Diseases Hospital were full it would be necessary to receive and isolate cases in poorhouse (Barnhill)—*Core*, 352; (Glasgow)—*Johnston*, 670.
The removal certificate should state whether a pauper is suffering from an infectious disease. *Hunt*, 1355–60.
There is no provision for isolating infectious cases (Perth). *Hunt*, 1362–4.
Should be treated by the public health authorities. *Crichton*, 3536–45.
Provision necessary in poorhouse for infectious cases (Craigleith). *Aitchison*, 3869–73.
Cases are isolated in the poorhouse (Lorn). *Campbell* (Dunstaffnage), 5419–22.

INFIRM INMATES:
Visited regularly by medical officer. (Govan)—*Thomson*, 21–2, 124–39; (Barnhill)—*Core*, 330–3; (Kyle)—*Henderson*, 3663–5; (Craiglockhart)—*Bennett*, 4440; (Lorn)—*Dr Campbell*, 5933–4.
Not inspected periodically by medical officer (Perth). *Hunt*, 1297–300.
Definition: 'Adults who from any physical or mental disability are unable to support themselves, but who do not require nursing.' *Johnston*, 559.
Would class deaf mutes as 'infirm.' *Johnston*, 777–89.
Cases are put in hospital which would be put in infirm wards did such exist (Dundee). *Sandeman*, 1657–9.
Definition: those who are able to sit about, to do light work, and who do not require nursing. *Whyte*, 1780.
Should be kept separate from sick and ordinary inmates and have kindly treatment. *Whyte*, 1762, 1781.
Approves of providing work for. *Whyte*, 1762.
Desirable to have a nurse in charge of the infirm. *Chisholm*, 1885; *Bennett*, 4456, 4487–9, 4631; *Kyd*, 3237–8.
Infirm who receive medical treatment are regarded as sick (Dundee). *Chisholm*, 1880–1.
Paupers who in other poorhouses would probably be regarded as only infirm are sent to hospital (Dundee). *Chisholm*, 1861–7.
Should be visited daily by medical officer. *Wallace*, 2294.
The infirm require quite as much nursing as the sick. *Miss Campbell*, 3010–1.

INFIRM INMATES—*continued*.
Definition: those selected by Governor as fit subjects for infirm diet. *Crichton*, 3511.
Infirm should be separated from ordinary inmates. *Crichton*, 3483–4, 3486–7.
Trained nurses have charge of infirm. (Linlithgow)—*Crichton*, 3520–2; (Lorn)—*Campbell* (Dunstaffnage), 5399–407.
The infirm are allowed every possible privilege. (Craiglockhart)—*Bennett*, 4439–41.
But should be placed in the ordinary wards. *Bennett*, 4454.
A special ward would, however, prevent certain cases from being sent to the hospital. *Bennett*, 4455, 4487.
(*See also* 'CLASSIFICATION OF INMATES' and 'MEDICAL OFFICER (INDOOR).')

INFIRMARIES:
Poorhouse hospital is equal to an infirmary (Govan). *Thomson*, 6–15, 117–8, 262–3.
A poorhouse hospital ought not to be inferior to. *Thomson* 14, 113–6.
Infirmaries refuse or discharge, cases which have ultimately to be dealt with by the parochial authorities. (Govan)—*Thomson*, 6–7, 106–9; *Wallace*, 2263–83; (Glasgow)—*Johnston*, 538–45, 550–5, 978–80; *Motion*, 2065–95; (Dundee)—*Sandeman*, 1728–32; *Whyte*, 1758–61; *Chisholm*, 1844; *Kyd*, 3273–9; (Edinburgh)—*Ferrier*, 2659–60; (Dumfries)—*McInnes*, 3337.
Sick people prefer an infirmary to a poorhouse hospital. *Core*, 302–4; *Wallace*, 2280–1; *Crichton*, 3498–504.
Subscriptions to infirmaries ought to be subject to review by Board. *Wallace*, 2423; *McInnes*, 3433–6; *Ferrier*, 2649–59; *Mackenzie*, 4159; *Millar*, 5123–32.
Cases requiring surgical operation are probably sent to the Royal Infirmary (Edinburgh). *Ferrier*, 2494–5.
The poorhouse hospital is below the standard of an infirmary (Edinburgh). *Ferrier*, 2500–1.
The basis of subscriptions by Parish Councils to infirmaries ought to be the benefit which the parish receives. *Ferrier*, 2649.
Edinburgh parish receives no benefit from the Royal Infirmary. *Ferrier*, 2653.
The Royal Infirmary is made to pay poor rates and has been refused an equivalent subscription by the Parish Council (Edinburgh). *Ferrier*, 2657A–8.
The Royal Infirmary entails a heavy burden on parish of Edinburgh by collecting cases of disease from all parts of the country. *Ferrier*, 2659.
But many cases are treated in the Royal Infirmary which otherwise would fall on the Parish Council. *Ferrier*, 2660–6.
Patients who cannot be operated on in the poorhouse probably find their way to the infirmary (Edinburgh). *Ferrier*, 2667–72; *Aitchison*, 3902–19.
Would allow medical relief grant on only that part of subscriptions to infirmaries applicable to medical treatment. *Kyd*, 3199–211.
It has not been necessary to send patients to the infirmary for operations (Craiglockhart). *Bennett*, 4568–9; (Craigleith)—*Aitchison*, 3913–9.
Some patients consider that they receive better treatment in the poorhouse than in the infirmary (Craiglockhart). *Bennett*, 4581.

INS AND OUTS:
There would be fifty or sixty of such cases in a year (Govan). *Wallace*, 2301–3.
Generally they wish out to obtain whisky or tobacco (Govan). *Wallace*, 2304.
Legislation is not necessary to admit of the detention of such cases in the poorhouse. *Wallace*, 2305–7.
Parish Councils should have power to detain this class in the poorhouse. *Ferrier*, 2735–9.
(*See also* 'COMPULSORY REMOVAL OF PAUPERS TO POORHOUSE.')

INSPECTOR, LADY, OF BOARDED-OUT CHILDREN:
There is a lady inspector of boarded-out children (Glasgow). *Motion*, 2143–6.
Should be appointed under Local Government Board. *Haldane*, 2959, 2963–9; *Miss Campbell*, 3076, 3079–84.
There are lady inspectors under Local Government Board (England)—*Miss Campbell*, 3082–8; *Downes*, 5670–4; (Ireland)—*Bigger*, 6122.
(*See also* 'BOARDING-OUT OF CHILDREN.')

IRELAND:
Notes on system of Poor Law Medical Relief in. See evidence of Dr E. Coey Bigger and Mr William Lawson Micks, 6022–142.

JOHNSTON, DR J. M'CUBBING:
Evidence by, 490–991.

JUBILEE NURSES. (*See* 'NURSING (JUBILEE).')

KILMORE AND KILBRIDE, PARISH OF:
Evidence by Mr A. J. H. Campbell of Dunstaffnage, Chairman of Parish Council of, 5367–525.
Evidence by Dr Kenneth Campbell, Medical Officer to, 5848–6021.

KYD, Mr JAMES:
Evidence by, 3118–311.

KYLE COMBINATION POORHOUSE:
Evidence by Miss Mary E. Campbell, formerly Member of House Committee, 2979–3117.
Evidence by Mr James Henderson, Governor of, 3642–780.

LABOUR-MASTER:
Such an official is desirable. *Henderson*, 3777–8.

LAIRD, Mr GEORGE BLAIR:
Evidence by, 1397–631.

LAVATORY ACCOMMODATION FOR SICK WARDS:
Should be conveniently situated. *Core*, 295.
Should be separate from that for ordinary wards. *Crichton*, 3483.
(*See also* 'BATHING OF INMATES.')

LIFTS:
Would be of service in dealing with sick and infirm patients lodged upstairs. *Haldane*, 2838.

LINLITHGOW COMBINATION POORHOUSE:
Evidence by Mr Archibald Henderson Crichton, Chairman of House Committee of, and late Chairman of Parish Council, 3478–641.

LOCAL GOVERNMENT BOARD, ENGLAND:
Evidence as to system of Poor Law medical relief in England by Dr Arthur Downes, Senior Medical Inspector for Poor Law purposes to, 5526–677.

LOCAL GOVERNMENT BOARD, IRELAND:
Evidence as to system of Poor Law medical relief in Ireland, by Dr E. Coey Bigger, Poor Law Medical Inspector to, 6022–129; and by Mr W. L. Micks, Poor Law Commissioner of, 6130–42.

LOCAL TAXATION CONTRIBUTION. (*See* 'MEDICAL RELIEF GRANT.')

LOCHBROOM, PARISH OF:
Evidence by Mr Alexander Ross, Chairman of Parish Council of, 5159–366.

LONDON, SYSTEM OF POOR LAW MEDICAL RELIEF IN:
See evidence of Dr Arthur Downes, 5526–677.

LORN COMBINATION POORHOUSE:
Evidence by Dr Kenneth Campbell, Medical Officer to, 5848–6021.
Evidence by Mr A. J. H. Campbell, of Dunstaffnage, Member of the House Committee of, 5367–525.

LUNATICS:
Post-mortem examination is always made of deceased lunatics (Perth). *Hunt*, 1328–9.
Receive a better diet than ordinary inmates (Perth). *Laird*, 1456–60.
Some medical officers are paid a fee for a lunacy certificate only when the pauper belongs to another parish. *McInnes*, 3430.
Practice should be made uniform: medical officer's salary should cover lunacy certificates or it should not. *McInnes*, 3431–2.
The medical officer receives a guinea for certifying a lunatic belonging to another parish, and half-a-guinea for one belonging to his own parish (Rathven). *Gordon*, 4383–99.
The large number of lunatics in the parish is probably caused chiefly by intermarriage (Lochbroom). *Ross*, 5263–6.
The excessive use of tea, whisky, and tobacco may also account for part of the lunacy (Lochbroom). *Ross*, 5267–9, 5275–7.

McINNES, Mr MILES:
Evidence by, 3312–477.

MACKENZIE, Sir KENNETH, Bart.:
Evidence by, 4067–175.

MALIGNANT AND OFFENSIVE DISEASES:
Special arrangements should be made for the treatment of consumptive and. *Johnston*, 556–7; *Whyte*, 1779; *Miss Campbell*, 2993–4; *Crichton*, 3488–95; *Henderson*, 3668, 3673–8.
(*See also* 'CANCER,' 'CLASSIFICATION OF INMATES,' and 'TUBERCULOSIS.')

MARRIED COUPLES:
Aged married couples in poorhouses ought to have a room to themselves. *Haldane*, 2772–3.

MATRON OF POORHOUSE:
Is responsible for cleanliness of beds and bedding (Perth). *Laird*, 1626.
Is subject to Governor (Perth). *Laird*, 1627.
Is responsible with Governor for cleanliness of inmates, bedding, and food (Dundee). *Chisholm*, 1912–3.
Should see that children and females, on admission, are cleansed, clothed, and assigned to proper ward. *Haldane*, 2806–8.
Should attend to bedding of females. *Haldane*, 2805.
Does not approve of a nurse-matron. *Haldane*, 2940–1; *Miss Campbell*, 3109–13.
Experienced matrons should be placed on Board's register of trained nurses. *Crichton*, 3580.
The matron acts as nurse (Thurso). *Durran*, 4693–5.
Where the matron is a trained nurse she should be head of the nursing staff. *Dr Campbell*, 5978–87.
Should be responsible for cleanness of bedding. *Dr Campbell*, 5941.
(*See also* 'ADMISSION OF PAUPERS TO POORHOUSE,' 'BEDDING OF INMATES,' 'CHILDREN IN POORHOUSE,' 'CLASSIFICATION OF INMATES,' 'CLEANLINESS OF INMATES,' 'MEDICAL OFFICER (INDOOR),' AND 'NURSING (INDOOR).')

MEDICAL AND LAY INSPECTORS UNDER LOCAL GOVERNMENT BOARD:
A general medical inspector of poorhouses should be appointed, and should advise local medical officers. *Haldane*, 2898, 2904, 2909–12.
The medical inspector should see that sick wards are supplied with suitable furniture and appliances. *Haldane*, 2913–5.
There are two Poor Law medical inspectors. (England)—*Downes*, 5526–8, 5543; (Ireland)—*Bigger*, 6092.
There are fourteen general inspectors (England). *Downes*, 5543.
Joint inspection of selected workhouses by medical and general inspectors (England). *Downes*, 5543–5.
Lay inspectors visit workhouses twice a year (Ireland). *Bigger*, 6098.
There is slight overlapping of duties, but not necessarily friction, between the two classes of inspectors (Ireland). *Bigger*, 6093–7.
There are eight lay inspectors, who have many duties besides the inspection of workhouses (Ireland). *Bigger*, 6100–1.

MEDICAL INSPECTRESS UNDER LOCAL GOVERNMENT BOARD. (See INSPECTOR, LADY, OF BOARDED-OUT CHILDREN.)

MEDICAL OFFICER (INDOOR):

Bathing, Duty of, as regards:
Instructs as to bathing of sick. (Govan)—*Thomson*, 34–7; (Perth)—*Laird*, 1624; (Glasgow)—*Motion*, 2049; (Craigleith)—*Aitchison*, 3973–7; (Orkney)—*Bell*, 5714–6.
Has nothing to do with bathing (Perth). *Hunt*, 1376–80.
No need to instruct in each case. *Hunt*, 1381–2.
Regulates bathing when necessary (Dundee). *Chisholm*, 1914–7.
Instructs as to temperature of baths (Glasgow). *Motion*, 2049.
Should instruct as to bathing. *Wallace*, 2294; *Miss Campbell*, 3025–7; *Bennett*, 4549.
New inmates before being bathed are always seen by the medical officer (Orkney). *Bell*, 5714–6.

Classification and Admission of Inmates, Duties of, as regards:
Determines class. (Govan)—*Thomson*, 18–21, 24; (Barnhill)—*Core*, 322–7; (Perth)—*Hunt*, 1192–5; (Linlithgow)—*Crichton*, 3512; (Ireland)—*Bigger*, 6103, 6106–9.
Examines inmates periodically with a view to ascertaining whether any have become able bodied. (Govan)—*Thomson*, 31–3, 140–5; (Barnhill)—*Core*, 343–5, 480–4; (Glasgow)—*Johnston*, 512–6; (Perth)—*Hunt*, 1371–2.
Determines when patients may be removed from the hospital. (Barnhill)—*Core*, 345–6; (Linlithgow)—*Crichton*, 3513.
Classification should be made by medical officer. *Johnston*, 497–507; *Bennett*, 4418–20.
At present recommends as to classification which is effected by the Governor (Glasgow). *Johnston*, 503.
Should, at stated intervals, revise list of 'infirms.' *Johnston*, 810–4.

