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THE REALITIES OF
MEDICAL ATTENDANCE ON THE SICK CHILDREN
OF THE POOR IN LARGE TOWNS.

BY
T. P. HESLOP, M.D.,

*Physician to the Queen's and Children's Hospitals,
Birmingham.*

. penitusque casa contrusa jacebant
Corpora paupertate et morbo dedita morti.

LUCRETIVS, "*De rerum natura*," liber vi.

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THE MEDICAL ATTENDANCE

OF THE SICK CHILDREN

OF THE HOSPITAL

IN THE CITY OF LONDON

BY J. H. B. J. B. J. B.

IN TWO VOLUMES

This Paper was written in order to be read in the Public Medicine Section of the British Medical Association, at the Annual Meeting holden at Leeds in July, 1869. The pressure of communications in that Section prevented the carrying out of this intention, but, at the request of Dr. Farr, the President, the main facts and inferences arrived at were made the subject of a short verbal statement. It is now published in a separate form, in the belief that the materials collected, being at once new and of serious import, are worth the consideration of the Medical Profession and of the Government. It is proper to add that the Paper has become somewhat expanded beyond its original limits.

August 20, 1869.

THE REALITIES OF MEDICAL ATTENDANCE
ON THE
SICK CHILDREN OF THE POOR IN LARGE TOWNS.

THERE is a grave misconception, both among the members of the medical profession and among the public, as regards the amount and quality of the medical attendance actually obtained by the sick children of the poor in these countries. This is the only explanation of the comparative indifference, not to say hostility, with which the establishment of Children's Hospitals has been viewed by some members of the most humane of the professions, and by the people of Great Britain in general, who, however regardless of the claims of education, cannot be truly said to be deliberately heedless of the cry of physical suffering.

It is hardly necessary to tell such an audience as this that the mortality of young children is very great, but I will in a few words indicate how this matter now stands. In one of the Reports of the Registrar-General it is stated that "of the deaths in England in 1859, no less than 184,264—two in every five of the deaths of the year—were of children under five years of age; and above half of these—105,629—had scarcely seen the light, and never saw one return of their birthday." It appears from Dr. Farr's English Life-table* that of every 1,000 children born in England, 737 survive to attain their fifth year of age; the annual mortality

* See *British Medical Journal*, March 21, 1868.

in the interval averaging 67 per 1,000 of the mean numbers living. The mortality in the first year after birth is at the rate of 165; in the second, 65.6; in the third, 36.1; in the fourth, 24.3 per 1,000, living at those ages. A more minute subdivision of infantile existence shows that the mortality in the first month of life is at the annual rate of 571 per 1,000, in the second month 218, and so on. The deaths in thirty large town-districts in the ten years 1851-60, of children under five years of age, were 338,990. If the mortality in these towns had been no higher than in the healthy districts of England, the deaths would only have amounted to 135,470; consequently, there was an excess of 203,520 deaths justly ascribable to preventable causes. The most recent returns show that the proportion of deaths under five years of age in England is 41 per cent. of the total; but in London it is 43 per cent., and even higher than that in some of the northern counties. In some of the metropolitan districts more than 50 per cent. of the deaths in 1865 were of children under five years of age.

In his supplement to the twenty-fifth annual Report of the Registrar-General, Dr. Farr gives the proportion of deaths to the *population* at different ages in every registration district, from which it appears that the average annual rate of mortality per 1,000 in the ten years 1851-60, of children under five years of age, amounted to 66.9 in Islington, and arrived at 101.5 in East London; 102.5 in Whitechapel; 108.5 in St. Giles'. The two highest rates of death are for Manchester, 117.3; and Liverpool, 132.0.

Further evidence is adduced in the admirable paper read in this Section at Oxford last year, by Dr. Morgan. He quotes the Sanitary Reports on the State of Salford, for seven consecutive years, extending from 1860 to 1866, with the view of shewing that some districts are far more trying to early life than others. Here 49.9 per cent. of the deaths

registered occurred among children under five years of age. The deaths at this age, in Salford proper, being four times as numerous as in the adjoining district of Broughton. Now Mr. Sargent* tells us that in the adjoining Borough of Manchester, which we may take as presenting the same population-characteristics as Salford, there were in 1861, out of every 1000 persons living of both sexes, 134 of both sexes under five years of age. While, therefore, the population under this age was only 13.4 per cent. of the whole number living, the deaths under this age were half of the whole number of deaths at all ages. If a similar inquiry were extended to the worst districts of other towns, excluding the upper classes, I believe that at least as bad results as these would be arrived at.

But appalling as the rate of mortality among children is known to be, the rate of sickness in proportion to that of the whole population must be far greater. The experience of every medical man may be appealed to in confirmation of this fact. If we take certain acute diseases, as Diarrhœa, Diphtheria, Scarlatina, Hooping Cough, Bronchitis, Catarrh, &c., the predominance of them among children, as compared with adults, is so great that they may be fairly called disorders special to childhood. In London, in 1865, there were 3,611 deaths at all ages from Diarrhœa: of these, 2,519 were among children, but this is very imperfect evidence of the comparative *sickness* from this cause, at different ages. If we had the means of knowing the real prevalence of Diarrhœa among the children of the poor, I have no doubt that it would be found to be many times more common among them than among adults of the same class.†

* Town Life among the Poorest, p. 16.

* On the Vital Statistics of Birmingham and seven other large towns—1865.

† See Appendix, No. 2.

The question now arises, how far is this great amount of infantile disease provided for in our towns? The first point to settle, is the extent of relief afforded by ordinary Medical Institutions. When the Birmingham Children's Hospital was set on foot in the year 1861, I instituted an inquiry into this point. The Lying-in Hospital and Dispensary for Women and Children did not admit children as in-patients, and the whole number of children at and under seven years of age treated during the first three months of that year, amounted only to 15. At the General Dispensary there were 4,456 patients, either treated at their own homes or at the Institution, in the year 1860. The number of children under seven years of age amounted to 269, or about $\frac{1}{16}$, though the mortality of male children under five years of age was more than 50 per cent. of the whole mortality of that sex in the town. There are two General Hospitals in the town. The list of in-patients at the Queen's Hospital shows, during the first three months of 1861, 12 children under seven years of age out of 286 patients, or $\frac{1}{24}$. Of the out-patients: 208, out of 1,288, were under seven years of age; 143 of these were surgical cases, with which we are not now concerned.

In the same period there were admitted as in-patients into the General Hospital, 40 children at and under seven years of age, out of a total number of 499 patients. Out of 4,159 out-patients, there were 541 children at and under seven years of age. The proportion of surgical cases among these was, I believe, even greater than at the sister institution, but the ratio is little more than one eighth of the total number. These figures, drawn from Birmingham, accurately represent the degree of attention paid to infantile maladies at our General Charities. Proof of this may be adduced from the last Report of the Infirmary of the town in which we are now assembled. In the year 1868, there

were 1,673 in-patients admitted : of these, 207, or less than one-eighth were children under twelve years of age. What was the proportion of medical cases ? 21 only, or ten per cent., represent the care bestowed by the General Infirmary of this great town, and by this illustrious Medical School on the ailments of childhood. Even this gives an inadequate picture of the matter. Of these 21 children labouring under disorders of other than surgical nature, five only were under six years of age, in spite of what we know from authentic sources of the mortality up to this period of life in large manufacturing towns in the north.

The Metropolis supplies equally startling evidence of the utter abandonment of all effort to cope with infantile disease in quarters where it might have been least expected.

In the admirable statistical record of St. Bartholomew's Hospital for 1868, I find that among 2,351 medical in-patients admitted during the year 1868, there were only 60 below five years of age, and only 88 between five and ten years of age. At this great hospital, the seat of one of the most distinguished schools in Great Britain, there were only 148 children, labouring under medical disorders, admitted into the wards throughout a whole year. There was not one case of diphtheria ; three only of enteric fever ; nine of scarlatina ; ten of croup, up to the age of ten. When it is considered that there are 250 medical beds in this wealthy and free general hospital—that there are no restrictions either in reference to disease or to the necessity of obtaining a privileged note of admission—and, moreover, that this institution is situated in the midst of a dense and poor population, these facts must be allowed to offer ample proof either that our General Hospitals do not profess to respond to the necessities of infantile sickness, or that there is an invincible repugnance, even among the poorest, to avail themselves of the benefits proffered.