MEDICAL OFFICER (INDOOR)—*continued.*

CLASSIFICATION AND ADMISSION OF INMATES, DUTIES OF, AS REGARDS—*continued.*

Reports on the health of any inmate who refuses to work (Dundee). *Chisholm*, 1893–5.
A more thorough medical inspection of inmates ought to be made on admission. *Motion*, 2045–8.
Should examine and classify new inmates. *Wallace*, 2294; *Bennett*, 4525–35.
Should see every inmate. *Haldane*, 2827.
Should keep a register of sick. *Haldane*, 2857.
Should be consulted as to classification. *Haldane*, 2857, 2872–7, 2898.
Should be advised as to the basis on which sick are to be distinguished from infirm. *Haldane*, 2899–900.
Should notify governor when an illness becomes dangerous. *Haldane*, 2857, 2895.
Present relation to the governor in regard to classification is indefinite. *Haldane*, 2901–3.
Should have larger powers with regard to classification. *Miss Campbell*, 2935.
Along with governor and matron should arrange jointly as to the classification of new entrants. *Kyd*, 3257–8.
Should advise periodically as to classification. *Haldane*, 2857; *Kyd*, 3259–60, 3264–5; *McInnes*, 3342–4; *Aitchison*, 3940–53.
Should have general supervision of classification. *Aitchison*, 3940–53.
(*See also* 'CLASSIFICATION OF INMATES.')

DIETARY, DUTIES OF, AS REGARDS:

Should regulate diet of infirm and children. *Thomson*, 29–30.
Examines and sometimes tastes food. (Barnhill)—*Core*, 430; *Motion*, 2026; (Craigleith)—*Aitchison*, 3971–2.
Regulates diet of all inmates, except where a class is dieted according to a scale (Glasgow). *Johnston*, 577–8, 591–2, 873.
Does not interfere in dietary of children and ordinary inmates (Perth). *Hunt*, 1272–3.
Applies no test as to sufficiency of diet (Perth). *Hunt*, 1303–4.
Regulates diet of sick children. (Perth)—*Laird*, 1431–7; (Dundee)—*Chisholm*, 1886.
Enquires into complaints as to diet (Glasgow). *Motion*, 2027–37.
Should be consulted as to food, and should test sufficiency by weighing inmates. *Muir*, 1047–50; *Haldane*, 2857, 2870–1.
Should be allowed to recommend changes of diet. *Haldane*, 2857, 2885–91.
Prescribes diet of sick. (Craigleith)—*Aitchison*, 4045; (Ireland)—*Bigger*, 6038.
Prescribes the diet in individual cases (England). *Downes*, 5598.
Has power to prescribe for sick, infirm and children such diet as he thinks necessary (Orkney). *Bell*, 5740–6.
(*See also* 'DIETARY.')

JURISDICTION OF:

Control of hospital ought to be limited to treatment of the sick; general administration should rest with Governor. *Thomson*, 26–7, 152–5; *Chisholm*, 1876–80, 1887–9; *Crichton*, 3529, 3531–3.
Is independent of Governor as regards treatment of the sick, but has no say in general management. (Barnhill)—*Core*, 406–8; (Glasgow)—*Johnston*, 496.
Has no say in appointment or dismissal of nurses, and no jurisdiction over nurses. (Barnhill)—*Core*, 409–15; (Glasgow)—*Johnston*, 595–7, 607–9.
Duties sometimes overlap those of Governor (Glasgow). *Johnston*, 496.
Should control treatment of the sick and the nursing arrangements. *Johnston*, 497–502, 504–7, 815–28.
Records all deaths (Glasgow). *Johnston*, 579–88.
The nurse is supposed to be under control of (Perth). *Hunt*, 1289–94.
Has no control over the dismissal of a nurse, but is usually consulted in the selection (Perth). *Hunt*, 1296.
Duties do not overlap those of governor. (Perth)—*Laird*, 1525–9; (Dundee)—*Sandeman*, 1714; *Whyte*, 1797.
Other medical practitioners assist gratuitously in operations. (Dundee)—*Sandeman*, 1674–9; (Craigleith)—*Aitchison*, 3905; (Orkney)—*Bell*, 5783–7.
Determines as to physical fitness of probationer nurses (Dundee). *Whyte*, 1806–9.
Instructs and examines probationers. (Glasgow)—*Johnston*, 842; (Dundee)—*Whyte*, 1805–9, 1818–21.
Nurses obey visiting medical officer (Dundee). *Whyte*, 1800.
Will have supreme control in the new poorhouse hospitals (Glasgow). *Motion*, 2011–2.
Does not see the ordinary inmates unless specially requested (Glasgow). *Motion*, 2013–8.
May call in extra nurses, or assistance of another medical practitioner, if Governor and House Committee approve (Glasgow). *Motion*, 2059–60.
Should report annually to Local Government Board. *Motion*, 2098; *Wallace*, 2294; *Dr Campbell*, 5967.

MEDICAL OFFICER (INDOOR)—*continued.*

JURISDICTION OF—*continued.*

Should have supreme control over sick. *Haldane*, 2850–1; *Miss Campbell*, 3039; *Bennett*, 4623; *Campbell* (Dunstaffnage), 5408–11.
Should regulate lighting and heating and number of inmates in wards. *Haldane*, 2852–5, 2857.
Should see that dying paupers are attended night and day. *Haldane*, 2857.
Should be able to obtain extra medical assistance in operations. *Johnston*, 671–3, 829–38; *Wallace*, 2294; *Ferrier*, 2702–3; *Haldane*, 2857; *Campbell* (Dunstaffnage), 5427A.
Should be able to obtain extra nurses. *Wallace*, 2294; *Haldane*, 2857; *Miss Campbell*, 3034–8.
Should report defects in nursing to Governor. *Haldane*, 2857.
Should keep a register of children. *Haldane*, 2857.
Should keep a register of sick. *Haldane*, 2857, 2862–4.
Should have power to permit smoking in wards. *Haldane*, 2857.
Should be consulted as to food and test sufficiency by weighing inmates. *Haldane*, 2857, 2870–1.
Should daily visit paupers under punishment by confinement. *Haldane*, 2857, 2896–7.
Should be consulted as to capacity of inmates for work. *Johnston*, 634–40; *Chisholm*, 1893–5; *Haldane*, 2857, 2872–7, 2898; *Dr Campbell*, 5923, 5940.
Should fill up certificates of death with greater care than at present. *Haldane*, 2857, 2882–4.
Should be allowed to recommend change of diet. *Haldane*, 2857, 2885–91.
Should notify Governor when an illness becomes dangerous. *Haldane*, 2857, 2895.
Should periodically inspect sanitary appliances. *Haldane*, 2857.
Should enforce cleanliness as to bedding, etc. *Haldane*, 2857.
Should intimate name of substitute. *Haldane*, 2857; *Miss Campbell*, 3045–6.
Treatment of sick and infirm ought to be left with. *McInnes*, 3345–6; *Dr Campbell*, 5923.
Should not be required to supervise persons and bedding of inmates. *Aitchison*, 3969–70.
Should not be empowered to employ emergency nurses without reference to the chairman of the House Committee. *Thomson*, 44–7, 258–61; *Crichton*, 3546–8; *Campbell* (Dunstaffnage), 5423–4.
Jointly with Governor should have power to employ extra nurses in an emergency. *Henderson*, 3754–8.
Should have power to detain patients till they are cured. *Aitchison*, 4004A–9; *Bennett*, 4525, 4536–48.
Should fix hours of rising and going to bed for sick, infirm, and children (Craiglockhart). *Bennett*, 4438–9.
Should note in a book the treatment which he thinks should be given to infirm inmates. *Bennett*, 4485.
Should every month report deaths to the House Committee. *Bennett*, 4582.
Should not supply medicine. *Bennett*, 4655–62.
Should inform governor or head nurse when the services of an extra doctor or nurse are required. *Bennett*, 4561–3.
Should have power to employ as nurse any person he thinks qualified, irrespective of training. *Campbell* (Dunstaffnage), 5443.
Should be authorised to inspect the poorhouse at any time and to report defects. *Campbell* (Dunstaffnage), 5411–5, 5417–8.
Should supply medicines and sign vouchers. *Campbell* (Dunstaffnage), 5466–8.
Should once a week or once a fortnight inspect the inmates, with a view to satisfying himself as to their general health, cleanliness, etc. *Dr Campbell*, 5929.
Has supreme control of hospital (Ireland). *Bigger*, 6086; 6118–9.

PUNISHMENT OF INMATES, DUTIES OF, AS REGARDS:

Certifies fitness before an inmate is punished (Barnhill). *Core*, 454–7.
Governor consults medical officer before inflicting punishment on a pauper who is not well (Perth). *Hunt*, 1283–5.
Is sometimes consulted before punishment is inflicted (Perth)—*Hunt*, 1281–2; *Laird*, 1539–41.
Is consulted only as to fitness of inmates for work; is not otherwise consulted before punishment (Dundee). *Chisholm*, 1907.
Should be consulted before punishment. *Wallace*, 2294; *Haldane*, 2857; *Crichton*, 3559; *Bell*, 5788–96.
Should daily visit inmates who are confined. *Haldane*, 2857, 2896–7.

VISITATION, ETC., OF INMATES BY:

Visits sick every day. (Govan)—*Thomson*, 21–2, 124–39; (Barnhill)—*Core*, 329; (Glasgow)—*Johnston*, 508–11, 752–8; (Perth)—*Hunt*, 1191; (Kyle)—*Henderson*, 3663; (Lorn)—*Campbell* (Dunstaffnage), 5376–9; *Dr Campbell*, 5933–4.
Visits infirm periodically. (Barnhill)—*Core*, 330–3; (Glasgow)—*Johnston*, 508–11; (Craiglockhart)—*Bennett*, 4440–2, 4486; (Thurso)—*Durran*, 4727–9; (Lorn)—*Dr Campbell*, 5933–4.

MEDICAL OFFICER (INDOOR)—*continued.*

VISITATION, ETC., OF INMATES BY—*continued.*

Does not examine infirm unless they complain (Barnhill). *Core*, 332–4, 337–41, 419–25, 467–9.
Does not think that further precautions are necessary (Barnhill). *Core*, 335.
Has an appointed place and time for seeing ordinary inmates (Glasgow). *Johnston*, 760.
As a rule ordinary inmates complain through the Governor. (Barnhill)—*Core*, 419–23, 463–6; (Glasgow)—*Johnston*, 759–64; (Perth)—*Hunt*, 1243, 1267–71, 1342; *Laird*, 1530–7; (Craiglockhart)—*Bennett*, 4423–7.
Attends poorhouse daily. (Perth)—*Hunt*, 1191; (Kyle)—*Henderson*, 3663; (Lorn)—*Dr Campbell*, 5933–4.
Does not visit ordinary wards to see whether any inmate has become sick or able-bodied (Perth). *Hunt*, 1263–6, 1297–300.
Does not make a regular inspection of ventilation or sanitary arrangements (Perth). *Hunt*, 1331–2.
In future the inmates will be examined periodically (Perth). *Laird*, 1429, 1524.
Visits poorhouse every morning to examine sick and complaining inmates (Dundee). *Sandeman*, 1635–8.
Resident medical officer attends ordinary cases (Dundee). *Whyte*, 1822.
Formerly the visiting medical officer received every day a list of sick cases and of inmates making complaints. Those who were not in bed met him at a stated place and he prescribed for them (Dundee). *Whyte*, 1823.
Except as regards children, a periodical inspection is unnecessary. *Whyte*, 1829–31.
Periodical medical inspection would not interfere with jurisdiction of Governor. *Chisholm*, 1897.
Inmates have direct access to medical officer. (Govan)—*Thomson*, 21–3, 124–38; (Dundee)—*Whyte*, 1825; *Chisholm*, 1889–902; *Kyd*, 3263; (Linlithgow)—*Crichton*, 3526; (Ireland)—*Bigger*, 6112.
Does not see the ordinary inmates unless specially requested (Glasgow). *Motion*, 2013–8.
Complaints of illness are usually made at the dispensary or through a nurse or warder (Glasgow). *Motion*, 2099.
Should visit sick and infirm daily; should visit children once a week; should report cases that have become fit for work; should supervise general health, cleanliness, food, and bathing; should examine and classify new inmates; should be empowered to call in extra nurses or medical assistance. *Wallace*, 2294.
Should see that dying paupers are attended night and day. *Haldane*, 2857.
Should see every patient daily. *Wallace*, 2295–300; *Haldane*, 2827, 2857, 2892–4.
Inmates should be able to complain direct to. *Chisholm*, 1902–6; *Haldane*, 2857, 2878–80; *Miss Campbell*, 3041; *Kyd*, 3263; *Bennett*, 4428–36.
Should periodically inspect ordinary inmates. *Crichton*, 3527–8, 3530; *Dr Campbell*, 5929.
Sees new inmates twice a day (Craiglockhart). *Bennett*, 4421, 4527–8.
Does not periodically scrutinise all the inmates (Craiglockhart). *Bennett*, 4427–37.
Is in the children's wards every morning (Craiglockhart). *Bennett*, 4491.
Visits poorhouse at least once a week, and also at such other times as may be necessary (Thurso). *Durran*, 4673–7; (Orkney)—*Bell*, 5712.
At certain seasons visits daily (Thurso). *Durran*, 4673.
Sees all the inmates (Thurso). *Durran*, 4727–9.
On entering the house rings a bell, so that all the inmates may be aware of his presence, and able to complain to him (Lorn). *Dr Campbell*, 5935–6, 5968–72.
Salary ought to be progressive. *Bennett*, 4654.
Salary should be proportioned to the number of inmates. *Motion*, 2115; *Campbell* (Dunstaffnage), 5466–8.
Sees the inmates every day (Ireland). *Bigger*, 6109.
The master of the workhouse directs the attention of the medical officer to any ordinary inmate who may require medical aid (Ireland). *Bigger*, 6110–1.

MEDICAL OFFICER (OUTDOOR):

Ought to have a free hand in all matters relating to the treatment of the outdoor sick. *Muir*, 1016, 1044–6.
Dare not order better lodging, clothing, food, etc., although necessary, because, if he did so, he would be dismissed. *Muir*, 1016–24, 1031–8.
In large town parishes is generally allowed a free hand in ordering extras. *Muir*, 1029–31.
In some cases has had to pay out of his own pocket for extras supplied to paupers. *Muir*, 1031–7.
Is restricted even as regards medicines. *Muir*, 1042–3.
Parish Councils should not have power to remove, without the sanction of the Board. *Muir*, 1038–9, 1142–3; *Motion*, 2251; *Wallace*, 2375; *McInnes*, 3424; *Henderson*, 3767; *Gordon*, 4341–3; *Durran*, 4830–47; *Millar*, 5065–8; *Campbell* (Dunstaffnage), 5503–7; *Bell*, 5839–46; *Dr Campbell*, 6017.
Salaries ought to be readjusted by Local Government Board. *Muir*, 1151–3; *Kyd*, 3144–9; *Millar*, 5023, 5034–59.