These figures suffice to demonstrate that the diseases of children among the poorer classes are but partially attended to at our great charities, or rather are all but wholly neglected. This fact is particularly manifested by the small number of children admitted into the wards of the General Hospitals, for, as no home visiting is carried on in these great charities, those children who are too ill to be conveyed to the Hospitals must seek relief elsewhere. There are, unfortunately, methods of obtaining relief only too familiar to mothers in great towns. The children are treated, at a small cost in money, mainly by druggists and unlicensed practitioners, until the case assumes a dangerous aspect, and then, perhaps in the last hour of the little patient, the mother hurries to the nearest surgeon for the purpose of securing a legal certificate of the death, when that shall occur. Even this precaution is not always taken, and the child dies, as it has lived, outside the pale of medical science. Out of 252 deaths recorded by Mr. Leigh, one of the Manchester Registrars, 49 were uncertificated; 41, out of these uncertificated cases, were children. In referring to the thousands of children who helplessly perish in this country from bad treatment under this system, who ought to have "grown up men and women, bulwarks of the state," the same gentleman makes the following apposite remarks:—"How far the evil might be mitigated by medical men themselves, by an extension of eleemosynary aid, it is difficult to say, *for the poor cannot pay medical fees*; in many cases they will not pauperize themselves by applying to the Parish Surgeon, and the profession already contributes more to the relief of the poor than any other body in society."

In order to remedy this state of things, so far as concerned Birmingham, the Children's Hospital was opened nearly eight years ago. Its operations had commenced but a few months when it occurred to me to inquire from the

mothers what they had previously done in order to obtain medical relief for their children.* Although many statements had been issued in the Reports of the Registrar-General, and in other quarters, regarding the sources of medical relief among the children of the poorer classes, no exact numerical view of the matter had been published. The results conveyed the clearest evidence of the necessity for Children's Hospitals in large towns, and demonstrated the truth of the oft-repeated assertion, that the sick children of the poor are either completely uncared for or attended by persons having no right, derived either from law or from knowledge, to undertake such a charge. Out of 215 cases brought in succession to the Hospital on particular mornings, 76, or more than one-third, had been treated exclusively by unqualified persons, and nearly half had been submitted to no treatment whatever; 21 had obtained relief from public institutions, combined with other sources; 15 only had been previously under the exclusive care of qualified medical men. These figures afford positive evidence of the large sphere of usefulness open to Children's Hospitals, and show the fallacy of the allegation that the sick children of the poor are already generally attended by legally qualified medical men. The table, however, gives but an imperfect measure of the real state of things. Those who are brought having had no previous treatment have often been ill for weeks or months, and those who may have once consulted a medical man had long abandoned the attendance upon him from their inability to pay the expense.

Subsequent experience has only confirmed the facts then arrived at. On the 25th of May last I commenced an investigation with the same object in view, and completed it at

* Second Report of the Birmingham Free Hospital for Sick Children, 1862, page 26. A slight error crept into these figures, owing to one medical man, practising after the manner of a druggist, having been erroneously classed as a druggist.

the end of six weeks. Every mother who brought a child to the Hospital during that period, on my days of admission, was asked a series of questions involving the following points—previous application to a Druggist, a Surgeon, or a public institution, and length of illness. As the inquiry proceeded, many additional questions of a subsidiary nature were asked, as I desired to obtain a complete picture of the realities of infantile medical attendance among the poorest. Then they were asked what they had given for the medicine—what was the medicine administered—why they went to a Druggist—why they did not apply to a Surgeon—and, when they had applied to one, why they had desisted from proceeding on with him until the child was well. In many cases also the nature of the disease under which the child was labouring on admission was notified, in order to yield an idea of the severity of the case.

In this way 383 cases were made the objects of investigation, and are separately given in the Table appended to this paper. Of these 383 cases, 341 had not previously been taken to a Medical Man; 154, or two-fifths of the whole, had applied to a Druggist alone; 33 to a Surgeon alone, or one-twelfth of the whole; 187, or about half of the whole number, had previously been altogether without even the rudest aid; 163 had employed either a Druggist alone, or (in 9 cases) a Surgeon conjointly with him; 1 only had been to a Birmingham General Hospital before applying, and 1 to a London Hospital two years previously.

I will assume that the members of a Medical Association are fully agreed that human lives, at all ages, are worthy of being saved; and that children, though unable to earn their bread, or to push on the world's progress, are not entirely indifferent objects, to be cast aside and allowed to rot among the débris of alleys and cellars.* I shall also

* See Appendix, No. 3.

take the liberty to believe that Medical men sincerely hold the opinion that it is useful for the ignorant mothers of the poorer classes to be taught what is good for their offspring, as regards food, medicine, cleanliness, and so forth—that medical aid is often of the highest advantage to suffering children. More than all, that the rude interference of a Drug-seller may be highly perilous, and cannot possibly be of benefit. What, then, do my colleagues think of these figures? What are likely to be the sentiments of the eminent State Official who represents in this Section the Government department for the Registration of Deaths, on being told that out of 383 sick children, many of whom had been ill for months, 187 had been without the aid of medical science, and 154 had only come in contact with that science as it is represented by a trader in drugs,—or in an exactly similar sense in which we may say that a man has come in contact with legal science who has applied to an engrosser of deeds, or to the stationer who has supplied the parchment?

These totals give, however, but a meagre view of the reality. Let us examine some of the cases individually. I will take the first 28 cases of my Table. Of these, 20 had been neither to a Druggist, nor to a Surgeon, nor to a Public Institution. They had been ill for periods varying from one day to two-and-a-half years. Eight had been ill for seven days and upwards before application. One of these had been fourteen days ill with Fever, another for four months with Hydrocephalus; one for seven days with Hooping Cough; one, who had been ill for eight days, was affected with double Pneumonia. The mother's account of the case was as follows :—"Her husband was very ill; Parish Doctor attending him now. Declared that the reason she did not go to the Parish Doctor was that she had no opinion of them—'they are so neglectful'—and do no good. Would not have had him if she could

have got a Dispensary Note." Of those ill under seven days, one had been ill for four days with severe Diarrhœa and Convulsions; another for six days with modified Small Pox; another for three days with Diarrhœa.

Seven of the first twenty-eight cases had sought aid from a Druggist. Of these, one had been ill for seven days, and teething powders, in other words, calomel powders had been administered, costing at the rate of 6d. per box: one had been ill eight days, three powders, costing 2d. had been given: another labouring under very severe Bronchitis for three days, had had three teething powders for 2d: another had Bronchitis after Measles for eleven days: and three had had Scarlet Fever for four days, two fever powders, costing 1½d., having been given; "mother did not take the child to the Druggist, because she had not the money."

Of one child, who had been ill for six weeks, the mother gave the following account—"Went to the Druggist before going to the Surgeon. Bought two notes, costing 3s.6d. each, lasting three weeks. Child no better; found it too expensive to go on with." One only of these 28 cases had been to a surgeon alone. It had been ill for ten days, and not being relieved was brought to the Hospital.

Other parts of the Tables give exact data of a similar kind to those now presented. A few further examples I must attempt to give in the time allotted to this paper. The 264th case had been ill for fourteen days with Bronchitis and Diarrhœa, had had powders and medicine from a Druggist; could not afford to pay a Doctor. The 265th was a heart-rending case: the child was labouring under wasting and inflammation of the eye; had been under the Parish Doctor for five months; child no better. Mother could not afford to pay a private Surgeon; had had five children ill; came nearly eight miles to the Hospital. The 267th case, three weeks ill, had been taken to a Doctor because the

medicine from the Druggist did no good. Doctor's medicine was 1s. "Mother could not afford to take her again, as husband only got 10s. 6d. last week." The 268th case, ill nearly three weeks, had also been to a Druggist. It was very ill with Scarlatinal Dropsy. Three at once ill with Scarlet Fever. Mother could not afford to pay a Doctor. Child taken into the Hospital wards. The 274th case had been taken to a druggist because a M.D. and Fellow (by examination) of the College of Surgeons had given an unfavourable opinion of the case. The 284th case was illegitimate. The mother, a stitcher, could not afford to pay the Doctor any longer; child had been nine weeks under his care. The 286th case had been for two months under two Parish Surgeons; no relief, so was brought to the Hospital. The 288th, ill two weeks, was a bad case of St. Vitus' Dance. "No medicine or advice until brought to the Hospital." The 249th and 250th cases were suffering from the Itch. Another in the house had it. They had been ill for two years. A Druggist had been applied to; "could not afford to pay a doctor." The 233rd case had been ill for three months; had been under a surgeon, a 3s. 6d. note having been obtained; mother could not pay longer.