MEDICAL OFFICER (OUTDOOR)—*continued.*

Parish Councils ought to pay a fee when an extra medical man is required to assist in an operation. *Muir*, 1154–9; *Ferrier*, 2698–9; *Bell*, 5782–7.
Salary ought not to include medicines. *Muir*, 1160; *Wallace*, 2439; *Ferrier*, 2704; *Kyd*, 3231; *McInnes*, 3472; *Crichton*, 3630; *Gordon*, 4378; *Durran*, 4859–64; *Millar*, 4896–8; *Downes*, 5603.
Ought to charge druggist's rates for medicines where there is no druggist. *Muir*, 1161–5.
Vacancies should be advertised. *Muir*, 1166; *Motion*, 2199; *Gordon*, 4379–82.
The medical officership ought not to be rotated annually among the medical men in a district. *Muir*, 1167–73; *Wallace*, 2375–9.
Examines applicants for relief. (Glasgow)—*Motion*, 2123; (Govan)—*Wallace*, 2332.
Sometimes orders too much nutritious diet. *Wallace*, 2340–3.
Present method of advertising vacancies is objectionable. *Wallace*, 2440–1, 2444–5; *Kyd*, 3232–5; *McInnes*, 3473; *Mackenzie*, 4173–5; *Campbell* (Dunstaffnage), 5514–6.
Paupers obtain medical relief by calling and presenting pay-ticket (Edinburgh), *Ferrier*, 2521–31; (Dundee)—*Kyd*, 3308–9; *Millar*, 5137–58, 5152–8.
Tenure of office does not require change, except in small parishes. *Ferrier*, 2594.
Inspector supplies pauper with whatever the medical officer may order (Edinburgh). *Ferrier*, 2595–607.
Every parish ought to be required to appoint. *Kyd*, 3129–38.
Ought to receive a salary in respect of lunacy certificates. *McInnes*, 3430–2.
Is aware of no case in which an inspector refused relief ordered by the medical officer. *Mackenzie*, 4096–7; *Millar*, 4907–31.
An inspector ought to be *obliged* to obey the medical officer in granting relief. *Wallace*, 2331; *Mackenzie*, 4098–101.
Medicines should not be dispensed by. *Gordon*, 4236–40.
Receives a guinea for certifying a lunatic belonging to another parish, but only half that sum when the lunatic belongs to his own parish (Rathven). *Gordon*, 4383–99.
Visits paupers only when called upon or when he thinks it necessary (Thurso). *Durran*, 4776–7.
Probably visits a dozen cases in a week (Thurso). *Durran*, 4778–9.
It would be convenient to have a supply of medicines in the outlying parishes. *Durran*, 4780–2.
In some parishes clubs are formed whose members subscribe for the services of a medical practitioner. *Durran*, 4851–7; *Millar*, 5050–7.
Is not aware that any medical officer has been threatened with dismissal for ordering extras to paupers. *Millar*, 4916.
Parish Councils should have power to provide for the medical officer a house and sufficient land to graze a horse. *Millar*, 5023, 5070–5.
No urgent necessity exists for fixity of tenure. *Mackenzie*, 4132–6; *Durran*, 4844, 4849; *Millar*, 5023–33.
Should be paid a fee for attending vagrant women in childbirth. *Millar*, 5076–9.
Fixity of tenure might cause the medical officer to neglect ordinary patients. *Millar*, 5023, 5031–2; *Ross*, 5288.
Medical officer's register is very unsatisfactory. *Millar*, 5114–9.
Parish Council defray the cost of assistance (Lochbroom). *Ross*, 5329–32.
Salaries ought to be defrayed out of Imperial funds. *Bell*, 5811–5.
When paid by fees he was not so often required as when a salary had been fixed. *Bell*, 5821–4.
Medical officer should have fees for lunacy work, etc., in addition to salary. *Bell*, 5824.
Illustrates difficulty of obtaining medical aid in certain of the islands (Orkney and Shetland). *Bell*, 5828–31.
Paupers requiring medical attendance should be told to send word to the medical officer before he goes out for the day. *Bell*, 5846–7.
As to inclusion of medicines in salary (England). *Downes*, 5603–5.
Salaries ought to be more liberal. *Dr Campbell*, 6017.
Medical officer cannot be removed without consent of Local Government Board. (England)—*Downes*, 5628–32; (Ireland)—*Bigger*, 6124–7.
Practice promotes efficiency. *Downes*, 5628; *Bigger*, 6128–9.
Receives fees in addition to salary (England). *Downes*, 5535–6, 5539–40.
Is furnished with a list of permanently sick or disabled paupers (England). *Downes* 5585–93.
(*See also* 'MEDICAL RELIEF GRANT' and 'MEDICAL RELIEF (OUTDOOR).')

MEDICAL RELIEF GRANT:

Should be allowed for probationer nurses. *Thomson*, 80, 267–74; *Ferrier*, 2482, 2486–7, 2502–9; *Bennett*, 4634–6; 4643–4; *Campbell* (Dunstaffnage), 5448–9.
Would allow for probationer nurses in third year. *Kyd*, 3163–72.
To allow for probationers would not be reasonable. *Core*, 390; *Crichton*, 3620–1.
When stimulant is in form of medicine, part of its cost is recovered. *Muir*, 1050.

MEDICAL RELIEF GRANT—*continued.*

Medical officer's salary ought not to include medicines. *Muir*, 1160; *Wallace*, 2439; *Ferrier*, 2704; *Kyd*, 3231; *McInnes*, 3472; *Crichton*, 3630; *Gordon*, 4378; *Durran*, 4859–64; *Millar*, 4896–8; *Downes*, 5603.

Would prefer to include medicines in the salary of the medical officer. *Ross*, 5321–8.

Cost of outdoor nursing should form a charge against. *Motion*, 2134; *Wallace*, 24 4–6; *Ferrier*, 2543, 2633; *McInnes*, 3376; *Millar*, 4939–53, 5104–6; *Gordon*, 4250, 4352.

Cost of outdoor nursing should not form a charge against. *Kyd*, 3173–6; *Crichton*, 3620–1.

Should be allowed in respect of wines, cordials, beef extract, milk, soda-water, sanitas, and disinfectants. *Motion*, 2153–4, 2177; *Ferrier*, 2631–2.

Should not be allowed in respect of cordials, etc. *Kyd*, 3183–4; *Gordon*, 4357–63; *Millar*, 5095–100.

Local Government Board should specify items admissible as charges against. *Motion*, 2177; *Kyd*, 3186–94

Should be allowed on vouched expenditure. *Motion*, 2155, 2168; *Wallace*, 2390–1, 2418, 2421; *Ferrier*, 2630, 2635–48; *Gordon*, 4351; *Millar*, 5101–3; *Ross*, 5294–6.

Whatever is ordered by the medical officer ought to rank against. *Motion*, 2156–7; *Wallace*, 2392, 2422.

Present distinction between medicine and diet causes much trouble. *Motion*, 2158–65.

Grant is too small. *Motion*, 2166.

Would allow, on average expenditure for a number of years. *Motion*, 2167; *Millar*, 5101–3; *Ferrier*, 2630, 2635–48.

As to employment of extra assistance in surgical operations. *Motion*, 2189–99.

Rule as to reciprocity should include medicines. *Motion*, 2183–8; *Ferrier*, 2691–7; *Kyd*, 3212–4; *McInnes*, 3463–71; *Ross*, 5318–20; *Mackenzie*, 4163–4; *Millar*, 5133–6.

But this might result in a person who had obtained medical relief and medicines losing a settlement in another parish, which, if claim had been intimated, would have been retained. *Kyd*, 3216–25.

Rule as to reciprocity should not include medicines. *Gordon*, 4364–77; *Wallace*, 2427–32.

Rule as to reciprocity as regards fee paid to extra medical officer in surgical operations. *Motion*, 2189–99; *Ferrier*, 2699.

Some inspectors object to trained nursing because it absorbs a large part of grant. *Wallace*, 2394–5.

Method of allocating grant between nursing and other purposes is inequitable. *Wallace*, 2419–20; *Motion*, 2168.

Board should have power to restrict grant on excessive subscriptions to hospitals. *Motion*, 2178–82; *Wallace*, 2423; *Kyd*, 3199–211; *McInnes*, 3433–6; *Ferrier*, 2649–59; *Mackenzie*, 4159; *Millar*, 5123–32.

For accouchements and surgical operations would allow extra fee to medical officer in certain circumstances. *Wallace*, 2433–8; *Crichton*, 3625–9; *Millar*, 5076–9.

Approves of 'minimum.' *Kyd*, 3122–8, 3141–4.

Every parish ought to be bound to give medical relief free of charge to resident paupers although belonging to other parishes. *Kyd*, 3122–34.

Every parish ought to be required to appoint a medical officer. *Kyd*, 3129–38.

Trained nursing should apply only to cases requiring active medical treatment,—this would restrict claims on grant. *Kyd*, 3161–2.

A special fee paid to medical officer in accouchement cases ought to be allowed. *Kyd*, 3195–8, 3226–30.

Board's rules are good, but require revision *McInnes*, 3362.

'Minimum' ought to be abolished. *McInnes*, 3427–30; *Gordon*, 4344–51; *Millar*, 5080–4.

Basis on which grant should be distributed. *McInnes*, 3437–62; *Mackenzie*, 4139–58.

Should be fixed for a period of years. *Mackenzie*, 4139, 4152.

Proportion applicable to poorhouses should be paid to poorhouses direct. *Crichton*, 3618–9.

Should be apportioned between indoor and outdoor relief. *Motion*, 2168; *Mackenzie*, 4139–41.

In rural parishes should be allocated according to area of parish and number of paupers. *Mackenzie*, 4142–50.

Before allowing, Board should satisfy themselves that medical relief has been efficiently administered. *Mackenzie*, 4144–6.

It would not be practicable to require Board, before allowing, to satisfy themselves that medical relief had been efficiently administered. *Millar*, 5109–14, 5120–2.

Board should have power to withhold when their rules are disregarded. *Mackenzie*, 4154–8.

A 'maximum' should be fixed. *Kyd*, 3147; *Gordon*, 4344–51; *Millar*, 5080–4.

Payment for sick-bed attendance should be allowed. *Gordon*, 4352–6.

The distance which the medical officer must travel ought to be taken into account in allocating grant. *Ross*, 5297–306.

Something ought to be done to allow poor persons, though not paupers, the benefit of the parochial medical officer, as they are frequently not able to pay a doctor's fees, and so cannot obtain medical aid. In one case a crofter was pauperised by paying the doctor's charge of £6 (Lochbroom). *Ross*, 5307–17, 5333–7.

Method of distributing grant in England. *Downes*, 5675.

MEDICAL RELIEF (OUTDOOR):

Is adequate in cities and large towns, but not in Highland and country districts. *Muir*, 995, 1000–1, 1006–7.

Parish Councils find fault with medical officers for prescribing 'extras.' *Muir*, 995–6, 1017–28.

Relatives of Parish Councillors are improperly classed as paupers in order that they may obtain free medical relief. *Muir*, 1002–4.

The new arrangements presently being carried out in Glasgow are superior to anything yet attempted in Scotland. *Motion*, 1963.

Present arrangements are satisfactory. (Glasgow)—*Motion*, 2117–20; (Govan)—*Wallace*, 2330; (Dumfries)—*McInnes*, 3359–60; *Millar*, 4896; (Lochbroom)—*Ross*, 5182–4.

Obtained by pauper presenting pay ticket or a line to medical officer. (Glasgow)—*Motion*, 2119–22; (Edinburgh)—*Ferrier*, 2521–31; (Govan)—*Wallace*, 2332–6; (Dundee)—*Kyd*, 3308; *Millar*, 5137–8, 5147; (England)—*Downes*, 5585–93.

This is preferable to sending medical officer lists of patients. *Motion*, 2119–22; *Wallace*, 2332–6; *Ferrier*, 2521–31; *Kyd*, 3308–9.

Case of person with fractured limb who refused to enter the poorhouse, though he could not be properly treated in his own home (Glasgow). *Muir*, 1096, 1103–38, 1174–87; *Motion*, 2124–30.

Refusal to enter poorhouse does not exonerate officials from responsibility for a pauper's welfare. *Motion*, 2125–30.

A special committee have charge of medical relief (Glasgow). *Motion*, 2200–5.

Medical officer should attend promptly on all cases notified to him by the inspector. *Wallace*, 2331.

Method of dealing with applications. (Glasgow)—*Motion*, 2123; (Govan)—*Wallace*, 2332–6; (Edinburgh)—*Ferrier*, 2620–9.

Parish is divided into ten districts, with a medical officer in charge of each (Edinburgh). *Ferrier*, 2519–21.

No person is placed on poor roll for a longer period than three months (Edinburgh). *Ferrier*, 2527–9.

Medicines are dispensed in each district by a druggist with whom the Parish Council have contracted (Edinburgh). *Ferrier*, 2532.

Every parish ought to be required to appoint a medical officer. *Kyd*, 3129–38.

Every parish ought to be bound to give medical relief free of charge to such of its resident paupers as may belong to other parishes *Kyd*, 3122–34.

Salaries of medical officers in Highland parishes. *Kyd*, 3151–60.

Board's rules are good, but require revision. *McInnes*, 3362.

Inspector supplies paupers with medical comforts when ordered by the medical officer. (Edinburgh)—*Ferrier*, 2595–607; (Dumfries)—*McInnes*, 3363–4; (Gairloch)—*Mackenzie*, 4096–7; (Rathven)—*Gordon*, 4242–6; (Thurso)—*Durran*, 4819–21; (Kilmore)—*Campbell* (Dunstaffnage), 5474–5.

Inspector and Parish Council occasionally refuse to supply medical comforts when ordered by the medical officer. (Govan)—*Wallace*, 2337–40; (Dundee)—*Kyd*, 3186; *Millar*, 4907–8, 4916.

The outdoor poor are very badly nursed (Dumfries). *McInnes*, 3369–70.

Nurses employed by district nursing associations are of much use. *Muir*, 1056; *Motion*, 2132–3; *Ferrier*, 2537–43; *McInnes*, 3371–2, 3378–84; *Durran*, 4783–94; *Millar*, 4939–53.

Board might instruct Parish Councils to employ district nurses. *McInnes*, 3374.

Parish Councils ought to subscribe to nursing associations. *Wallace*, 2345; *Ferrier*, 2537–43; *Haldane*, 2976; *McInnes*, 3378; *Gordon*, 4204, 4247; *Millar*, 4939–53.

Board ought to give grants to poor West Highland parishes to enable them to obtain adequate medical relief. *Mackenzie*, 4071, 4081.

The employment of a parish nurse in addition to the medical officer would not afford efficient medical relief. *Mackenzie*, 4072–5, 4082–4.

The large areas make it impossible for one medical officer to overtake the work. *Mackenzie*, 4076–80.

An inspector ought to be *obliged* to obey the medical officer in granting medical relief *Wallace*, 2331; *Mackenzie*, 4098–101.

Dispensaries may be advisable in towns, but not in the country. *Mackenzie*, 4102.

Would prefer that Parish Councils should hire outdoor nurses when necessary instead of subscribing to nursing associations. *Mackenzie*, 4104–8.

Cost and difficulty of securing attendance on sick. *Motion*, 2127; *Wallace*, 2373; *Gordon*, 4182, 4189, 4201, 4241; *Millar*, 4939–58; *Durran*, 4797–8.

Approves of Parish Councils employing nurses for outdoor sick poor. *Gordon*, 4248–58.

Medical officer visits paupers only when requested, or when he thinks it necessary (Thurso). *Durran*, 4776–7.

The Jubilee nurse is of great service and Parish Council subscribe towards her cost (Edinburgh)—*Ferrier*, 2539–42; (Rathven)—*Gordon*, 4202–7; (Thurso)—*Durran*, 4783–94; *Millar*, 4941–4.

There are two midwives in the parish, but no qualified nurse (Lochbroom). *Ross*, 5217–21.

MEDICAL RELIEF (OUTDOOR)—*continued.*

Something ought to be done to allow poor persons, though not paupers, the benefit of the parochial medical officer, as, being unable to pay his fee, they cannot obtain medical assistance. In one case a crofter was pauperised by paying the medical officer's charge of £6 (Lochbroom). *Ross*, 5307–17, 5333–7.
Medical relief is given through a dispensary (London). *Downes*, 5531–4, 5537–8, 5652.
In urgent cases the relieving officer has power to call in outside medical aid (London). *Downes*, 5541–2.
The medical officer receives annually a list of permanently sick or disabled paupers (England). *Downes*, 5585–93.
In Orkney and Shetland it is difficult to obtain medical officers for the smaller islands. *Bell*, 5820.
Cases illustrating said difficulty. *Bell*, 5828–31.
When paid by fees he was not so often required as when a salary had been fixed. *Bell*, 5821–4.
Government ought to provide medical officers in Orkney and Shetland. *Bell*, 5820, 5832, 5839.
Paupers requiring medical attendance should be asked to send word to the medical officer before he goes out for the day. *Bell*, 5846–7.
Relatives sometimes make an improper use of special relief granted to a sick pauper. *Campbell* (Dunstaffnage), 5472–83; *Dr Campbell*, 5997, 6004–7.
District nurses dislike pauper cases. *Campbell* (Dunstaffnage), 5484–9.
Receipt of medical relief alone does not pauperise (England)—*Downes*, 5537–8; (Ireland)—*Bigger*, 6032–3; *Micks*, 6139–42.
Unions are divided into dispensary districts (Ireland). *Bigger*, 6059–60.
Government pays half of the medical officers' salaries and half of the cost of medicines (Ireland). *Bigger*, 6061–6.
Dispensary relief is granted on production of a ticket signed by a guardian, a warden, or a relieving officer (Ireland). *Bigger*, 6069–74.
(*See also* 'BOARDING OUT OF CHILDREN,' 'CASUAL SICK POOR,' 'CHARITY,' 'COMPULSORY REMOVAL OF PAUPERS TO POORHOUSE,' 'CONVALESCENT HOMES,' 'MEDICAL OFFICER (OUTDOOR),' 'MEDICAL RELIEF GRANT,' 'MEDICINES,' 'NURSING (OUTDOOR),' 'NUTRITIOUS DIET,' 'OUTDOOR ORDINARY RELIEF,' 'PAROCHIAL LODGING HOUSES,' 'REFUSAL TO ENTER POORHOUSE,' 'RELIEF OF THE POOR,' 'REMOVAL OF PAUPERS TO POORHOUSE,' 'TRAMPS,' AND 'TUBERCULOSIS.')

MEDICINES:

A female dispenser is employed (Barnhill). *Core*, 401–5.
Are dispensed by a qualified chemist in the poorhouse; he also dispenses to outdoor poor (Glasgow). *Johnston*, 739–51; *Motion*, 2131.
Expediency of dispensaries in large parishes. *Muir*, 1051–5; *Wallace*, 2344; *Ferrier*, 2533–6.
Are most economically given out by a dispenser. *Sandeman*, 1710; *Bennett*, 4655–67.
Precautions are taken in dealing with poisonous medicines (Dundee). *Sandeman*, 1711.
Difficulties arise in inter-parochial accounts for medicines. *Motion*, 2170–5; *Millar*, 4899–903.
Are dispensed by druggists with whom Parish Council have contracted (Edinburgh)—*Ferrier*, 2532–6; (Dundee)—*Kyd*, 3306–7.
Medical officer dispenses medicines which he buys wholesale (Linlithgow). *Crichton*, 3606, 3609.
Method of dispensing in poorhouse (Craigleith). *Aitchison*, 4031–5.
Dispensaries may be desirable in towns, but not in country. *Crichton*, 3607–8; *Mackenzie*, 4102; *Gordon*, 4239.
Should not be supplied by the medical officer. *Gordon*, 4236–40; *Bennett*, 4655–62.
A stock of, should be retained in the poorhouse and dispensed by the medical officer. *Durran*, 4750–7.
Board might fix rates for. *Millar*, 4899.
In large and sparsely-populated parishes it would be a convenience if a store of, were kept at stated centres. *Durran*, 4780–2; *Millar*, 4932–8.
When supplied to poor belonging to other parishes are charged for at a higher rate than when supplied to local poor. *Millar*, 4899–906, 5085–92.
The medical officer should supply and give vouchers. *Campbell* (Dunstaffnage), 5469–71, 5514.
Should be dispensed by a local chemist. *Bell*, 5817–9.
(*See also* 'MEDICAL OFFICER (INDOOR),' 'MEDICAL OFFICER (OUTDOOR),' 'MEDICAL RELIEF GRANT, and 'MEDICAL RELIEF (OUTDOOR).')

MENTAL DISEASE:

The larger poorhouses ought to have observation wards for the reception of inmates suspected of. *McInnes*, 3318–32.

MICKS, Mr WILLIAM LAWSON:

Evidence as to system of medical relief to the poor in Ireland, 6130–42.

MILLAR, Mr A. B.:

Evidence by, 4890–5158.

MOTION, Mr JAMES R.:

Evidence by, 1959–2255.

MUIR, Dr W. L.:

Evidence by, 992–1187.

NUMBER OF SICK INMATES:

Number of sick is increasing (Govan)—*Thomson*, 15; (Barnhill)—*Core*, 298–304; (Craiglockhart)—*Bennett*, 4408–10.
Explanation of increase (Barnhill). *Core*, 299–306.
Explanation of apparent decrease (Glasgow). *Johnston*, 522–31.
A larger proportion of the inmates now require medical treatment (Glasgow). *Johnston*, 532–3.
Proportion of sick to ordinary inmates is much less than that which obtains over Scotland generally; explanation suggested (Perth)—*Hunt*, 1199–220.
Explanation as to sudden decrease in number of sick in recent years (Perth). *Hunt*, 1203–20, 1334–45; *Laird*, 1400–9, 1515, 1543–65.
Necessity of maintaining a certain proportion between number of nurses and number of sick has not had an effect in restricting the nominal number of sick (Perth). *Hunt*, 1368–70; *Laird*, 1545–55.
The numbers of sick may be affected by causes other than sickness. *Laird*, 1408–10; *Sandeman*, 1657–9; *Chisholm*, 1861–7; *Kyd*, 3239–42; *Henderson*, 3732–40.
Offensive and skin diseases are returned as sick (Perth). *Laird*, 1411–8.
Number of patients passing through the sick wards in the course of a year is increasing (Dundee). *Sandeman*, 1681–7; *Whyte*, 1750, 1768; *Chisholm*, 1855–7.
Increase in number of sick is probably owing to improvement in treatment (Dundee). *Sandeman*, 1681–6; *Whyte*, 1751–5.
If present rate of increase is maintained, more accommodation will be required (Dundee). *Chisholm*, 1855.
Increase may be due to dulness of trade (Dundee). *Chisholm*, 1858.
Paupers who in other poorhouse would probably be regarded as merely infirm are sent to the hospital; this probably explains why in Dundee the proportion of infirm to ordinary inmates is so small (Dundee). *Chisholm*, 1861–7.
There are 320 patients in the hospital (Dundee). *Walker*, 3788–9.

JUBILEE NURSES. (*See* 'NURSING (JUBILEE).')

NURSING (INDOOR):

APPOINTMENT AND DISMISSAL OF NURSES:

Extra nurses should not be employed in an emergency without the consent of the chairman of the House Committee. *Thomson*, 44–7, 258–61; *Crichton*, 3546–8; *Campbell* (Dunstaffnage), 5423–4.
Medical officer should be able to obtain extra nurses. *Wallace*, 2294; *Haldane*, 2857; *Miss Campbell*, 3034–8; *Henderson*, 3754–8.
Such extra nurses are sometimes required. (Govan)—*Thomson*, 45–6; (Barnhill)—*Core*, 353–6, 445–7.
Appointment of nurses and probationers is left to medical officer and lady superintendent (Govan). *Thomson*, 82, 157–76.
Medical officer has no say in appointing or dismissing (Barnhill). *Core*, 409.
Matron appoints and dismisses subject to approval of Governor and Chairman (Barnhill). *Core*, 409–11.
Appointments are made by lady superintendent with approval of Governor (Glasgow). *Johnston*, 595.
In practice the medical officer has a say in appointing (Glasgow). *Johnston*, 597.
Appointment and dismissal should be left with lady superintendent, subject to approval by the medical officer and the chairman. *Johnston*, 598, 606.
Nurses are mostly chosen from the probationers (Glasgow). *Johnston*, 712–4.
Formerly it was difficult to obtain qualified nurses (Glasgow). *Johnston*, 716–8.
Medical officer has no control over dismissal, but is usually consulted in selection (Perth). *Hunt*, 1296; *Laird*, 1577–81.
Nurses were formerly engaged by Governor, and medical officer had no say (Dundee). *Whyte*, 1801–4.
Probationers are not engaged unless certified by the medical officer as physically fit (Dundee). *Whyte*, 1805.
Engagement is terminated if medical officer considers nurse unsuitable (Dundee). *Whyte*, 1806–9.
Visiting medical officer ought to be charged with appointing and dismissing nurses subject to approval of House Committee. *Whyte*, 1809–17.
It is difficult to obtain nurses (Dundee)—*Whyte*, 1795; (Edinburgh)—*Ferrier*, 2482–3; (Linlithgow)—*Crichton*, 3582; (Lorn)—*Dr Campbell*, 5952–3.

NURSING (INDOOR)—*continued.*

APPOINTMENT AND DISMISSAL OF NURSES—*continued.*

Supply and organisation of nurses should be undertaken by a Government department. *Haldane*, 2920–35; *Miss Campbell*, 3115–7.
Nurses should be civil servants. *Haldane*, 2920.
An untrained nurse is frequently of great service. *Crichton*, 3578.
Matrons of experience should be placed on register of trained nurses. *Crichton*, 3580.
Appointment should be by Governor with approval of the House Committee. *Crichton*, 3634–41.
Matron acts as nurse (Thurso). *Durran*, 4693–5.
The medical officer should have power to employ as nurse any one he thinks qualified irrespective of training. *Campbell* (Dunstaffnage), 5443.
There ought to be trained nurses in Highland poorhouses. *Durran*, 4696; *Dr Campbell*, 5853–5.

DISCIPLINE, CONDITIONS OF SERVICE, ETC.:

Lady Superintendent is independent of matron, but subject to Governor (Govan). *Thomson*, 153–5.
Nurses are subject to the matron, who is a trained nurse, and also acts as lady superintendent (Barnhill). *Core*, 409–11.
Medical officer has no jurisdiction over nurses (Barnhill). *Core*, 413–5.
Nurses should be allowed more time and facilities for recreation (Barnhill)—*Core*, 448–53; (Dundee)—*Whyte*, 1788–91, 1794.
Medical officer should have control of nurses. *Johnston*, 594, 870–2.
Matters of discipline, though within the province of the Governor, are referred to the medical officer (Glasgow). *Johnston*, 609.
Night nursing should be improved. *Johnston*, 720–3; *Sandeman*, 1716–19; *Haldane*, 2942; *Miss Campbell*, 3009; *Dr Campbell*, 5852, 5973–7.
The nurse is supposed to be subject to the medical officer (Perth). *Hunt*, 1289–94.
But takes instructions from the Governor (Perth). *Hunt*, 1293.
Nurse is bound to see that patient gets what medical officer prescribes (Perth). *Hunt*, 1295.
Nurses should be subject to Governor and medical officer; not to matron (Perth). *Laird*, 1497–500.
When a case requires night nursing the trained nurse sits up (Perth). *Laird*, 1504–7.
The nurse attends to three wards (Perth). *Laird*, 1567–8.
Nurses trained in large poorhouses could be sent for short periods to small poorhouses. *Sandeman*, 1720.
Poorhouse hospital should be made as attractive as possible for nurses. *Whyte*, 1788–90.
Annual holiday should be extended to three weeks, and two half days should be given in each week. *Whyte*, 1792.
The nurses obey the visiting medical officer (Dundee). *Whyte*, 1800.
Each poorhouse should frame its own nursing rules. *Chisholm*, 1947–9; *Motion*, 2105–9.
Salary of nurse is £30, rising to £35 (Edinburgh). *Ferrier*, 2490–1.
Nurses prefer a general hospital to a poorhouse hospital. *Ferrier*, 2492–3.
Substitutes should be provided during holidays. *Haldane*, 2920.
Present relationship of nurses, medical officers and Governors is satisfactory in poorhouses with a superintendent nurse. *Haldane*, 2934–9.
Where only one nurse is employed her position is unbearable. *Haldane*, 2942.
Nursing staff is insufficient (Kyle). *Miss Campbell*, 3009.
Infirm require quite as much nursing as sick. *Miss Campbell*, 1885; *Chisholm*, 3010–1.
Nurse-matron system is not desirable. *Haldane*, 2940–1; *Miss Campbell*, 3109–13.
Trained nursing should be only for cases requiring active medical treatment. *Kyd*, 3161–2.
Trained nurses have charge of the infirm (Linlithgow)—*Crichton*, 3520–2; (Lorn)—*Campbell* (Dunstaffnage), 5399–407.
Nurses ought to be subject to Governor and Matron. *Crichton*, 3580.
One nurse attends both sick and infirm, but has far too much work (Kyle). *Henderson*, 3730–43.
According to Board's standard there ought to be three nurses in the poorhouse (Kyle). *Henderson*, 3740.
Work is very hard, a larger staff being necessary (Dundee, East). *Whyte*, 1794; *Walker*, 3790–1; 3793.
Recreation is fairly adequate (Dundee, East). *Walker*, 3792.
The work of a poorhouse nurse is more menial than that of a hospital nurse. *Walker*, 3795–7.
Standard of training should be raised, and minimum age should be twenty-five. *Walker*, 3800–19.
Would prefer that a trained nurse had charge of infirm. *Bennett*, 4456, 4487–9, 4631.
A superintendent-nurse is necessary where three trained nurses are employed (England). *Downes*, 5545.

NURSING (INDOOR)—*continued.*

DISCIPLINE, CONDITIONS OF SERVICE, ETC.—*continued.*

Superintendent-nurse is subject to the medical officer as regards the treatment of patients, and to the master and matron as regards discipline (England). *Downes*, 5549.
Where the matron is a trained nurse she should be head of the nursing staff. *Dr Campbell*, 5978–87.
Rules specifying duties ought to be framed. *Dr Campbell*, 5994.

EFFECT OF SYSTEM OF TRAINED NURSING, ETC.:

Has attracted cases to poorhouse (Govan). *Thomson*, 117, 122–3.
Trained nursing is now a necessity in a poorhouse. *Thomson*, 69; *Aitchison*, 4018; *Dr Campbell*, 5853–5.
When two nurses were retained they had so little to do that they were continually quarrelling (Perth). *Laird*, 1404, 1508.
Want of a trained nurse is much felt in smaller poorhouses. *Chisholm*, 1839; *Durran*, 4696; *Dr Campbell*, 5853–5.
System of trained nursing will be extended when new hospitals are completed (Glasgow). *Motion*, 2102.
Has been a marked improvement in the treatment of the sick. *Wallace*, 2262.
Some inspectors are of opinion that a certified nurse is not always necessary, and that a woman, experienced as a nurse, who would assist in ordinary duties, would be equally useful. *Wallace*, 2310, 2391–417.
Some trained nurses have a very high opinion of their importance. *Wallace*, 2395, 2408, 2415; *Campbell* (Dunstaffnage), 5455–60.
Practical women, not trained nurses, would assist in keeping wards clean. *Wallace*, 2398.
After examination by the medical officer, such women might be registered. *Wallace*, 2399–400.
Nurses of an inferior training could, under supervision, deal with infirm. *Kyd*, 3236–46.
An untrained nurse is frequently of great service. *Crichton*, 3578.
Trained nursing is confined to the hospital wards (Craiglockhart). *Bennett*, 4443–4.
Would prefer that a trained nurse should have charge of the infirm. *Bennett*, 4456, 4487–9, 4631.
Trained nursing and a proper sick ward would tend to induce aged sick persons to enter the poorhouse (Thurso). *Durran*, 4696–703.
A trained nurse would facilitate operations (Thurso). *Durran*, 4707.
Provision of nursing, etc., in the northern poorhouses would not make paupers more willing to enter. *Millar*, 4957–60.
Not much need for a trained nurse, as the Governor and his wife are able to give attendance (Orkney). *Bell*, 5722–35, 5805–10.