I maintain this to be a faithful picture of the kind and amount of medical aid obtained by the sick children of the poor in our large towns, for there is no reason for presuming that Birmingham differs from other cities in this respect. The inference is forced upon us that these children are neglected, and that this neglect needs to be obviated by better arrangements than those now existing.

It may be said that the Poor-Law Medical Officers are the proper persons to deal with the children of the destitute. Granted, if these officers were so circumstanced as to command the confidence of their patients. This is not the right time or place to indicate the organic changes needed in this

department of medical labour. I will content myself with declaring that I know the disastrous effects of our Poor-Law system, both in principle and in detailed administration, upon the officers engaged in working it. I shall not speak hardly of my brethren engaged in this work. Tempted as they are, I know not why I should presume to think I should be different from them were I placed in their position. But this I know full well that these gentlemen in our large towns do not possess the confidence of the sick poor—that mothers prefer the druggist, with his pennyworth of deadly syrup or of calomel powder, to the so-called care of the bankrupt Parish Surgeon, or his utterly unqualified assistant.

Let it be observed, too, that the Birmingham Children's Hospital only professes to deal with actual paupers when the children are suffering from other than ordinary maladies, or such as have been unrelieved by previous treatment.* There is a class, partly poor, partly criminal, hovering between uncertain employment, the workhouse, and the gaol, who are not destitute in the Poor-law sense of the word—not even poor enough to claim a note for *medical* relief from the relieving officers. These people inhabit the worst quarters of our great commercial towns, and form a body apart from the mass of intelligent and skilled artisans. The difference, indeed, between these last and the wretched denizens of cellars and lodging-houses is far greater than that which exists between the artisan and the lower middle classes. Intemperance and crime, ignorance and brutality, make this class poor when in full employment. In bad times of trade they are constantly on the verge of starvation, and become the natural pabulum of pestilence. Their children, the offspring of vice and misery, are condemned to disorder from the hour of their birth.

* See Appendix, No. 4.

But it may be said that were these children placed in Provident Dispensaries by their parents, they would be enabled to have good medical assistance when wanted, and that it is injurious to the interests of the poor that they should get medical advice or anything else without paying for it. Granted again. But supposing the parents are improvident, are the children to be unheeded? Are the children to be sacrificed because the mother is vicious or the father drunken? I verily believe that some of my brethren are unconscious of the error in their logic and of the lapse in their humanity, when they talk in this strain, unless they deliberately desire to carry out actively and in its entirety the primeval curse, that "the sins of the father should be visited on his children even unto the third and the fourth generation."

Yet again it may be objected that the children of poor persons, just above the status of paupers, should be under the care of private surgeons; that attendance upon them is needful to enable these to gain a subsistence by their profession. Quite true, if such persons could pay and would pay for medical advice for their sick children. But these tables show conclusively that even the smallest remuneration, far below the point of any tariff hitherto considered professional, is more than these poor persons are willing or able to pay. I take it to be as sure as anything in our social life that the sick children of the very poor do in fact scarcely come within the range even of the humblest practitioners of the healing art.

What, then, is the refuge of these unhappy people? They resort to the Druggist—to the tradesman who gets his livelihood by the sale of drugs. All he knows of disease is, that drugs are good for it, whatever may be its guise. Some of my hearers, who know how much more moderate are our views than those formerly current with regard to

the efficacy of drugs in many acute diseases, will think the intervention of the Druggist peculiarly unfortunate. We fail to recognise in him, even dimly, the features of a High Priest of Nature—of a Physician armed with all the knowledge attainable of the Science of Life. What is left undone among children must be serious enough, but how infinitely small this evil appears to us when compared with the positive injury inflicted by an ignorant and self-seeking pretender to medical skill !

Evidence exists that in this point at least, modern civilization is behind ancient ideas. To Horace, 2000 years ago, it seemed a thing too absurd to suppose, that the Herbalist should give drugs to the sick—or that other than Physicians should administer remedies. He could find no fitting analogue to such rash folly but in the attempt of a man ignorant of navigation to work a ship.

Navim agere ignarus navis timet; abrotonum ægro
Non audet, nisi qui didicit, dare; quod medicorum est
Promittunt medici; tractant fabrilia fabri.*

I must not now dwell at length on the remedies for these evils. The most important is undoubtedly the general diffusion of Children's Hospitals and Dispensaries on a much larger scale than now prevails in these Islands. They should be partly voluntary; partly supported by rates.† They should be in close relation with a reformed Poor Law system on the one hand, and with thoroughly organized Societies of Beneficence on the other. These Hospitals should be the centres of Sanitary Associations and of Nursing Sisterhoods. The formation of Provident Dispensaries for Children should also be encouraged, both by the Medical Profession and the general public—and a sincere endeavour

* Epistolarum, liber 2., 1.

† I am glad to note that the Corporation of London sees its duty so clearly that it has just voted £150 towards the grounds of the East London Hospital for Children.

should be made to limit their work to proper objects. The most urgently needed amendment, however, is the re-organization from the bottom of the Poor Law Medical Service.

The British Government and the Guardians of the Poor have hitherto thought it becoming to offer to the medical profession the attendance upon the poor on such terms, both pecuniary and administrative, that it will be one of the wonders of the next generation that any member of a liberal calling could have condescended to degrade both himself and his profession by accepting them. In small towns and villages, where competition is small, and the medical men, as a class, are far superior, both in education and character, to the average in large towns—the natural results of a vicious system are greatly modified. The personal qualities of the public medical officers, their humane sentiments of regard for the poor, perhaps well known to them throughout their lives, disguise in country districts these natural results as they are to be observed in large communities. What, then, are these results in our great centres of population?

A Board of Guardians, consisting in the main of small shopkeepers, tavern-landlords, and the noisiest of the Town Councillors, are elected by the Burgesses to take charge of the interests of the poor—to perform, under Act of Parliament or a Local Act, the sublime office of ministering to the necessities of the destitute. Sometimes poverty engenders sickness; sometimes sickness engenders poverty. In either case, the aid of the medical profession must be invoked and, forthwith, a certain number of doctors are duly advertised for. The advertisement sets forth the stipend, or what in Poor-Law language is called the stipend, to be paid to these gentlemen. The amount, as compared with the work done, is such as a junior clerk in an attorney's office would consider an insult. It is much less than an ordinarily skilled artisan

would accept from his master. It is a lump sum ; it has no relation with the work done, unlike the remuneration of other branches of the profession. In order to insure that the poor should have all needful drugs and appliances, this stipend includes the cost of these. In order to give the requisite independence to the Doctor, should he desire to censure the neglect of officials, or to order expensive nourishment for his patients, his appointment is sometimes an annual appointment. In order to elevate the personal dignity of the applicant, he is counselled to furnish his testimonials by a certain day, and to make an appearance before the electing body. In order that every precaution should be taken to preserve the reputation of the candidate, he is formally prohibited from canvassing, with the distinct understanding that if he refrain from it his success is impossible. This is the advertisement ; but there are other conditions implied therein, which the Guardians with rare moderation do not expressly lay down. The foolish prejudices connected with "the enthusiasm of humanity," and the notions which sprang up nearly nineteen centuries ago in the remote East, forbid an open allusion to these conditions. It is often desirable to economise the truth. Why should not the truth be as much admitted to cheese-paring as the rates of the tax-payer ? These unexpressed conditions are not, of course, important ; but speaking historically I ought not to omit them. They are, that the Doctor should be poor—if a bankrupt, so much the better ;—that he should be young, half-educated and inexperienced, without too many private patients ; or, on the other hand, that he should be old, without being less ignorant, to whom the world has cruelly denied its confidence in other walks of practice. A large and growing family forms a sensible addition to his claims. If he has already lost his fair name, either in a professional or private capacity, the Guardians, with an honourable

regard for the interests committed to them, give him an opportunity of retrieving himself in the high latitudes of public office. Socially he must not be too far removed from the region where slang and gin-and-water reign supreme—for the Doctor must not be above or different from the Guardian who elects and pays him, not to speak of clerks and relieving officers.* But the most weighty of all the unspoken requirements remains behind. I find it hard to define—though it is fundamental, nay, a terrible reality. Perhaps from the Guardian's point of view it is easiest comprehended by saying that the Poor-law Surgeon must be a man "without any nonsense." Wine and meat cost money—this comes from the pockets of the tax-payer. The Surgeon who orders too freely such articles injures this last estimable person, and becomes thereby an undesirable officer. It is all a matter of sentiment after all. No doubt some poor people want nourishment rather than physic; but why did they become poor? Why should the honest burgesses be burdened with payments of this sort because the Surgeon is weak, and unable to comprehend the difference between a respectable rate-payer and a poor wretch who thinks he needs that his body should be sustained?