MEDICAL GRANT FOR TRAINED NURSING:

Should be allowed in respect of probationers. *Thomson*, 80, 267–74; *Ferrier*, 2482, 2486–7, 2502–9; *Bennett*, 4634–6, 4643–4; *Campbell* (Dunstaffnage), 5448–9.
Some inspectors object to trained nursing because it absorbs a large part of grant. *Wallace*, 2394–5.
Method of allocating grant between nursing and other purposes is inequitable. *Motion*, 2168; *Wallace*, 2419–20.
It would be unreasonable to ask grant for probationers. *Core*, 390; *Crichton*, 3620–1.
Trained sick nursing should apply only to cases requiring active medical treatment—this would diminish claims on grant. *Kyd*, 3161–2.
Would allow grant for probationers in third year. *Kyd*, 3163–72.
Grant is given in respect of only one trained nurse in each poorhouse (Ireland). *Bigger*, 6078.
Is meant to induce Guardians to appoint a trained nurse (Ireland). *Bigger*, 6079–80.

PAUPER NURSING:

Does not approve of. *Johnston*, 719, 848–51; *Sandeman*, 1716; *Whyte*, 1772–8; *Haldane*, 2920, 2947–53; *Aitchison*, 4018; *Dr Campbell*, 5856–7.
Does not approve of, in absence of trained nurses. *Chisholm*, 1939–46.
There is no pauper nursing, but paupers assist nurses (Perth)—*Laird*, 1502–3; (Dundee)—*Sandeman*, 1716–9; *Walker*, 3828–37; (Govan)—*Wallace*, 2396; (Kyle)—*Miss Campell*, 3008; *Henderson*, 3722–3.
Some pauper nurses work admirably under supervision. *Miss Campbell*, 3106; *Walker*, 3830, 3837.
Approves of pauper nursing under supervision of trained nurses. *Crichton*, 3573–7.
If more nurses were employed, pauper assistance could be largely dispensed with. *Walker*, 3828–37.
When an inmate does good work the House Committee ought to have power to recognise it by a gratuity. *Campbell* (Dunstaffnage), 5444–7.
No pauper is allowed to act as nurse (England). *Downes*, 5618; (Ireland)—*Bigger*, 6079–83.
One of the inmates assists with infirm cases (Orkney). *Bell*, 5733.

NURSING (INDOOR)—*continued.*

RATIO OF NURSES TO PATIENTS:

Board's rules require modification when probationers are employed. *Thomson*, 75–7, 267–74.
Proportion in poorhouse (Barnhill)—*Core*, 387; (Glasgow)—*Johnston*, 600-1; (Dundee)—*Walker*, 3786–9.
Necessity of maintaining a certain proportion between number of nurses and number of sick has not had an effect in restricting the nominal number of sick (Perth)—*Hunt*, 1368–70; *Laird*, 1545–55.
Board's rule requiring a certain ratio between number of nurses and number of sick tends to keep nominal number of sick low. *Haldane*, 2906–8.
That insisted on by Board is not adequate. *Sandeman*, 1707–9; *Whyte*, 1768–71; *Haldane*, 2906–8, 2920; *Walker*, 3790–1, 3842–5; *Aitchison*, 4024–30; *Bennett*, 4645–7; *Dr Campbell*, 5915–22, 5993.
Substitutes should be provided during holidays of nurses. *Haldane*, 2920.
Would approve of proportioning number of nurses to total number of inmates of all classes. *Kyd*, 3243–6; *McInnes*, 3347–8, 3354.
Every poorhouse ought to be compelled to employ a proportionate number of trained nurses. *McInnes*, 3348–58.
According to Board's standard there ought to be three nurses in the poorhouse, whereas there is only one (Kyle). *Henderson*, 3740.
Views as to desirable ratio. *Johnston*, 600–4; *Haldane*, 2920; *Aitchison*, 4024–30; *Bennett*, 4645–7; *Dr Campbell*, 5915–22, 5993.
More nurses are required to enable tuberculous cases to be properly treated. *Dr Campbell*, 5986–9.
Local Government Board have power to say how many nurses should be employed in a workhouse (Ireland). *Bigger*, 6084.
Ratio of nurses to sick is roughly 1 to 10 or 12 (Ireland). *Bigger*, 6090–1.

TRAINING OF NURSES:

Nurses trained in poorhouse give best results. *Thomson*, 69; *Sandeman*, 1697, 1700–1.
No difficulty is now experienced in obtaining probationers (Govan)—*Thomson*, 69; (Barnhill)—*Core*, 382–4; (Glasgow)—*Johnston*, 715; (Dundee)—*Sandeman*, 1707–21; *Walker*, 3838; (England)—*Downes*, 5617.
It is recognised that an efficient training is given in a poorhouse. *Thomson*, 70, 73.
Prejudice against poorhouse trained nurses is unreasonable. *Thomson*, 71.
If the larger poorhouses trained more nurses it would be easier for other poorhouses to obtain nurses. *Thomson*, 71, 267–75; *Sandeman*, 1720.
Nurses are trained in poorhouse (Barnhill)—*Core*, 379–81; (Glasgow)—*Johnston*, 842; (Dundee)—*Whyte*, 1764.
Period of training should be extended to three years. *Johnston*, 724–32, 839; *Sandeman*, 1702–6; *Walker*, 3820–7.
Would limit registration to persons between age of twenty-two and forty-five. *Johnston*, 733–8.
Training should include midwifery and surgical work. *Johnston*, 836; *Sandeman*, 1679–80; *Haldane*, 2920.
Syllabus of training (Glasgow)—*Johnston*, 842–7; (Dundee)—*Whyte*, 1818.
Male nurses are unreliable. *Johnston*, 857–60.
Poorhouse nurses require more tact than those in general hospitals. *Sandeman*, 1697.
The training of probationers should be made as complete as possible. *Sandeman*, 1697.
Nurses trained in large poorhouses could be sent to small poorhouses for short periods. *Sandeman*, 1720.
Minimum age of probationers. *Sandeman*, 1723–4; *Haldane*, 2956–8; *Crichton*, 3580–1, 3599–600; *Walker*, 3802–19.
No need for a maximum age. *Sandeman*, 1725–7.
Standard of probationers is lower than that of infirmary (Dundee). *Whyte*, 1782–3.
Two years' training is sufficient when probationer is to remain in the poorhouse, but three years would be required to fit her for duty elsewhere. *Sandeman*, 1704; *Whyte*, 1765–7; *Haldane*, 2955; *Walker*, 3829–7.
Except in regard to surgical cases, a poorhouse training is as good as that in an infirmary (Dundee). *Whyte*, 1784–7.
Probationers are instructed and examined by visiting and resident medical officers (Dundee). *Whyte*, 1818–21.
Present standard of training should not be altered. *Motion*, 2103; *Dr Campbell*, 5988.
If probationers were trained in the poorhouse it would be easier to obtain a full nursing staff (Edinburgh). *Ferrier*, 2482, 2484–6, 2488.
Nurses in outside hospitals obtain a larger experience. *Ferrier*, 2499.
Medical officers would be willing to train probationers (Edinburgh). *Ferrier*, 2502.
Suggestions as to training of probationers. *Haldane*, 2920; *Aitchison*, 4019–23.
Probationer should not count as a nurse during first year. *Haldane*, 2955.

NURSING (INDOOR)—*continued.*

TRAINING OF NURSES—*continued.*

A poorhouse training is not sufficient for a nurse. *Miss Campbell*, 3056.
Probationers should possess a given standard of general education. *Crichton*, 3580.
Provision should be made in poorhouses for the training of probationers. *Crichton*, 3592–6.
Probationers could not be properly trained in poorhouse (Kyle). *Henderson*, 3745–9.
Nurses trained in poorhouse generally get on very well. *Walker*, 3839–41.
Probationers ought to have prospects of promotion. *Aitchison*, 4013–4.
The larger poorhouses should train nurses. *Aitchison*, 4019–20; *Dr Campbell*, 5990–2.
Nurses should be trained under a resident medical officer. *Aitchison*, 4021–3.
Approves of present standard, but Board should have power to relax their rule. *Bennett*, 4632–3, 4640–1.
Training might be partly in a poorhouse, partly in a general hospital. *Campbell* (Dunstaffnage), 5450–5; *Dr Campbell*, 5988–92.

NURSING (JUBILEE):

There are 224 Jubilee nurses and 18 probationers. *Wade*, 6145–8.
Method of training. *Wade*, 6149–91.
Nurses are trained in Edinburgh Royal Infirmary, Leith Hospital, Barnhill Poorhouse, Dundee and Aberdeen Infirmaries. *Wade*, 6156.
A poorhouse training teaches the nurses not to despise chronic cases. *Wade*, 6158–60.
Would approve of nurses being trained in any poorhouse so well equipped as is Barnhill. *Wade*, 6166.
Probationers in the poorhouse receive £5 for the first and £10 for the second year, besides board and uniform. *Wade*, 6168–73.
Method of training in Bolton Workhouse Infirmary. *Wade*, 6175.
Minimum age of probationers should be twenty-two. *Wade*, 6177–9.
Applicants must have an educational qualification. *Wade*, 6180–5.
Applicants must produce evidence as to character. *Wade*, 6186.
Applicants must be physically fit. *Wade*, 6187.
Applicants usually come from the farming class. *Wade*, 6188.
County nurses begin at a salary of £35, with board and uniform. *Wade*, 6192–4.
The work varies in quantity, but the nurses are becoming better appreciated. *Wade*, 6195–8.
The district nurses are inspected periodically. *Wade*, 6202.
When the Local Executive Committee fails to provide funds, the nurse is withdrawn. *Wade*, 6203–6.
Nurses are bound to serve for two years, wherever sent, but prefer the more populous districts. *Wade*, 6207–12.
The Institute would be willing to accept poorhouse trained nurses. *Wade*, 6213–5.
The poorhouse certificate of training does not rank high. *Wade*, 6221–2.
The efficiency of a poorhouse training depends largely on the qualification of the poorhouse medical officer. *Wade*, 6235–9.
The rules of the Association preclude trained Jubilee nurses from serving in poorhouses. *Wade*, 6244–50.
Nurses attend outdoor sick poor (Edinburgh)—*Ferrier*, 2539–43; (Rathven)—*Gordon*, 4202–7; (Thurso)—*Durran*, 4783–94; *Millar*, 4941–2.

NURSING (OUTDOOR):

District nurses are of great service, and Parish Councils ought to subscribe towards their cost. *Muir*, 1056; *Ferrier*, 2537–43; *Haldane*, 2976; *Motion*, 2132–3; *Wallace*, 2345; *McInnes*, 3371–2, 3378–84; *Gordon*, 4204, 4247; *Millar*, 4939–53.
District nurses should be servants of the Parish Council in cities. *Muir*, 1056–8.
In country parishes there would not be sufficient pauper work to fully employ a nurse. *Muir*, 1062–5.
Cost of outdoor nurses should form a charge against medical relief grant. *Muir*, 1061–2; *Motion*, 2134; *Ferrier*, 2543; *McInnes*, 3376; *Gordon*, 4250, 4352–6; *Millar*, 4939–53, 5104–6.
Parish Councils subscribe to nursing associations (Glasgow)—*Motion*, 2132–3; (Edinburgh)—*Ferrier*, 2537–43; (Govan)—*Wallace*, 2424; (Rathven)—*Gordon*, 4247; (Thurso)—*Durran*, 4785.
Cases requiring constant nursing should be sent to poorhouse. *Wallace*, 2345; *Kyd*, 3175.
Does not approve of combining outdoor and indoor nursing. *Haldane*, 2943–5; *Miss Campbell*, 3101–5.
Would not allow grant in respect of outdoor nursing. *Kyd*, 3173–6; *Crichton*, 3620–1.
In certain cases a district nurse might visit poorhouse *Crichton*, 3622–4.

NURSING (OUTDOOR)—*continued.*

Outdoor poor are very badly nursed (Dumfries). *McInnes*, 3369–70.
Board might instruct Parish Councils to employ district nurses. *McInnes*, 3374.
The employment of a parish nurse would not greatly improve system of medical relief in West Highland parishes. *Mackenzie*, 4072–5, 4082–4.
Would prefer that Parish Councils should hire outdoor nurses when necessary instead of subscribing to nursing associations. *Mackenzie*, 4104–8.
Approves of Parish Councils employing nurses for outdoor sick poor. *Gordon*, 4248–58.
A Jubilee nurse is of great service in the parish (Rathven)—*Gordon*, 4202–7; (Thurso)—*Darrau*, 4783–94.
District nurses do not care for pauper cases. *Campbell* (Dunstaffnage), 5484–9.
Guardians have power to appoint outdoor nurses (England). *Downes*, 5581–4.
A nurse for outdoor and poorhouse jointly might be of use, but is not specially required (Orkney). *Bell*, 5805–10.

NUTRITIOUS DIET:

Medical officer dare not order for fear of dismissal. *Muir*, 1016–24, 1031–8.
Doctors sometimes order too much of. *Wallace*, 2340–3.
An inspector ought to be obliged to furnish what the medical officer orders. *Wallace*, 2331; *Mackenzie*, 4098–101.
Is always supplied when ordered by the medical officer (Edinburgh)—*Ferrier*, 2595–607; (Dumfries)—*McInnes*, 3363–4; (Gairloch)—*Mackenzie*, 4096–7; (Rathven)—*Gordon*, 4246; (Thurso)—*Darrau*, 4819–21; (Kilmore, &c.)—*Campbell* (Dunstaffnage), 5474.
Inspector and parish council occasionally refuse to supply medical comforts when ordered by the medical officer (Govan)—*Wallace*, 2337–40; (Dundee)—*Kyd*, 3186; *Millar*, 4907–8, 4916.
Is not aware that any medical officer has been threatened with dismissal for ordering extras. *Millar*, 4916.
Extras are frequently obtained without the inspector being consulted. *Millar*, 4198–31.
Is not aware of any case where a medical officer has improperly ordered extras for paupers. *Ross*, 5289–93.
Extras ordered by the medical officer for sick paupers are frequently misapplied. *Muir*, 1017; *Campbell* (Dunstaffnage), 5472–83; *Dr Campbell*, 5997, 6004–7.
A discretionary power (which is rarely exercised) rests with the relieving officer as to whether he shall give or withhold special diet recommended by the medical officer (England). *Downes*, 5599–602.
see also 'MEDICAL OFFICER (OUTDOOR),' 'MEDICAL RELIEF GRANT,' and 'MEDICAL RELIEF (OUTDOOR).')

OBSERVATION WARD:

Should exist in the larger poorhouses for the reception of cases of temporary mental derangement; this would avert the sending of many persons to an asylum. *McInnes*, 3318–32.

OFFICIALS (GENERAL):

Appointment and dismissal of hired servants, exclusive of nurses, should rest with the Governor. *Thomson*, 198–206.
Appointments and dismissals must be confirmed by the House Committee (Perth). *Laird*, 1600–2.
All officials should be required to direct the attention of the Governor to any inmate who, though not complaining, seems out of health. *Haldane*, 2825–6.
House Committee should engage all officials. *Crichton*, 3633–4.

OPERATIONS. (*See* 'SURGICAL OPERATIONS.')

ORDINARY INMATES.

(*See* 'BATHING OF INMATES,' 'CLASSIFICATION OF INMATES,' 'CLEANLINESS OF INMATES,' 'COMPLAINTS BY INMATES,' 'DIETARY,' 'DISCHARGE OF INMATES,' 'MEDICAL OFFICER (INDOOR),' 'PERIODICAL INSPECTION OF INMATES,' 'PUNISHMENT OF INMATES,' 'TEST CASES' AND 'WORK.')

ORKNEY:

Evidence by Dr R. D. C. Bell, Medical Officer to several parishes in, and joint Medical Officer to the Combination Poorhouse, 5678–847.

OUTDOOR ORDINARY RELIEF:

Many cases deserving outdoor relief could be reached by organised charity. *Haldane*, 2770–1.
Indoor relief ought not to be forced on decent old people who can get along outside with a small outdoor allowance. *Crichton*, 3505–9.
It is becoming more usual to offer only indoor relief to the mothers of illegitimate children. *Millar*, 4978–9; (Lochbroom)—*Ross*, 5234–7.

OUTDOOR ORDINARY RELIEF—*continued.*

The poorhouse test is frequently applied with result of preventing pauperism (Lochbroom). *Ross*, 5177–81.
Outdoor relief is not given unless Parish Council are satisfied that the applicants are physically incapable of earning a living (Lochbroom). *Ross*, 5251–62.
Many paupers in receipt of outdoor relief would be better in the poorhouse, but cannot be induced to enter (Orkney). *Bell*, 5693–709.
Some years ago an inspector was prosecuted for refusing outdoor relief to a pauper who subsequently died, and since then inspectors have been afraid to enforce the poorhouse test (Orkney). *Bell*, 5703–9.

OVERCROWDING:

Medical officer should report overcrowding of poorhouse wards. *Haldane*, 2852–6.

PARISH COUNCIL.

(*See* 'BOARDING-OUT OF CHILDREN,' 'CASUAL SICK POOR,' 'COMPULSORY REMOVAL OF PAUPERS TO POORHOUSE,' 'CONVALESCENT HOMES,' 'INS AND OUTS,' 'MEDICAL OFFICER (OUTDOOR),' 'MEDICAL RELIEF GRANT,' 'MEDICAL RELIEF (OUTDOOR),' 'MEDICINES,' 'NURSING (OUTDOOR),' 'NUTRITIOUS DIET,' 'OUTDOOR ORDINARY RELIEF,' 'TENURE OF MEDICAL OFFICERS' APPOINTMENTS,' 'TUBERCULOSIS,' etc.)

PAROCHIAL LODGING-HOUSES:

Disapproves of. *Mackenzie*, 4122–6.
Are useful and economical in parishes distant from a poorhouse. *Millar*, 4998–5010.

PAUPER NURSING. (*See* 'NURSING (INDOOR).')

PAYMENT FOR PATIENTS IN POORHOUSE HOSPITAL:

Is accepted from relatives of patients (Dundee). *Sandeman*, 1723–32; *Whyte*, 1758–61.
Relatives frequently contribute, but rarely pay full cost (Dundee). *Chisholm*, 1845–9.
Persons who cannot be treated in their own homes, and whose relatives pay for them, are sometimes received in poorhouse hospital (Glasgow). *Johnston*, 538–45, 550–5, 978–80; *Motion*, 2066–88.
A claim is made against such relatives of the inmates as are able to pay (Govan)—*Wallace*, 2267–74, 2281–2; (Edinburgh)—*Ferrier*, 2705–12; (Dundee)—*Kyd*, 3273–5, 3278–9.
Pauper stigma should be removed from paying patients. *Haldane*, 2919.

PENAL DRESS IN POORHOUSES:

Should be abolished. *Haldane*, 2841–3.

PERIODICAL INSPECTION OF INMATES:

Medical officer and Governor at stated times examine the ordinary inmates to see whether any have become able-bodied (Govan). *Thomson*, 31–3, 140–5.
Medical officer receives periodically a list of inmates for examination and revision (Barnhill)—*Core*, 343–5, 480–4; (Glasgow)—*Johnston*, 512–6; (Perth)—*Hunt*, 1371–2.
Does not periodically inspect inmates (Perth). *Hunt*, 1266; 1297–300.
Medical officer is in future to periodically inspect the inmates (Perth). *Laird*, 1429, 1524.
Periodical inspection is unnecessary except as regards children. *Whyte*, 1829–31.
Periodical inspection would not interfere with jurisdiction of Governor. *Chisholm*, 1897.
Medical officer should periodically examine all inmates. *Haldane*, 2857–99; *Crichton*, 3527–8; *Dr Campbell*, 5929.
The medical officer should advise periodically as to classification. *Kyd*, 3259–60, 3264–5; *McInnes*, 3342–4.
(*See also* 'CLASSIFICATION OF INMATES' and 'MEDICAL OFFICER (INDOOR).')

PERTH POORHOUSE:

Evidence of Dr Leigh Hunt, Medical Officer to, 1186–396.
Evidence of Mr George Blair Laird, Governor of, 1397–958.

PHTHISIS. (*See* 'TUBERCULOSIS.')

PHYSICAL CONDITION OF INMATES:

Is more infirm than formerly (Glasgow). *Johnston*, 531–3.
More acute cases in hospital than formerly (Dundee)—*Sandeman*, 1681–7; *Whyte*, 1750, 1768; *Chisholm*, 1855–7.

POOR LAW OFFICERS' ASSOCIATION FOR SCOTLAND:

Evidence on behalf of, by Mr Miles McInnes, Inspector of Poor, Dumfries, 3312–477.

PORTER, POORHOUSE:
Board's rules appear to place too much responsibility on porter as regards the admission of inmates. *Thomson*, 188–91.
Same porter is on duty day and night (Govan). *Thomson*, 195–7.
Does not deliver up keys to Governor at night (Govan)—*Thomson*, 189–94; (Dundee)—*Chisholm*, 1936–7.
Governor should have power to appoint and suspend. *Thomson*, 200–3; *Laird*, 1599.
Is not permitted to search females (Dundee). *Chisholm*, 1932–4.
Ought, as regards appointment, dismissal, etc., to be subject to Governor with approval of House Committee. *Chisholm*, 1951–3; *Crichton*, 3634.

POST-MORTEM EXAMINATION:
Is made where there is doubt as to the diagnosis (Glasgow). *Johnston*, 674–81.
Is always made of deceased lunatics; of deceased ordinary inmates, only occasionally (Perth). *Hunt*, 1328–9.
(*See also* 'SUDDEN DEATHS OF INMATES.')

PROBATIONERS. (*See* 'NURSING (INDOOR).')

PROCURATOR-FISCAL:
Only sudden deaths in which there is a suspicion of crime need be reported to. *Hunt*, 1317–20; *Aitchison*, 3963–7.
(*See also* 'SUDDEN DEATHS OF INMATES.')

PUNISHMENT OF INMATES:
Rules are modified as regards (Govan). *Thomson*, 55.
Is not inflicted on female children (Govan)—*Thomson*, 66–7.
If inmates refuse obedience, the medical officer is asked to examine them, and, if able-bodied, they are discharged (Govan). *Thomson*, 55.
In view of the class of inmate in the poorhouse during winter, power to inflict punishment is essential to discipline (Govan). *Thomson*, 58–9.
Corporal punishment is rare, but, when given, the presence of a member of the House Committee is not considered necessary (Govan). *Thomson*, 61–3.
There is no limit of age as regards punishment (Govan). *Thomson*, 64.
Has only once confined an inmate in a cell over night (Govan). *Thomson*, 65.
Medical officer certifies whether inmates are fit to receive punishment (Barnhill). *Core*, 454–7; *Motion*, 2096.
Children are sometimes punished, but medical officer is always consulted (Barnhill). *Core*, 471–9.
Medical officer is not consulted before inmates are placed in test ward (Glasgow). *Johnston*, 618–9.
There is no need to consult medical officer before corporal punishment is inflicted (Glasgow). *Johnston*, 620–3.
No need for presence of a second person. *Johnston*, 624–7.
Has objected to the wards in which inmates are confined (Glasgow). *Johnston* 632–3.
Medical officer is not always consulted before punishment is inflicted (Perth). *Hunt*, 1281–2.
But is consulted when the pauper is not well (Perth). *Hunt*, 1283–5.
Is not aware of corporal punishment having been administered to children (Perth). *Hunt*, 1286.
Punishment is frequently inflicted in Perth poorhouse. *Laird*, 1473–82.
Inmates who refuse to work ought to be handed over to the police, as in England. *Laird*, 1487–96.
In certain cases the medical officer is consulted (Perth) *Laird*, 1539–41.
Medical officer is consulted as to whether inmates are fit for work, but is not otherwise consulted before an inmate is punished (Dundee). *Chisholm*, 1907.
Medical officer should be present when children are punished. *Chisholm*, 1910.
So far it has not been necessary to punish children (Dundee). *Chisholm*, 1911–2.
English rules as to punishment are more humane and modern than Scottish rules. *Haldane*, 2845–9.
Penal dress should be abolished. *Haldane*, 2841–3.
Punishments should have reference to age. *Haldane*, 2848.
Corporal punishment of girls should be abolished. *Haldane*, 2848.
When administered to boys, another official should be present. *Haldane*, 2848.
Inmates should have a right to complain of unjust punishment. *Haldane*, 2848.
Governor ought not to be obliged to consult House Committee before punishing. *Crichton*, 3557–8.
But medical officer should be consulted. *Thomson*, 59–60; *Wallace*, 2294; *Haldane*, 2857; *Crichton*, 3559; *Bell*, 5788–96.
Would discourage corporal punishment without forbidding it; corporal punishment of girls should be administered by the matron. *Crichton*, 3567–71.
Disapproves of punishment by confinement. *Henderson*, 3759–67.
Confinement cell at one time had no seat and was badly lighted (Kyle)—*Henderson*, 3764.

PUNISHMENT OF INMATES—*continued.*
Bad cases should be handed over to police. *Henderson*, 3763–7; *Campbell* (Dunstaffnage), 5134–41.
Withholding of tobacco is an effective punishment. *Henderson*, 3770.
'Locking-up' is usually sufficient punishment (Craiglockhart). *Bennett*, 4604–7.
An inmate under medical treatment is not confined unless certified by the medical officer (Craiglockhart). *Bennett*, 4608–9.
To withdraw delicacies from diet is sufficient punishment for old people (Craiglockhart). *Bennett*, 4610–2.
Corporal punishment is given to children (Craiglockhart). *Bennett*, 4613–7.
There is practically no punishment (Lorn). *Campbell* (Dunstaffnage), 5428–30.
There is a refractory cell, which is without means of heating, but it is not used (Lorn). *Campbell* (Dunstaffnage), 5428–4.
Solitary confinement is rare (England). *Downes*, 5619–20, 5624–5.
Punishment is usually by deprivation of leave or privileges, such as tobacco (England). *Downes*, 5621.
Certain conditions as to the construction of refractory cells have been laid down by Local Government Board (England)—*Downes*, 5623.
No absolutely dark cells in use (England)—*Downes*, 5624–5.
Suggests slight modification of existing rules. *Dr Campbell*, 5959–66.
Punishment is rare (Ireland). *Bigger*, 6113–7.
Inmates have a right of appeal to Guardians (Ireland). *Bigger*, 6120.

RATHVEN, PARISH OF:
Evidence by Mr J. W. Gordon, Inspector of Poor for, 4176–399.

RECIPROCAL OBLIGATIONS BETWEEN PARISHES. (*See* 'MEDICAL RELIEF GRANT.')

RECREATION:
Certain games ought to be permitted in the poorhouse. *Haldane*, 2823–4.

REFUSAL TO ENTER POORHOUSE:
Case of a person with fractured limb who refused to enter poorhouse, although he could not be properly treated in his own home (Glasgow). *Muir*, 1096, 1103–38, 1174–87; *Motion*, 2124–30.
Where a sick or injured person refuses to go to poorhouse, he has no more claim on the services of the medical officer *Muir*, 1174–5.
Refusal to enter poorhouse does not exonerate officials from responsibility for pauper's welfare. *Motion*, 2125–30.
When a phthisical patient refuses to enter the poorhouse his outdoor aliment is frequently withdrawn with a view to compelling him to enter (Edinburgh). *Ferrier*, 2673, 2713–8.
If pauper persists in refusal, it is considered that the duty of the Parish Council to give aliment ceases (Edinburgh). *Ferrier*, 2677–87.
Refusal to enter poorhouse is not made a reason for withholding outdoor aliment (Dundee). *Kyd*, 3251–3.
Some years ago an inspector was prosecuted for refusing outdoor relief to a pauper who subsequently died, and since then inspectors have been afraid to enforce the poorhouse test (Orkney). *Bell*, 5703–9.

REGISTER OF SICK (OUTDOOR):
Is unsatisfactory. *Millar*, 5114–9.

REGISTRATION OF BIRTHS AND DEATHS:
Method of (Govan)—*Thomson*, 230–3; (Perth)—*Laird*, 1596–7.

RELIEF FROM PAYMENT OF RATES:
Granted to poor persons by parish of residence ought to be claimed against parish of settlement. *Campbell* (Dunstaffnage), 5509–13.

RELIEF OF THE POOR:
Ought to be chiefly 'indoor.' *Haldane*, 2755–8.
Present system promotes pauperism. *Haldane*, 2770.
Many cases deserving outdoor relief could be reached by organised charity. *Haldane*, 2770–1.
There are 200 paupers in the parish (Lochbroom). *Ross*, 5168, 5209–48.
Only four receive indoor relief (Lochbroom). *Ross*, 5169–71.
Parish is a member of a poorhouse combination (Lochbroom). *Ross*, 5175–6.
The poorhouse test is frequently applied with the result of preventing pauperism (Lochbroom). *Ross*, 5177–81.
Outdoor relief is not given unless the Parish Council are satisfied that the applicant is physically incapable of earning a livelihood (Lochbroom). *Ross*, 5251–62.

RELIGIOUS SERVICE:

Governor should read prayers in absence of chaplain. *Thomson*, 209–11.
Inmates ought to be permitted to worship in churches outside of the poorhouse. *Haldane*, 2839–40.