I summarize these requirements in this formula—any Surgeon in a large city is good enough for the service of the parish, if only he is bad enough.

I cannot persuade myself to delineate the natural results of these advertisements, with such conditions expressed and

* I have often thought that when a poor Player, the sport of fortune, comes under the manipulation of the worthy, ironically termed in Parliamentary phrase the "*Relieving Officer*," he must describe him in some such words as Antipholus, of Ephesus, described Pinch in *The Comedy of Errors*.

They brought one Pinch, a hungry lean-faced villain,
A mere anatomy, a mountebank,
A thread-bare juggler
A needy, hollow-eyed, sharp-looking wretch,
A living dead man! this pernicious slave.—ACT V., SCENE 1

implied. I willingly draw a veil over the character of the men who respond to them. Still more willingly do I desist from entering on a picture of the depth of humiliation and ignorance—of recklessness and hardness of heart, finally, step by step, reached by those cursed with success in their efforts to obtain a Poor Law medical appointment in a large English town. Alas! the Surgeon who enters those gates must leave all hope behind. If by its fruits we know the tree, we have an easy method of knowing the Poor Law system, which is a disgrace to the Government, a perpetual source of dishonour to the Profession of Medicine, and the cause of cruel injury to the poor, who at once despise and reject its aid, excepting in their direst necessity.*

* See Appendix No. 5.

APPENDIX No. 1.

TABLE SHOWING THE KIND AND AMOUNT OF MEDICAL ATTENDANCE OBTAINED BY THE SICK CHILDREN OF THE POOR.

No.	Previous application to Druggist.	No medical aid before application.	Consulted a Surgeon.	How long ill.	Remarks.
1	—	—	—	6 days	
2	—	—	—	14 days	
3	1	—	—	7 days	Had teething powders, 6d. per box : gave one a week.
4	—	—	1	10 days	Not relieved.
5	1	—	—	8 days	Had two powders : three for 2d. was the price.
6	—	—	—	8 days	Case of double inflammation of lungs. Husband very ill : Parish Doctor attending him now. Mother declares that the reason why she did not go to the Parish Doctor was that she had no opinion of them,—“they are so neglectful”—and do no good. Would not have had him if she could have got a Dispensary Note.
7	—	—	—	4 days	Severe diarrhœa. Convulsions.
8	—	—	—	3 days	
9	1	—	—	3 days	Very severe bronchitis. Teething powders, three for 2d.
10	—	—	—	6 days	Modified small-pox.
11	1	—	—	11 days	Bronchitis after measles.
12	1	—	—	6 days	Bronchitis : two fever powders for 1½d.
13	1	—	1	6 weeks	Went to the Druggist before going to the Surgeon. Bought two Notes at 3s. 6d. each, lasting three weeks. Child no better : found it too expensive to go on with.
14	—	—	—	2 days	
15	—	—	—	6 days	
16	—	—	—	2½ years	
17	1	—	—	3 days	Mixture for cough, 1d.
18	—	—	—	1 day	
19	—	—	—	7 days	Hooping cough.
20	1	—	—	4 days	Scarlet fever. Two fever powders 1½d. Did not take the child to the Druggist, because had not the money.

* I beg to record here my obligations to Mr. Hogg, the active House Surgeon of the Hospital, for aid in preparing this Table.

No.	Previous application to Druggist.	No medical aid before application.	Consulted a Surgeon.	How long ill.	Remarks.
21	—	—	—	3 days	Diarrhœa.
22	—	—	—	2 days	
23	—	—	—	1 day	
24	—	—	—	14 days	Fever.
25	—	—	—	4 months	Hydrocephalus.
26	—	—	—	2 weeks	
27	—	—	—	2 weeks	
28	—	—	—	4 days	
29	1	—	—	5 days	Severe diarrhœa. Medicine did no good.
30	—	—	—	1 week	Whooping cough.
31	—	—	—	2 weeks	Bronchitis.
32	—	—	1	8 years	Eczema.
33	1	—	—	6 weeks	2d.
34	1	—	—	2 weeks	Four powders, 1d. each.
35	1	—	—	3 weeks	Syrup, 1d.
36	—	—	—	6 weeks	
37	1	—	—	2 days	
38	—	—	—	2 months	
39	—	—	—	5 weeks	Diarrhœa.
40	—	—	—	2 days	
41	—	—	—	2 days	
43	—	—	—	3 days	
44	—	—	—	1 week	
45	1	—	—	9 days	Urticaria. Milk and sulphur, 1d.
46	1	—	—	1 month	
47	—	—	—	2 days	
48	—	—	—	1 week	Severe diarrhœa.
49	—	—	—	1 week	Went to Surgeon 3 weeks ago for whooping cough; did not pay. Has pleurisy now, for which no advice had been had.
50	—	—	—	7 weeks	
51	1	—	—	2 weeks	Two powders for 1½d.
52	—	—	—	2 weeks	
53	—	—	—	1 week	Measles.
54	—	—	—	2 weeks	
55	1	—	—	2 weeks	Two powders, 1½d.
56	—	—	1	1 month	Bronchitis, Urticaria. Went to Surgeon twice; 6d. charged each time; no relief. Could not pay more.
57	1	—	—	2 weeks	Powder, 1d.
58	—	—	—	2 days	
59	—	—	—	4 days	
60	1	—	—	1 month	Powder, 1d.

No.	Previous application to Druggist.	No medical aid before application.	Consulted a Surgeon.	How long ill.	Remarks.
61	—	—	—	6 days	Bronchitis.
62	—	—	—	2 days	
63	—	—	—	5 days	
64	—	—	—	2 days	
65	—	—	—	8 days	
66	—	—	—	2 weeks	
67	1	—	1	1 month	Had a Note costing 3s. 6d. from the Surgeon, lasting 10 days. Could not afford to have him again. Convulsions.
68	—	—	—	2 months	Diarrhœa.
69	—	—	—	1 week	
70	1	—	—	3 days	Diarrhœa.
71	1	—	—	14 days	Scarlet fever. The Druggist's widow saw the child and made up the medicine. 4d. charged.
72	1	—	—	7 days	
73	—	—	—	1 day	
74	1	—	—	12 months	Obtained a 3s.6d. Note; no relief.
75	—	—	—	3 days	
76	—	—	—	1 week	
77	—	—	1	2 weeks	Had castor oil from a woman who sells medicine for children.
78	—	—	—	6 days	
79	—	—	—	1 week	Two fever powders, 1½d.
80	—	—	—	1 month	
81	1	—	—	8 days	
82	—	—	—	2 weeks	Gave the child some herb-tea, for which she paid a Herbalist ½d.
83	—	—	—	1 week	
84	—	—	—	1 week	
85	1	—	—	3 weeks	Cough mixture, 5d.; Fever powders, 3 for 2d.
86	1	—	—	2 weeks	Cough mixture, 3d.
87	—	—	—	9 days	Syrup, 3d.
88	—	—	—	9 days	
89	—	—	—	1 week	
90	1	—	—	2 weeks	Bottle of medicine, 4d.; no relief.
91	—	—	—	4 days	
92	—	—	—	2 months	Powder 1d.
93	—	—	1	1 week	
94	—	—	—	1 month	A powder occasionally.
95	—	—	—	2 days	
96	1	—	—	3 weeks	
97	1	—	—	5 weeks	