REMOVAL OF PAUPERS TO POORHOUSE:

A nurse is not sent unless ordered by medical officer (Govan)—*Thomson*, 245–6; *Wallace*, 2446–9; (Glasgow)—*Johnston*, 916–22; *Motion*, 2228–9.
Outdoor medical officers ought to be careful to secure that a nurse accompanies serious cases. *Johnston*, 923, 932–8, 954–7.
But a nurse is not necessary in every case. *Johnston*, 924, 929–41; *Wallace*, 2453.
For economy several cases are sometimes conveyed in the same ambulance (Glasgow). *Johnston*, 925–30.
Would approve employment of more ambulance waggons (Glasgow). *Johnston*, 940.
Governor is responsible for the management of the ambulance (Glasgow). *Johnston*, 947–51.
Sick paupers are removed in a special chair or by cab, an attendant being in charge (Perth). *Hunt*, 1346.
Inspector of poor is responsible for removals (Perth)—*Hunt*, 1350–4; *Laird*, 1594; (Dundee)—*Chisholm*, 1954.
Medical certificate should contain a question as to infectious disease. *Hunt*, 1355–60.
" " should contain an instruction as to bathing. *Thomson*, 240–6; *Laird*, 1603–4.
" " should instruct as to whether a nurse should accompany the patient. *Thomson*, 240–6; *Johnston*, 937.
" " should instruct immediate removal of a patient to hospital when necessary. *Aitchison*, 3982–3.
" " further criticism of details of. *Aitchison*, 3982–99; *Dr Campbell*, 5943.
" " is satisfactory. *Johnston*, 915; *Chisholm*, 1957–8; *Motion*, 2253–4; *Wallace*, 2447.
On account of bad surroundings it is often desirable to remove to poorhouse sick persons, even though hardly able to bear removal (Glasgow). *Motion*, 2220–7.
Precautions taken in removing by ambulance (Glasgow). *Motion*, 2228–50.
An attendant besides driver usually accompanies the ambulance (Govan)—*Wallace*, 2449; (Glasgow)—*Motion*, 2230–1, 2246; (Edinburgh)—*Ferrier*, 2719–24; (Dundee)—*Kyd*, 3287–8.
A special cab is used when medical officer certifies that this will suffice (Edinburgh). *Ferrier*, 2725–6.
An attendant is not sent with patient in cab unless required by medical officer (Edinburgh). *Ferrier*, 2728.
An attendant travels in van (Dundee). *Kyd*, 3280–5.
Deaths have occurred in ambulance (Glasgow)—*Johnston*, 919–21, 937; (Govan)—*Wallace*, 2448; (Dundee)—*Kyd*, 3289–91.
Paupers are generally removed in a cab, but an ambulance is used when considered necessary by the medical officer. An attendant is not sent in every case (Dumfries). *McInnes*, 3474–7.
A nurse usually accompanies ambulance (England). *Downes*, 5664–5.
A cab or small ambulance is used (Lorn). *Dr Campbell*, 6018–21.
(*See also* 'COMPULSORY REMOVAL OF PAUPERS TO POORHOUSE.')

RETURNS (HALF-YEARLY) TO LOCAL GOVERNMENT BOARD.

(*See* 'SUDDEN DEATHS OF INMATES.')

ROLL-CALL OF INMATES:

Is impracticable (Govan). *Thomson*, 208, 212–4; (Perth)—*Laird*, 1483–5; (Dundee)—*Chisholm*, 1921–4.
Is now in disuse (England). *Downes*, 5660.
Is desirable. *Dr Campbell*, 5968–72.

ROPE PICKING IN POORHOUSE:

Is really a punishment. *Sandeman*, 1664–7.

ROSS, Mr ALEXANDER:

Evidence by, 5159–366.

ROYAL INFIRMARY, EDINBURGH:

Edinburgh parish receives no benefit from. *Ferrier*, 2653.
Is made to pay poor rates, but Parish Council refuse a subscription. *Ferrier*, 2657A–8.
Entails a heavy burden on parish by collecting cases of disease from all parts of the country. *Ferrier*, 2659.
But many cases which otherwise would fall on the parish are treated in. *Ferrier*, 2660–6.
Patients who cannot be operated on in the poorhouse probably find their way to. *Ferrier*, 2667–72; *Aitchison*, 3902–19.

RULES FOR ADMINISTRATION OF POORHOUSES:

Rules require considerable revision. *Johnston*, 590; *Bennett*, 4445–6.
Rules tend to prevent friction. *Sandeman*, 1715.
The special rules approved for Glasgow have been found to work well. *Motion*, 2009.
Special rules have been framed for the guidance of officials and tradesmen of Barnhill poorhouse. *Motion*, 2019–23, 2050–1, 2101.
These have not been submitted to Local Government Board for approval. *Motion*, 2019–23.
Special rules for management of hospital, but they have not been approved by Local Government Board (Craiglockhart). *Bennett*, 4649–50.
The practice in poorhouses is better than that prescribed in rules. *Haldane*, 2804.
English rules as to punishment are more humane than Scottish. *Haldane*, 2845–9.
(*See also* 'ADMISSION OF PAUPERS TO POORHOUSE,' etc.)

SALARIES OF MEDICAL OFFICERS.

(*See* 'MEDICAL OFFICER (INDOOR),' 'MEDICAL OFFICER (OUTDOOR),' 'MEDICAL RELIEF GRANT,' and 'SURGICAL OPERATIONS.')

SANATORIUM TREATMENT OF TUBERCULOUS PAUPERS.

(*See* 'TUBERCULOSIS.')

SANDEMAN, Dr LAURA S.:

Evidence by, 1632–738.

SANITATION, POORHOUSE:

Medical officer should periodically inspect. *Haldane*, 2857.
Every year a certificate that the poorhouse is sanitary ought to be obtained from a qualified inspector. *Dr Campbell*, 5929, 5937–9.

SCOTTISH POOR LAW MEDICAL OFFICERS' ASSOCIATION:

Evidence of Secretary of (Dr Muir), 992–1187.

SEARCHING OF INMATES. (*See* 'ADMISSION OF PAUPERS TO POORHOUSE.')

SICK INMATES:

Definition of: 'All who require nursing.' *Johnston*, 574–6.
" One who requires attention and medical advice. *Hunt*, 1201–2.
" Those who are acutely or chronically ill, and require treatment. *Sandeman*, 1657.
" All who are bed-ridden. *Miss Campbell*, 2993–5.
" All who require constant medical treatment. *Motion*, 1991; *Kyd*, 3257; *Crichton*, 3511.
Infirm who receive medical treatment are to be regarded as sick, but do not count as sick in the matter of nursing (Dundee). *Chisholm*, 1882–4.
(*See also* 'CLASSIFICATION OF INMATES,' 'MEDICAL OFFICER (INDOOR),' etc.)

SKIN DISEASE:

Cases of, are not included as sick (Perth). *Hunt*, 1368–70.
Offensive cases are returned as sick (Perth). *Laird*, 1411–8.

SMOKING IN POORHOUSE:

Medical officer should have power to permit smoking in wards. *Haldane*, 2857.

SOCIETY OF INSPECTORS OF POOR OF SCOTLAND:

Evidence on behalf of, by Mr Andrew Wallace, Inspector of Poor of Govan, 2256–468.

STUDENTS:

Some patients prefer to be treated in the poorhouse, as there they are not annoyed by the presence of students (Craiglockhart). *Bennett*, 4578.

SUBSCRIPTION TO HOSPITAL:

Board should have power to restrict Medical Relief Grant on an excessive subscription to a hospital. *Motion*, 2178–82; *Wallace*, 2423; *Millar*, 5123–32; *Mackenzie*, 4159; *Ferrier*, 2649–59; *McInnes*, 3433–6.
The basis of subscriptions by Parish Councils ought to be the benefit which the parish receives. *Ferrier*, 2649.
Medical Grant should be allowed only on that part of subscription which is applicable to medical treatment. *Kyd*, 3199–211.
Guardians may, with consent of Local Government Board, subscribe to public hospitals, consumptive sanatoria, institutions for epileptics, nursing associations, etc. (England). *Downes*, 5563, 5566, 5571–6.

SUDDEN DEATHS OF INMATES:
Are reported only when unexpected, and when doubt exists as to cause (Govan). *Thomson*, 48–51.
Only deaths that are 'sudden *and* unexpected' should be reported. *Thomson*, 234–9; *Johnston*, 909–12.
Medical officer does not report deaths occurring in hospital (Barnhill)—*Core*, 357–77, 439–41; (Perth)—*Hunt*, 1228–30, 1325–7.
Deaths in ordinary wards are reported (Barnhill) — *Core*, 362–70; (Glasgow)—*Johnston*, 685–90.
Medical officer intimates death to Governor in first place (Barnhill). *Core*, 371.
When a death occurs in the ordinary wards it is entered in half-yearly return to Local Government Board as if it had taken place in sick wards (Barnhill)—*Core*, 363–78; (Glasgow) — *Johnston*, 694–702; (Dundee) — *Sandeman*, 1695–6; (Craiglockhart)—*Bennett*, 4600–3.
Regards as 'sudden' a death which was not expected. *Johnston*, 683; *Crichton*, 3556.
Would report a death in hospital only where diagnosis was imperfect. *Johnston*, 693.
For some years the only sudden deaths have been those of patients on sick list (Perth). *Hunt*, 1223, 1232.
Would regard as sudden the death of an inmate whom he had not previously seen. *Hunt*, 1225–7, 1311–20.
Only cases in which there is a suspicion of crime need be reported to the Procurator-Fiscal. *Hunt*, 1317–20; *Aitchison*, 3963–7.
If an inmate die without having been seen by the doctor, or if the doctor is unable to certify the exact cause of death, the death is reported (Perth). *Laird*, 1584–5.
When an inmate not receiving medical treatment dies the case is reported (Dundee)—*Sandeman*, 1691; (Linlithgow) —*Crichton*, 3556.
When disease has previously been diagnosed, death is not regarded as sudden (Dundee). *Sandeman*, 1692–6.
Board's rule needs revision. *Motion*, 2220.
Board's present rule is satisfactory. *Chisholm*, 1920.
It is often desirable on account of bad surroundings to remove to poorhouse sick persons hardly able to bear removal. *Motion*, 2220–7.
Certificates of death should be filled up with greater care than at present. *Haldane*, 2857, 2882–4.
Deaths occurring shortly after removal from the ordinary to the infirm wards ought to be reported. *Aitchison*, 3954.
Deaths in sick wards are not usually reported (Craigleith). *Aitchison*, 3954–62.
Deaths occurring within two hours of admission to the poorhouse are reported (Craigleith). *Aitchison*, 3954–61.
The death of an inmate not under medical treatment is regarded as sudden (Craiglockhart). *Bennett*, 4583–5, 4599–603.
Only such deaths as call for an inquest are reported (England). *Downes*, 5661.
Practice as regards reporting (Orkney). *Bell*, 5797–804.
Procedure ought to be simplified, so as to permit of burial as soon as possible. *Crichton*, 3549–55; *Dr Campbell*, 5954–8.
(*See also* 'DEATHS OF INMATES,' 'POST-MORTEM EXAMINATION,' and 'PROCURATOR-FISCAL.')

SURGICAL OPERATIONS:
Every type of case is treated (Govan)—*Thomson*, 9–13; (Barnhill)—*Core*, 305–12; (Glasgow)—*Johnston*, 534–7; (Dundee)—*Sandeman*, 1672–9; *Whyte*, 1757.
Are necessary for the proper training of nurses. *Johnston*, 836; *Sandeman*, 1679–80; *Haldane*, 2920.
Should be performed in nearest infirmary. *Laird*, 1542.
Appliances for surgical operations are inadequate (Dundee)—*Sandeman*, 1673; *Whyte*, 1757; (Edinburgh)—*Ferrier*, 2494–5; (Craigleith)—*Aitchison*, 3869, 3920; (Craiglockhart)—*Bennett*, 4564–6; (Thurso)—*Durran*, 4704; (Lorn) —*Dr Campbell*, 5852, 5862–6.
Other medical practitioners assist the medical officer gratuitously (Dundee)—*Sandeman*, 1674–9; (Craigleith)—*Aitchison*, 3905; (Orkney)—*Bell*, 5783–7.
Specialists do not receive a fee even when employed on behalf of another parish pauper (Dundee). *Sandeman*, 1678–9.
Operations in poorhouse are very successful (Glasgow)—*Motion*, 2097; (Govan)—*Wallace*, 2277.
Medical officers in certain circumstances ought to receive a fee for operations. *Wallace*, 2433–8; *Crichton*, 3625–9; *Millar*, 5076–9.
Cases requiring operation are probably sent to the infirmary (Edinburgh). *Ferrier*, 2494–5.
Are not performed in poorhouse (Kyle). *Miss Campbell*, 3050–2.
Patients requiring operation are sent to the County Hospital (Kyle). *Henderson*, 3750–3.
Operations are occasionally performed in the poorhouse (Linlithgow) — *Crichton*, 3562; (Craigleith) — *Aitchison*, 3903–6, 3912; (Thurso)—*Durran*, 4705–8; (Lorn)—*Dr Campbell*, 5865.
The larger poorhouses ought to have proper means for carrying out operations. *Aitchison*, 3907–10.
Cases are not sent to the Royal Infirmary for operation (Craigleith). *Aitchison*, 3913–9.

SURGICAL OPERATIONS—*continued.*
Special assistants to medical officer in operating ought to be paid. *Muir*, 1154–9; *Ferrier*, 2698–9; *Aitchison*, 4010; *Bell*, 5782–7.
It has not been necessary to send patients to the infirmary for operations (Craiglockhart). *Bennett*, 4568–9.
If necessary, the medical officer may procure outside assistance (Craiglockhart). *Bennett*, 4618–20.
The employment of a trained nurse would facilitate operations (Thurso). *Durran*, 4707.
(*See also* 'HOSPITAL, POORHOUSE,' 'MEDICAL OFFICER (INDOOR),' and 'MEDICAL OFFICER (OUTDOOR).')

TEA:
A present of a little tea would encourage female inmates to engage in Brabazon work (Glasgow). *Johnston*, 648.

TEETH:
Children in poorhouse should be taught to brush. *Haldane*, 2816–7.

TEMPERATURE OF WARDS:
Maintained at about 65° to 70° in sick and infirm wards (Govan). *Thomson*, 227–8.
(*See also* 'HEATING OF POORHOUSE.')

TENURE OF MEDICAL OFFICERS' APPOINTMENTS:
Medical officers should not be removable without consent of Local Government Board. *Muir*, 1038–9, 1142–3; *Motion*, 2251; *Wallace*, 2375; *McInnes*, 3424; *Henderson*, 3767; *Gordon*, 4341–3; *Durran*, 4830–47; *Millar*, 5065–8; *Campbell* (Dunstaffnage), 5503–7; *Bell*, 5839–46; *Dr Campbell*, 6017.
Case where a medical officer was dismissed by his Parish Council. *Wallace*, 2376–7.
Medical officership ought not to be rotated among the medical men in a district. *Muir*, 1167–73; *Wallace*, 2375–9.
Tenure does not require change. *Mackenzie*, 4132–6; *Ross*, 5288.
Tenure does not require change except in small parishes. *Ferrier*, 2594.
Is not aware that any medical officer has been threatened with dismissal for ordering extras to paupers. *Millar*, 4916.
There is no urgent necessity for fixity of tenure. *Durran*, 4844, 4849; *Millar*, 5023–33.
In a Highland parish a medical officer with fixity of tenure and no opposition would have it in his power to neglect or to overcharge ordinary patients. *Millar*, 5023, 5031–2; *Ross*, 5288.
Medical officer has a right of appeal to Local Government Board against dismissal; this tends to greater efficiency (England)—*Downes*, 5628–32; (Ireland)—*Bigger*, 6124–9.