No.	Previous application to Druggist.	No medical aid before application.	Consulted a Surgeon.	How long ill.	Remarks.
98	1	—	—	3 days	Two fever powders.
100	—	—	1	2 years	
101	1	—	—	1 week	
102	—	—	—	2 weeks	
103	1	—	—	3 weeks	2d. for each bottle of syrups.
104	1	—	—	14 days	
105	1	—	—	3 days	
106	—	—	—	1 month	2d. worth of "stuff;" all the mother could afford.
107	1	—	—	3 days	
108	—	—	—	4 days	Went to two Druggists; 2d. worth of syrups from one—1d. from the other; also grey powders.
109	1	—	—	3 weeks	
110	—	—	—	3 days	
111	—	—	—	7 days	3d. for syrups; no relief.
112	1	—	—	6 days	
113	—	—	—	5 days	Powder 1d.
114	1	—	—	2 weeks	
115	1	—	—	1 week	1d. for syrup; no relief.
116	1	—	—	1 week	1d. powder.
117	—	—	—	14 days	1d. powder.
118	1	—	—	3 days	1d. powder.
119	—	—	—	14 days	Five ill at once with scarlet fever. No Doctor at all. Powders obtained from Druggist. Two brought to the Hospital with dropsy.
120	—	—	—	2 days	
121	—	—	—	6 days	
122	—	—	—	5 days	
123	1	—	—	3 weeks	
124	1	—	—	3 weeks	
125	—	—	—	2 months	
126	1	—	—	3 weeks	
127	—	—	—	2 days	Surgeon for three weeks; no better, so brought the child to the Hospital.
128	—	—	1	3 weeks	
129	—	—	1	2 weeks	Took it to the Doctor twice; did not go again because she could not afford it, 1s. charged each time.
130	—	—	—	1 year	
131	—	—	—	3 days	
132	—	—	1	4 weeks	
133	—	—	—	5 days	

No.	Previous application to Druggist.	No medical aid before application.	Consulted a Surgeon.	How long ill.	Remarks.
134	1	—	—	2 weeks	Mixture and powder, 6d.
135	1	—	—	1 week	Two powders, 2d.
136	1	—	—	3 days	Powder, 1d.
137	—	—	1	4 days	
138	—	—	—	2 weeks	Diarrhœa.
139	—	—	—	2 days	
140	1	—	—	1 month	Eczema. Ointment, 1d.
141	1	—	—	2 weeks	Eczema. Ditto.
142	1	—	—	2 weeks	Mixture, 3d.
143	1	—	—	2 days	Powder, 1d.
144	1	—	—	4 days	Severe diarrhœa. 2 powders, 1d.
145	—	—	—	6 days	
146	—	—	—	3 days	
147	—	—	—	3 days	
148	1	—	—	2 weeks	
149	—	—	1	2 weeks	
150	1	—	—	3 days	
151	—	—	—	2 weeks	
152	Tailor	—	1	1 month	Patent drops from Tailor ; found Surgeon too expensive.
153	—	—	—	3 days	
154	1	—	—	3 days	
155	1	—	—	4 days	
156	—	—	—	9 days	
157	1	—	—	6 days	
158	—	—	—	18 days	
159	—	—	—	21 days	
160	—	—	—	3 weeks	
161	1	—	—	4 weeks	
162	1	—	—	5 days	
163	—	—	—	1 month	
164	—	—	—	4 days	
165	1	—	—	1 week	
166	1	—	—	10 days	
167	—	—	1	6 weeks	
168	—	—	—	3 weeks	
169	1	—	—	9 days	
170	1	—	—	1 month	
171	—	—	—	12 days	
172	—	—	—	Several months.	
173	1	—	—	14 days	
174	—	—	—	3 months	
175	1	—	—	5 days	
176	—	—	—	3 days	

No.	Previous application to Druggist.	No medical aid before application.	Consulted a Surgeon.	How long ill.	Remarks.
177	1	—	—	14 days	
178	1	—	—	7 days	
179	—	—	—	3 days	
180	1	—	—	1 week	
181	1	—	—	3 months	
182	1	—	—	1 month	
183	—	—	—	2 weeks	
184	—	—	—	2 days	
185	—	—	—	3 weeks	
186	—	—	1	7 weeks	
187	—	—	—	2 weeks	
188	1	—	—	3 weeks	
189	1	—	—	14 days	
190	—	—	—	2 days	
191	—	—	—	1 week	
192	—	—	1	1 month	3s. 6d. Note for 14 days, but not much relieved; thought she should like to try the Children's Hospital.
193	1	—	—	14 days	
194	—	—	—	2 days	
195	—	—	—	7 days	
196	—	—	—	14 days	
197	1	—	—	9 days	
198	—	—	—	1 day	
199	1	—	1	2 months	Went to the Druggist first, then to the Surgeon for 14 days; could not go on because of his high charges, and child no better.
200	—	—	—	2 weeks	
201	—	—	—	3 days	
202	1	—	—	2 days	Fever powder, 1d.
203	1	—	—	2 weeks	Two fever powders, 1d. each.
204	—	—	1	1 week	Had taken the child to General Hospital; not having ticket, refused further attendance.
205	—	—	—	2 weeks	
206	1	—	—	3 weeks	
207	—	—	—	1 week	
208	—	—	—	2 months	
209	1	—	—	3 weeks	
210	—	—	—	4 days	
211	1	—	—	5 months	
212	1	—	—	14 days	Druggist gave a prescription for syrups. Woman made it up herself.
213	1	—	—	14 days	

No.	Previous application to Druggist.	No medical aid before application.	Consulted a Surgeon.	How long ill.	Remarks.
214	—	—	—	4 days	
215	1	—	—	2 days	
216	—	—	—	3 years	
217	—	—	1	6 weeks	Too expensive; child did not get better.
218	1	—	—	1 week	Went to the Druggist nearly every day; sometimes charged 5d., sometimes 1d.
219	1	—	—	2 weeks	
220	—	—	—	2 weeks	
221	1	—	—	1 week	
224	—	—	1	6 months	
225	1	—	—	3 weeks	Had one prescription made up.
226	—	—	1	3 months	Been under two Surgeons: came here because child did not get better, and mother could not pay longer.
227	1	—	—	2 months	
228	1	—	—	2 months	
229	—	—	—	2 years	Only been to this Hospital.
230	1	—	—	4 days	
231	—	—	—	1 week	
232	—	—	—	3 weeks	
233	—	—	1	3 months	3s.6d. note; could not pay longer.
234	1	—	—	7 days	
235	1	—	—	7 days	
236	—	—	—	10 months	Been to this Hospital.
237	—	—	—	1 week	
238	—	—	—	2 weeks	
239	—	—	—	2 days	
240	—	—	1	4 months	Came here because could not afford to pay Doctor longer.
241	1	—	—	From birth	Wasting. Teething powders.
242	—	—	Parish Surgeon	3 weeks	Ordered to go to Parish Surgeon again, as the child wants nourishment and oil only.
243	1	—	—	2 months	Druggist is a Herb Doctor.
244	1	—	1	6 months	Went to the Surgeon first, and afterwards had medicine from the Druggist.
245	—	—	—	9 days	
246	—	—	—	4 days	Acute bronchitis. Extremely ill.
247	—	—	—	3 days	Measles.
248	—	—	—	4 days	Diarrhœa.
249	1	—	—	2 years	The itch; another in the house has it. Could not afford to pay a doctor.

No.	Previous application to Druggist.	No medical aid before application.	Consulted a Surgeon.	How long ill.	Remarks.
250	1	—	—	2 years	
251	1	—	—	From birth	New disorder lately, and applied for remedies to Druggist.
252	—	—	—	6 days	
253	—	—	—	4 days	
254	—	—	—	4 days	
255	1	—	—	6 days	Acute catarrh.
256	1	—	1	14 days	Surgeon charged 6d. for advice and bottle of physic. As the child was no better, brought it here.
257	1	—	—	4 days	
258	—	—	—	3 days	
259	—	—	—	7 days	
260	1	—	—	3 months	
261	—	—	—	4 days	
262	—	—	—	6 days	
263	—	—	—	4 days	Was a patient here lately, but could not afford to take him to a doctor, as husband is very short of work.
264	1	—	—	14 days	Powders and medicine; could not afford a doctor. Bronchitis, Diarrhoea.
265	—	—	Parish Doctor.	5 months	Wasting. Inflammation of the Eye. Has had the Parish Doctor for five months; child no better. Could not afford to pay a private surgeon. Has had five ill. Came nearly eight miles to the Hospital.
266	—	—	—	3 weeks	Bronchitis.
267	1	—	1	3 weeks	Took her to a doctor, as the medicine from the druggist did no good. Doctor's medicine was 1s.; could not afford to take her again, as husband only got 10s.6d. last week
268	1	—	—	Nearly three weeks	Very ill with scarlatinal dropsy. Three at once ill with scarlet fever. Could not afford to pay a doctor. Child taken into the Hospital.
269	1	—	—	1 week	
270	1	—	—	6 days	
271	1	—	—	14 days	
272	1	—	—	2 days	
273	—	—	—	14 days	
274	1	—	—	2 months	Took her to a druggist because a M.D. and Fellow (by examination) of the College of Surgeons, gave an unfavourable opinion of the case.

No.	Previous application to Druggist.	No medical aid before application.	Consulted a Surgeon.	How long ill.	Remarks.
275	—	—	1	6 months	For the first five months had medicine in London from a doctor; nothing for the last month since living in Birmingham.
276	1	—	—	8 days	Diarrhœa; getting worse.
277	—	—	—	4 days	Inflammation of mouth.
278	1	—	—	3 days	
279	—	—	—	1 month	
280	—	—	—	3 weeks	
281	—	—	—	3 days	
282	—	—	—	2 days	
283	1	—	—	1 week	Mixture 2d.
284	—	—	1	9 weeks	Illegitimate. Mother, a stitcher, could not afford to pay the doctor longer; nine weeks under his care.
285	—	—	—	14 days	
286	—	—	Parish Surgeons.	6 months	Under two Parish Surgeons for two months—no relief, so brought to the Hospital.
287	1	—	—	1 week	
288	—	—	—	2 weeks	Bad case of St. Vitus' Dance. No medicine or advice until brought to the Hospital.
289	1	—	—	1 week	2d. for syrups.
290	—	—	—	5 days	
291	1	—	—	3 days	Severe case of scarlatina; no empty beds; six children.
292	1	—	—	6 days	1d.
293	1	—	—	14 weeks	
294	1	—	—	6 months	Often had a 3d. bottle from Druggist.
295	—	—	—	6 days	
296	1	—	—	2 weeks	Bad case of stomatitis. Two powders, 1d. each; honey and borax; no improvement.
297	1	—	—	4 days	
298	1	—	—	1 month	
299	—	—	—	14 days	Diarrhœa.
300	1	—	—	3 weeks	
301	—	—	—	3 weeks	
302	1	—	—	7 days	Scarlet fever. Went to a Druggist, who recommended that the child should be taken to a Surgeon. Was then taken to an unqualified practitioner.
303	—	—	—	3 days	
304	1	—	—	3 weeks	

No.	Previous application to Druggist.	No medical aid before application.	Consulted a Surgeon.	How long ill.	Remarks.
305	—	—	—	3 days	
306	1	—	—	14 days	
307	—	—	—	From birth	Wasting.
308	—	—	—	18 days	Epilepsy. Had a Surgeon 18 months ago for fits.
309	1	—	—	3 days	Diarrhoea.
310	1	—	—	14 days	
311	1	—	—	14 days	
312	1	—	—	6 days	
313	1	—	—	4 days	
314	—	—	Parish Surgeon.	12 days	Bronchitis after measles. Had him to the Parish Doctor first; brought him here because had had relief for him on a previous occasion.
315	—	—	—	6 days	
316	—	—	—	14 days	Laryngitis. Rheumatism.
317	1	—	—	7 days	
318	—	—	1	1 month	Child very ill with inflammation of lungs and hooping cough. Had a Surgeon for a week at the beginning of the illness. Did not send for him again because could not afford to pay him; two other children ill at same time with hooping cough.
319	—	—	—	3 days	
320	1	—	—	9 days	
321	—	—	1	11 weeks	Six powders, 6d. Surgeon practises like a druggist.
322	1	—	—	7 days	Syrup, 3d.
323	—	—	—	3 months	
324	—	—	—	2 days	
325	—	—	—	2 months	
326	—	—	—	1 week	
327	—	—	—	3 days	
328	1	—	—	3 weeks	Bottle of mixture, 1s.
329	—	—	—	2 weeks	
330	1	—	—	1 week	Syrup 1d.
331	—	—	—	1 month	Itch.
332	—	—	—	1 month	Itch.
333	1	—	—	4 days	
334	1	—	—	1 week	Syrups 3d.
335	1	—	—	1 month	Syrups 1d.
336	1	—	—	4 days	Powder 1d.
337	—	—	—	5 days	
338	—	—	—	4 days	
339	1	—	—	2 weeks	Syrups 2d.

No.	Previous application to Druggist.	No medical aid before application.	Consulted a Surgeon.	How long ill.	Remarks.
340	—	—	—	2 weeks	
341	1	—	—	3 weeks	Powders, two for 1½d.
342	1	—	—	2 weeks	Two powders, 2d.
343	—	—	1	6 weeks	
344	1	—	—	1 week	Two powders, 2d. each.
345	1	—	—	5 days	
346	—	—	—	7 years	
347	—	—	—	3 weeks	St. Vitus' Dance.
348	—	—	—	4 days	Convulsions.
349	—	—	Many Surgeons.	Almost from birth.	Fits; loss of power of limbs; nothing has done him good.
350	1	—	—	6 days	
351	—	—	—	14 days	
352	—	—	—	10 days	Diarrhœa.
353	—	—	—	7 days	
354	—	—	—	3 weeks	
355	—	—	—	5 days	
356	—	—	1	5 days	3d. for three powders. Surgeon keeps a druggist's shop like an ordinary druggist.
357	—	—	Parish Surgeon.	14 days	Acute pleurisy; made an in-patient.
358	1	—	—	some weeks.	9d. for bottle from druggist, who also gave advice. Child brought to the Hospital before.
359	—	—	—	2 years	Took her at first to St. Thomas's Hospital, London; not since anywhere.
360	—	—	—	12 months	
361	1	—	—	14 days	Hooping cough.
362	—	—	—	8 days	
363	—	—	—	From birth.	Child moribund; brought here five weeks ago. Cannot afford to pay a doctor, and was afraid to delay while getting a Note for the Parish doctor some distance off.
364	1	—	1	4 weeks	Was three weeks under a doctor with a 3s. 6d. Note; could not afford to pay for child any more, so brought the child, as it was no better, to the Hospital.
365	1	—	—	1 month	Hooping cough, syrups for 1d.
366	—	—	—	6 weeks	Bronchitis.
367	—	—	—	14 days	Bronchitis.
368	1	—	—	10 days	Measles; very ill. Took her to a druggist two days ago, who advised her to take it to a doctor.

No.	Previous application to Druggist.	No medical aid before application.	Consulted a Surgeon.	How long ill.	Remarks.
369	—	—	—	3 days	
370	—	—	—	12 days	
371	1	—	1	14 days	Bronchitis, hæmoptysis. Took her to a surgeon, and afterwards obtained powders from druggist.
372	1	—	—	from birth	Two or three powders a week for six months from druggist.
373	1	—	—	4 days	Diarrhœa. Two powders, no relief.
374	1	—	—	2 months	Diarrhœa. For 14 days under care of an unqualified practitioner. No improvement.
375	1	—	—	1 month	
376	—	—	—	3 months	
377	1	—	—	2 weeks	Powder, 1d.
378	1	—	—	6 weeks	Bronchitis six weeks ago. Pneumonia of whole of left lung; came on during the last four days. Medicine, 6d.; four powders, 1d. each. Went to Druggist four times; was to have gone again to-day, but could not afford to pay more.
379	1	—	—	1 week	Syrup, 3½d.
380	—	—	—	3 months	
381	—	—	—	1 week	Diarrhœa.
382	—	—	—	4 days	
383	1	—	—	3 weeks	Powders.
384	—	—	—	1 week	
385	1	—	—	5 days	Powder and Mixture, 3d.
386	—	—	—	2 weeks	
387	—	—	—	2 weeks	

4 Numbers accidentally omitted.

383 Total.

GENERAL SUMMARY.

Total number	383
Had applied to Druggist alone	154
Ditto to Surgeon alone (including one to a Hospital)	33
Ditto to Druggist and Surgeon	9
	196
Number of those who had been without any medical aid	187
Total	383
Number of those who had not had the attendance of a Medical Man	341

187, or about half, had been without any medical aid whatever.

154, or two-fifths of the whole, had only applied to a Druggist.

163 had employed a Druggist alone, or (in 9 cases) both Surgeon and Druggist.

33, or one-twelfth only, had been under the exclusive care of a qualified practitioner.

1 had been to a General Hospital previously.

1 had been taken to a London Hospital about two years before.

APPENDIX No. 2.