TEST CASES:
Should be kept separate from other inmates. *Chisholm*, 1873–5; *Kyd*, 3270–2.
Description of work suitable for (Dundee). *Chisholm*, 1890–1.
Special rules for the test departments have been found to work well (Glasgow). *Motion*, 2009.
Severe testing by diet and work is necessary in some poorhouses. *Wallace*, 2309.
Are intimated to Governor (Govan). *Wallace*, 2459–63.
A distinction in treatment is made when the pauper's character is good and it is desired to test merely the resources of the family (Glasgow)—*Motion*, 2000–7; (Govan) —*Wallace*, 2465–8.
Should be made to work. *Miss Campbell*, 2987–90.
In a small poorhouse it is difficult to apply a proper test. *Miss Campbell*, 3017.
Tramps applying for relief ought to be tested. *McInnes*, 3411.
It is desirable to appoint a labour-master. *Henderson*, 3777.
A more stringent test would tend to keep down the number of inmates (Craiglockhart). *Bennett*, 4410–2, 4457–84A.
Are made to work a pump for supplying water to the poorhouse (Thurso). *Durran*, 4880–3.

THOMSON, MR JOHN:
Evidence by, 1–291.

THURSO COMBINATION POORHOUSE:
Thurso, Parish of: Evidence by Dr David Durran, Medical Officer to, 4668–889.

TOBACCO:
A present of a little tobacco would encourage male inmates to engage in Brabazon work (Glasgow). *Johnston*, 648.
Withholding tobacco forms an effective punishment. *Henderson*, 3777.

TOBACCO—*continued.*

Punishment frequently consists in deprivation of (England). *Downes*, 5621.

A little tobacco is given as a reward for work (Lorn). *Dr Campbell*, 5860–1.

TRAINED SICK NURSING. (*See* 'NURSING.')

TRAMPS:

Medical officer would deal with tramp found ill at roadside without waiting for an order from the inspector of poor. *Muir*, 1144–9.

Tramps found sick at roadside should be dealt with by inspector of poor. *Wallace*, 2389; *Kyd*, 3303–5.

Tramps found sick at roadside are taken to the poorhouse by the police (Edinburgh). *Ferrier*, 2608–17.

Tramps applying for relief ought to be tested. *McInnes*, 3411.

Police, in first instance, should attend to tramps found sick at roadside. *McInnes*, 3425–6.

TUBERCULOSIS:

Should be treated in poorhouse. *Thomson*, 16–7; *Motion*, 1965; *Wallace*, 2257; *Kyd*, 3247.

Phthisical patients should be isolated from other inmates. *Thomson*, 16–7; *Core*, 314–5; *Hunt*, 1305; *Laird*, 1520; *Sandeman*, 1639, 1652–5; *Whyte*, 1744–7; *Chisholm*, 1868; *Motion*, 1965; *Crichton*, 3488–95; *Ferrier*, 2510; *Kyd*, 3247; *Aitchison*, 3889–91; *Miss Campbell*, 2993–4; *Dr Campbell*, 5896–9.

Patients are kept in separate wards and dressings are burned (Govan). *Thomson*, 146.

Sanatorium treatment is given as far as possible (Govan). *Thomson*, 148–9; (Barnhill)—*Core*, 320–1; (Lorn)—*Dr Campbell*, 5903–8; (Craigleith)—*Aitchison*, 3892.

Number of cases is increasing (Govan). *Thomson*, 151.

Special wards are being provided by Glasgow Parish Council at Stobhill. *Core*, 316–9.

Between 1200 and 1500 cubic feet should be allowed per bed. *Johnston*, 546.

Cases of, are classed as sick (Glasgow). *Johnston*, 799.

At present there are 100 tuberculous patients in the poorhouse (Glasgow). *Johnston*, 802.

Cases are not treated on sanatorium principles (Glasgow). *Johnston*, 803; (Perth)—*Hunt*, 1305–6.

Has frequently improved cases so far that they were able to resume work (Glasgow). *Johnston*, 805–6.

There is no special diet, but unlimited milk is given (Perth). *Hunt*, 1307; *Laird*, 1522.

Board should prescribe a diet. *Sandeman*, 1640–4.

Phthisical patients should be given some sort of light work. *Sandeman*, 1644–50; *Whyte*, 1744–7.

Phthisical patients are those in whose sputa tubercle has been found (Dundee). *Sandeman*, 1651.

Phthisical patients are weighed (Dundee). *Sandeman*, 1734.

A ward has been set apart for female patients (Dundee). *Whyte*, 1743.

No special ward for males, but these receive hygienic treatment (Dundee). *Whyte*, 1743; *Chisholm*, 1869–70.

Board should prescribe a maximum diet. *Whyte*, 1748–9.

Glasgow District Lunacy Board are building wood-and-iron hospitals for tuberculous patients at a cost of £90 per bed. *Motion*, 1966, 1968–76.

Stone-and-lime hospitals cost about £150 per bed. *Motion*, 1967.

Would recommend hospitals of wood and iron for isolation purposes. *Motion*, 1977.

It is not the duty of the Parish Council to provide sanatoria for consumptives. *Ferrier*, 2510.

Sheds have been devised for open-air treatment (Craiglockhart). *Ferrier*, 2511; *Bennett*, 4413–4.

A special diet has been adopted (Craiglockhart). *Ferrier*, 2511–3.

All consumptive cases will probably be sent to Craiglockhart Poorhouse (Edinburgh). *Ferrier*, 2514, 2516–8.

There is a laundry and disinfector for tuberculous cases (Craiglockhart). *Ferrier*, 2515–6.

When a tuberculous patient refuses to enter the poorhouse, his outdoor aliment is frequently withdrawn with a view to compelling him to enter (Edinburgh). *Ferrier*, 2673, 2713–8.

If pauper persists in refusing to enter poorhouse, it is considered that the duty of the Parish Council to aliment him ceases (Edinburgh). *Ferrier*, 2677–87.

This is done in the interests of the family when the house is small (Edinburgh). *Ferrier*, 2688.

The pauper has an appeal to the Local Government Board. *Ferrier*, 2689–90.

Patients should be received into poorhouses where there is nursing, and encouraged to pay what they can. *Haldane*, 2920.

An effort is made to induce phthisical paupers to enter poorhouse, but only 50 per cent. do so. The others are, as far as possible, provided for in their own homes (Dundee). *Kyd*, 3248–56.

Cases of phthisis should not, as a rule, be treated in a poorhouse. *McInnes*, 3334–7.

TUBERCULOSIS—*continued.*

No special provision is made for such cases in poorhouse (Dumfries). *McInnes*, 3338–9.

Tuberculosis should be made a notifiable disease, and dealt with by Public Health authorities. *Crichton*, 3541–5; *Henderson*, 3671–2.

It would be desirable to have a separate poorhouse for malignant and offensive diseases; one house would suffice for a county. *Henderson*, 3673–8.

Warders required to sleep in phthisical wards should themselves be phthisical. *Aitchison*, 3891.

Only hopeless cases should be received in the poorhouse. *Aitchison*, 3892.

Sanatorium treatment is a matter for private charity. *Aitchison*, 3893.

Paupers have not, as a rule, sufficient pluck to benefit by sanatorium treatment. *Aitchison*, 3893–9.

Suitable cases might be sent to a sanatorium. *Aitchison*, 3900–2.

A poor ratepayer, one of whose family was consumptive, would feel it hard if paupers alone were sent to consumptive sanatoria. *Mackenzie*, 4089, 4093–5.

If by treatment in a sanatorium a man were prevented from becoming a permanent burden on the parish, it would probably be economical to send him to some such institution. *Mackenzie*, 4090–2.

A phthisical pauper, by being boarded in the country, recovered health (Rathven). *Gordon*, 4332.

There are no cases of phthisis in the poorhouse (Thurso). *Durran*, 4758.

Is not common among the outdoor poor (Thurso). *Durran*, 4759.

Cases could be isolated in the poorhouse (Thurso). *Durran*, 4762–3.

Parish Councils might combine to erect homes for consumptive and cancer cases. *Millar*, 5017–22.

There are a good many cases of phthisis in parish (Lochbroom). *Ross*, 5343–7.

Phthisical cases are placed in a separate ward (Lorn). *Campbell* (Dunstaffnage), 5373, 5392–4.

Would prefer if consumptive sanatoria were available for all classes, and not exclusively for paupers (England). *Downes*, 5576–9.

The nursing staff is not usually sufficient to deal with tuberculous cases. *Dr Campbell*, 5896.

VACANT ACCOMMODATION.

(*See* 'CAPACITY OF POORHOUSES.')

VISITATION OF POORHOUSE:

House Committee visit regularly. (Govan)—*Thomson*, 252–7; *Wallace*, 2311–29; (Perth)—*Laird*, 1509–14; (Linlithgow)—*Crichton*, 3601–4; (Craiglockhart)—*Bennett*, 4652; (Thurso)—*Durran*, 4848.

House Committee visit irregularly (Glasgow). *Motion*, 2110–3; *Haldane*, 2779–86.

Visiting members receive complaints from inmates (Govan). *Wallace*, 2316–26; (Glasgow)—*Motion*, 2039–44.

Patients' friends should be afforded every facility for visiting, and should be allowed to come oftener than at present. *Core*, 394–6.

When a patient's life is in danger, this is intimated to his friends, who are then allowed to visit as often as they may wish (Barnhill). *Core*, 397.

Friends of inmates should be restricted to one visit per month. *Chisholm*, 1950.

Disapproves of a Visiting Committee composed of outsiders. *Motion*, 2111–4.

Approves of poorhouse being visited by outsiders. *Haldane*, 2790–4; *Dr Campbell*, 5874–9.

Visiting Committee should not be accompanied by officials. *Haldane*, 2779–89.

Inmates should be permitted to complain to Visiting Committee. *Haldane*, 2779.

Committees vary as to the manner in which they do their work. *Haldane*, 2780–8.

Functions of an outside Committee. *Haldane*, 2795–800.

It should be made clear that the members of the Visiting Committee are not required to visit together. *Campbell* (Dunstaffnage), 5461–2.

Members of Visiting Committee should be instructed that they have no power to reprimand officials, but may report to the House Committee. *Campbell* (Dunstaffnage), 5462–5.

WADE, Miss:

Evidence by, 6143–250.

WALKER, Miss MARGARET:

Evidence by, 3781–848.

WALLACE, Mr. ANDREW:

Evidence by, 2256–468.

WEIGHING OF INMATES:

Inmates are not weighed (Govan). *Thomson*, 180–2.
Medical officer proposed to weigh inmates, but House Committee objected (Barnhill). *Core*, 434–8.
Phthisical and hospital cases are sometimes weighed (Glasgow). *Johnston*, 874–6.
No advantage would result from systematic weighing *Johnston*, 877–81.
Only phthisical patients are weighed (Dundee). *Sandeman*, 1734.
Approves of weighing inmates periodically. *Sandeman*, 1735–8.
Would furnish useful statistics. *Aitchison*, 4053.
Would be practicable (Craiglockhart). *Bennett*, 4518–24.
Has been confined chiefly to children (England). *Downes*, 5606–7.
All inmates should be weighed on admission and discharge. *Dr Campbell*, 5943.
(*See also* 'DIETARY.')

WHYTE, Dr J. MACKIE:

Evidence by, 1739–831.

WORK:

Should be provided for the infirm. *Johnston*, 634–46.
Brabazon Society work is not a success, because no reward is given (Glasgow). *Johnston*, 637, 644–6.
A reward ought to be given to encourage the workers. *Johnston*, 648–53.
Hours of work ought to be regulated for individuals by the medical officer. *Johnston*, 654–5.
Medical officer takes no say in work done by inmates (Perth). *Hunt*, 1391–2.
But sometimes requests that paupers leaving sick ward may not be made to work for some little time (Perth). *Hunt*, 1394.
Inmates who work do not receive 'working' diet (Perth). *Laird*, 1443–5, 1460–70.
An exception is made in favour of women who scrub all day, or men who do a tradesman's work (Perth). *Laird*, 1446.
Infirm inmates are made to work six hours a day on non-working diet (Perth). *Laird*, 1449–55.
Inmates who refuse to work ought to be handed over to the police as in England. *Laird*, 1487–96.
If medical officer says that an inmate is unfit for work, Governor accepts decision (Perth). *Laird*, 1529.
Phthisical patients should have some sort of light work. *Sandeman*, 1644–50; *Whyte*, 1744–7.
All inmates who are able receive some work (Dundee). *Sandeman*, 1661–9.
Rope picking is really a punishment. *Sandeman*, 1664–7.
Brabazon scheme is to be introduced (Dundee). *Sandeman*, 1669.
Approves of work for infirm. *Whyte*, 1762.

WORK—*continued*.

Medical officer certifies as to ability of inmates who refuse to work (Dundee). *Chisholm*, 1893–5.
Description of work suitable for test cases (Dundee). *Chisholm*, 1890–1.
Governor selects class of work (Dundee). *Chisholm*, 1896.
Test cases should be made to work. *Miss Campbell*, 2987–90.
It is desirable to appoint a labour master. *Henderson*, 3777–8.
Removal certificate ought to indicate class of work for which pauper is fit. *Aitchison*, 3992–4001.
The taking of firewood into the town in barrows by inmates is subversive of discipline (Craiglockhart). *Bennett*, 4462–75.
Inmates work a pump to supply the poorhouse with water (Thurso). *Durran*, 4734–6.
When an inmate does good work, the House Committee ought to have power to reward him. *Campbell* (Dunstaffnage), 5444–7.
Paupers are sent into the town with firewood; the system is satisfactory (Lorn). *Campbell* (Dunstaffnage), 5517–25.
Inmates usefully assist in cleansing house. A little tobacco is sometimes given as a reward (Lorn). *Dr Campbell*, 5858–61.
Brabazon Society work would be of great use (Lorn). *Dr Campbell*, 5878–83.
The medical officer should determine the work for which inmates are fit. *Dr Campbell*, 5923, 5940.
There is not a sufficient number of able-bodied paupers in the workhouses to do the ordinary house work (Ireland). *Micks*, 6131.

WORKHOUSES (ENGLAND AND IRELAND):

Administration of medical relief in, administered under orders of Local Government Board (England). *Downes*, 5529–30, 5581; (Ireland)—*Bigger*, 6025, 6038, 6075.
Special rules are issued for each workhouse which has a separate infirmary (England). *Downes*, 5633–44.
Supervision of, by English Local Government Board. *Downes*, 5543–62.
Every year selected workhouses are examined by the medical inspector (England). *Downes*, 5543–52.
Local Government Board may refuse to sanction the occupation of any part of a workhouse that does not satisfy them (England). *Downes*, 5553–62.
Are tending to become hospitals for sick and infirm (Ireland). *Micks*, 6132.
It is proposed to assign some of the better class workhouses for the reception of destitute persons not sick (Ireland). *Micks*, 6133–4.
It is proposed to have different workhouses for different classes of inmates (Ireland). *Micks*, 6135–8.
But as the workhouses belong to different unions, legislation will be necessary (Ireland). *Micks*, 6136–8.
(*See also* 'MEDICAL AND LAY INSPECTORS UNDER LOCAL GOVERNMENT BOARD.')

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