WE can form an approximate estimate of the amount of diarrhœa-sickness in Birmingham from the weekly table of new cases of disease furnished to the newspapers by the active Borough Analyst, Dr. Hill. The tables are based on returns furnished by the General Hospital, the Queen's Hospital, the General Dispensary, the Children's Hospital, the Workhouse, and the Out-door Pauper Department; in other words, by all the general medical charities of the town and by the parochial service. In the week ending the 31st of July, 1869, there were 259 cases of diarrhœa. The distribution of these cases is very interesting, and demonstrates the truth of the general statements in the paper. 69 occurred at the General Hospital; none at the Dispensary; 37 at the Queen's; 110 at the Children's Hospital; 2 at the Workhouse; and 41 in the Out-Patient Pauper Department. In the following week there were 281 cases of diarrhœa and dysentery. 33 of these occurred at the General Hospital; none at the Dispensary; 40 at the Queen's; 160 at the Children's Hospital; 1 at the Workhouse; and 47 in the Out-door Pauper Department. Nearly two-thirds, then, of the whole number were brought to the Children's Hospital, and when it is considered that the other numbers include a large proportion of children, we can thus form a notion of the prevalence of diarrhœa sickness in early life in a large town. The whole number of new cases amounted to 1,362. Of these 376 were accidents, leaving 986 cases of disease. There were 281 cases of diarrhœa and dysentery, or about 28 per cent. of all the cases of disease.

Another noteworthy circumstance is the small number of cases attended by the parish surgeons—47 in all the five districts. There can be no doubt as to the class of persons among whom diarrhœa is most prevalent; and when we read of 40 cases at a General Hospital, 160 cases at a Children's Hospital, and 47 in all the poor districts of the town distributed among five parish surgeons, we are forced to conclude that the destitute do not obtain aid from the quarter which is believed to afford it.

I would also draw the attention of those interested in questions of hospital administration to the fact that at a period when

more than a quarter of the sickness of the town proceeded from diarrhoea and dysentery, no case of these disorders was admitted at the Dispensary! This last is a strictly privileged institution, and is, therefore, not disturbed by epidemic influences. The Directors of the Children's Hospital seem to think that a charity should endeavour to respond to the wants of the community, be they great or small. Hence, at this last institution there were only 40 cases of diarrhoea and dysentery in the week ending the 5th of June, against 160 in that ending on the 7th of August. In neither of these weeks were any cases reported from the Dispensary.

The summer-rate of mortality is remarkably affected in some towns by diarrhoea, and nowhere more than in Birmingham. The annual rate of mortality was 25 per 1,000 in the week ending August 14th. This was greatly above the rate prevailing for many months previously. In the week ending the 24th of July it had descended even to 14 per 1,000. This marked increase is mainly caused by diarrhoea, though, as is so well known, cholera proper has never been epidemic in Birmingham. It may be useful to note here that the annual death rate per 1,000 from diarrhoea in the first of these weeks amounted to 2 in Bristol, 4 in Hull, 5 in Bradford, 6 in London and Newcastle-upon-Tyne, 7 in Leeds, 8 in Birmingham and Sheffield, 9 in Liverpool, 10 in Manchester, and 12 in the Borough of Salford. The annual increase in the mortality of Birmingham from the prevalence of diarrhoea during the summer quarter deserves the careful consideration of the Town Council. I entertain no doubt that more energetic measures of sanitation, under the guidance of a scientific observer, would be productive of important results and place the midland metropolis in a still more favourable position than it at present holds. Unhappily the town motto "Forward," is made to apply chiefly to politics, and does not sufficiently guide its public men in other spheres of labour. When a Birmingham magistrate is told that the town might be made more healthy, he displays the same tone of mind as if a tolerably respectable man charged with ill-doing were to defend himself by saying that he was more virtuous than the inmates of the Borough Gaol.

APPENDIX No. 3.

The tone of some remarks in a paper by Mr. Bridges, published in the August number of the *Fortnightly Review*, leaves on my mind the impression that the writer is not very strongly convinced of the propriety of saving the lives of the children of the poor, in the present stage of sanitary legislation. He tells us, page 152, that "in Liverpool one out of every four children that are born dies before it is a year old. In the cotton towns it is one out of every five; in England at large it is one out of every six; in the south-west counties, one out of every seven; in Sedburgh, Farnborough, and other healthy districts, it is one out of every ten. But a thought will at once occur to many of those who listen to me—a thought which most of them will shrink from expressing, but which I for one think it best to face boldly. Is it not best, some will ask, that these children should die? Given the circumstances of their parentage and birth; given the atmosphere, moral and physical, which surrounds their childhood, is it well that unhealthy lives should be saved to propagate a yet healthier offspring?" After allusions to the habits of classic nations, the author further asks—"Is not the tremendous mortality of infants in overcrowded towns Nature's process for ridding us of the sickly lives, and sparing those only that are strong?" Mr. Bridges speaks of the "natural process" interfering with the maturity of many animal ova, and of the ancient nations and tribes of the present day "who do not hesitate to assist that natural course by deliberate infanticide. How stands it then with nations whose religious faith, whose trained instincts of benevolence lead them to the opposite course of revering and preserving the sickliest and weakest human life? Was not Plato right in his antipathy to physicians? Do we run no danger, in our excessive medical and sanitary care of unhealthy lives, of deteriorating the offspring, of sacrificing the future to the present." . . . "I believe the course of action to which the avoidance of this danger points us to be very clear, and definite also. The lesson is this: there are two roads to follow, one lies straight before you, the other straight behind. Stagnation is the *one fatal course*. Your sanitary legislation must go far in advance of its present standard, *or else it had better cease altogether*. . . . to Nature's savage,

cruel methods, of course we cannot recur. The moral tradition of our race forbids it. We cannot, even if we would, eradicate the instincts of pity, the passion of benevolence. We cannot go back; therefore, if we would avoid death, we must go forward," p. 153. I do not intend to enlist popular prejudices against this sincere writer, but must express my dissent from the declaration that "stagnation is the one fatal course;" or that sanitary legislation had better cease than stop where it is—a more fatal course than stagnation is going back, and passing over in neglect the preventable deaths of even the weakest children. If sanitary legislation is not equal to the wants of the people, let us improve it, instead of abolishing it altogether. I find my answer to the questions propounded by the author in these considerations. Human lives are not quite so unimportant as the ova of fish. The naturalist's view of the affair is weighty; but natural history has not much to do with the human soul. Its aspirations and sorrows, its capabilities of the heroic, its "looking before and after," its inextinguishable and inarticulate longing after the unknown, do not easily submit themselves to definition and classification. But, moreover, there is the obligation on us to remember what we owe to our neighbour; and that, under all conceivable circumstances, we are bound to perform the duty which lies nearest to us. The full appreciation of this last solves many difficulties. In the present case it teaches us to save the lives of the children of the poor by all the means in our power. The next step in sanitary progress will the more surely and rapidly come, when this first duty shall have been seriously performed.

APPENDIX No. 4.

REGULATIONS FOR THE ADMISSION OF PATIENTS AT THE BIRMINGHAM FREE HOSPITAL FOR CHILDREN.

1. That the Secretary shall give out the notes daily, between the hours of nine and ten in the morning.

2. That in the absence of the Secretary the House Surgeon shall perform this duty.

3. That previous to giving a note, the Secretary shall institute a series of inquiries as to the pecuniary means of the parents or friends of the child, to embrace the following points:—

(a) The total earnings in family.

(b) The number of family.

(c) The nature, so far as he can learn, and the duration of the illness.

(d) The reception or non-reception of parochial relief at the time of application.

(e) The number of children for whom relief is desired.

4. That in the event of the earnings of the family amounting to 25s. per week (the number of children not being more than three), the Secretary shall refuse a ticket, supposing the case to be one of ordinary illness of recent origin.

5. That he shall refuse a ticket to the parents of the child, the united earnings of whose family amount to 30s. per week, the children being more than three, supposing the case is one of ordinary illness of recent origin.

6. That he shall refuse a ticket to more than two of one family at the same time, unless the cases are of great urgency, or of a contagious nature.

7. That he shall not refuse relief to children of persons in receipt of parochial pay, unless the cases should be those of ordinary illness of recent origin.

8. That in the event of parents bringing a child for relief, suffering from a disease of unusual severity or of a protracted duration, or labouring under a condition requiring for its cure a delicate surgical operation, a note shall be given to such parents, even if their weekly earnings should amount to a sum above the maximum mentioned in regulations No. 4 and No. 5. In such cases the above facts to be endorsed upon the back of the notes, for the further consideration of the Physician or Surgeon under whose care the cases shall come.

9. In the event of a case having been under the care of a qualified medical attendant, and of that attendant furnishing a certificate of fitness, a note to be given without further inquiry. The Medical Committee reserve to themselves the right already accorded to them by the laws and by the express resolution of the Managing Committee of admitting without delay, either as out-patients or as in-patients, children labouring under disorders of great urgency, as croup, hæmorrhage, scarlatina, or malignant sloughing, &c., &c. They propose, however, that in the event of the parents of such children being in no proper sense of the word "necessitous," that the administration should be entitled to charge them such a sum per diem as will just cover the expenses of the class of patients to which they belong. In the event of a refusal to comply with this regulation the Medical Officers propose to exercise their power to dismiss the patients.

APPENDIX No. 5.

An amusing illustration of the chaos reigning in the Poor Law service has lately been offered to the Birmingham public. I make no comments on the following letter, which I extract from the columns of the *Birmingham Daily Post* for August 14th. That such a letter should have been necessary—that it should have been written from a Central to a Local Board—and that this last should be still flourishing in spite thereof, constitute satisfactory evidences of the stage of advancement arrived at in Poor Law administration.

THE BIRMINGHAM GUARDIANS AND THE POOR LAW BOARD.

EXTENSION OF THE WORKHOUSE.

In the report of the Guardians' meeting, on Wednesday, we mentioned that the Poor Law Board had refused their sanction to the proposed extension of the Workhouse by the erection of wards for epileptic patients, and had advised the erection of schools for girls and infants, in order to separate the children entirely from the pauper inmates. The question is of so much importance that we think it desirable to publish the full text of the communication from the Poor Law Board. It is as follows—

“ Poor Law Board, Whitehall, S.W.,

“ July 20, 1869.

“ Sir,—I am directed by the Poor Law Board to acknowledge the receipt of your letter of the 8th instant, in which you inform them that the Committee of Guardians of the parish of Birmingham to whom the duty was referred of consulting with their medical officer as to his opinion when any of the wards occupied by epileptic bedridden cases and infants were overcrowded, and, if so, in what manner the additional accommodation required for them could be most readily and satisfactorily obtained, has recommended the erection of a building capable of accommodating 200 epileptic patients.

“ The Guardians further inform the Board that direction was given for advertisement for plans, that plans have accordingly been received from five separate architects, and that one of these plans has been selected and approved by the Guardians, at an estimated cost of £4,850.

“ The Board feel it their duty, in the first instance, to comment on the very unusual course taken by the Guardians, in employing architects and obtaining plans without consultation with, or authority from, the Board; and in incurring expense, and involving themselves in engagements, not only prior to any understanding having been arrived at with the Board, but with a full knowledge, on the part of the Guardians, derived from previous

correspondence, that the particular plan which the Guardians have thought proper to sanction—viz., for the erection of a building for the accommodation of 200 epileptic patients—is one to which this Board entertain and have already expressed their objection.

“In a letter, dated October 13th, 1868, the Board declined to consent to the proposal of the Guardians to build additional wards for the reception of harmless imbecile patients who were at that time in the Borough Asylum, and in a subsequent letter, dated December 1st, 1868, in reply to a letter of the Guardians, in which they propose to build for the accommodation of 125 male epileptic patients, the Board observing upon the similarity and connection of the two proposals repeated their objections, and urged that, if additional accommodation was required for any of the adult classes in the Workhouse, the completion of the schools for girls as well as boys, would, in the opinion of the Board, be the most economical mode of providing it.

“The Board must, therefore, express their regret, not only that the Guardians persist in recurring to a proposal which has been thus emphatically condemned, but that they have proceeded upon the assumption that the Board would now assent to that from which they have already dissented.

“The Board must repeat their opinion that the accommodation which is needed for adults must be sought for not in the direction suggested by the Guardians, but rather by erecting a school for girls and infants, and thus obtaining in a larger measure that relief which will, to a certain extent, be experienced when the school now in course of erection for boys shall have been completed.

“The Board are of opinion that the number of inmates now aggregated together in the Workhouse under a single management is already sufficiently large; and that if there is any one class which it is inexpedient to collect together in large numbers, it is that particular class of epileptic patients which the Guardians seek to accommodate.

“It is very doubtful whether the proposed arrangement would tend to the diminution of the cost, while it is certain that it would directly aggravate the existing difficulties of management.

“I am, Sir, your obedient Servant,

“H. FLEMING, Secretary.

“W. Thompson, Esq., Clerk to the Guardians
of the Parish of Birmingham.”

I cannot speak of the next illustration of the Poor Law system, extracted from the *Daily News*, August 18th, 1869, as amusing. I read it with mingled grief and anger, and ask with impatience, how long is this to endure? We have now to deal with the Metropolis itself, and with doings not far removed from the direct observation of the Poor Law Board.

TREATMENT OF THE ST. PANCRAS POOR.

Yesterday Dr. Hardwicke, deputy coroner, held an inquest at the College Arms, in Crowndale Road, Camden Town, on the body of James Crew, aged fifty-nine, a coachman, who died in the infirmary of the St. Pancras Workhouse.

The history of the case, as gathered from the evidence, is as follows:—Deceased some time ago attempted to commit suicide, and after having been taken to the House of Detention, was removed first to the insane wards of the Workhouse, and then to Colney Hatch Asylum. He was discharged from Colney Hatch as cured towards the end of last year, and then received 5s. a week and three loaves a week from St. Pancras as out-door relief. The guardians a short time ago discontinued this relief, and said the man, his wife, and three children must go into the house if they required more relief. The wife objected to break up her home, as she received 10s. a week for taking care of a gentleman's house, with which she was enabled to pay 4s. 6d. a week and support her three children. The husband, however, went into the house. The discharge committee suggested to him (as admitted by the relieving officer) that what little goods his wife had must be sold to pay part of his maintenance, and that the whole family must go into the house. The wife of deceased objected to give up her lodging and sell her goods, as she said the gentleman whose house she was tending might return at a moment's notice, and then she would have nowhere to go to. She objected to go into the workhouse, and alleges that she told the relieving officer she would support her husband out of the house if the guardians would only allow her 1s. or 1s. 6d. per week. This the relieving officer did not remember, but he stated that he advised the discharge committee to continue the out-door relief as a better course than pauperising the whole family. The committee did not agree with this, but insisted that the house must be broken up and the goods sold. Before any action however was taken the man died.

The widow said the threat of the committee to sell them up preyed upon deceased's mind, and when she visited him in the workhouse he said he should get on very well "only for that horrid committee." He several times said he dreaded going before those men again. She believed his death was accelerated by anxiety, the result of the way the committee treated him.

The medical evidence showed that death was caused by apoplexy last Saturday morning.

Mr. Watson, one of the "minority" in the Board of Guardians, said if the alleged threat had been held out it was a most unusual and inhuman one.

A juror said there was great blame to the guardians for acting as they had done.

Dr. Hardwicke said it was the fault of the Poor Law system, which did not profess to endeavour to prevent pauperism.

Mr. Watson said in spite of the Poor Law they often gave out-door relief sooner than break up the homes of the poor. (Remarks of approval from the jury.)

The Foreman of the Jury (Mr. Ward) said it was a wretched policy to try and make this poor woman give up a situation of 10s. a week, break up her little home, sell what few goods she had, and go into the workhouse with her children because her husband was too ill to work for his own living.

A juror said that if that was the policy of their new guardians it was a disgrace to them.

Another juror expressed his belief that the man would have been alive at that moment if the guardians had relieved him at his own home. There was very little doubt that the apoplexy was brought on through his dread of having his home broken up, and his wife and children brought into the house. (Hear, hear from the rest of the jury.)

Other jurymen expressed similar opinions, and repudiated the policy adopted in this case, not only as cruel, but as one which, in the long-run, cost the ratepayers the most, by totally pauperising families which would otherwise be enabled to recover from their temporary embarrassment.

In answer to questions, Dr. Hill, one of the medical officers of the workhouse, said he had about 600 cases under his care ; one-sixth were acute cases, the others were only cases of infirmity through age.

After a short deliberation, the jury returned a verdict that death was the result of natural causes, but they appended a resolution, "That a more judicious temporary or permanent system of out-door relief for the honest poor would be the most economical system to ratepayers, and would be more in accordance with the requirements of the poor than breaking up their homes and compelling them to become permanent inmates of the workhouse."



