The Poor Law Medical Officers' Association. Quarterly address.

GENTLEMEN,

After another three months we again meet, and the report which has been read has told you on what matters the Council has been engaged since our last meeting.

I confess it was with feelings of deep disappointment I read the Queen's speech, and found that, in spite of the unparalleled distress which pervades the country, and the enormous extent to which our local taxation has consequently expanded, the influence of the permanent obstructives should have been sufficient to prevent all reference to that distress, and all hope that the causes of that expenditure would be dealt with in the present session. It is, however, probable that Mr. Gladstone and Mr. Goschen, whose earnestness and sincerity, I think, no one can doubt, may have been led to believe that the Irish Land Bill and the Education Question would so completely occupy the time, and exhaust the energies of the House of Commons, that no opportunity would be afforded of taking up the subject in which we are so much interested. Well, the Irish Land Bill bids fair to pass with greater facility than could have been expected; and as it is a subject with which we, as poor law reformers, have but little interest, I will pass on to the consideration of that other bill, which has helped to block the way of our legislative machinery—the bill for the better education of the people. Now, this, I conceive, is a most necessary measure; but I trust that the advocates of the extension of education will not stop short with securing that little boys and girls should be taught to read and write. I hope that the blessings derivable from the diffusion of knowledge will be extended to certain adults, who unquestionably stand as much in need of being better informed; thus I trust that some clause will be introduced into the bill whereby some of our Guardians of the poor may be taught a few of the elementary principles of management, &c. in which they now seem sadly deficient. I also hope that some means may be adopted whereby it shall be rendered imperative that our future poor law In-

spectors, and the other high officials at Gwydyr House, should possess some prior acquaintance with the necessities of the poor, and the readiest way of economically providing for them; finally, that some security may be afforded the country that our Presidents to come should possess some knowledge of the department which they are appointed to control. I think it will be admitted, that had these three classes of administrators in the past been properly informed, and had they subsequently honestly used their knowledge, the country would not be groaning under the enormous local taxation it has now to meet, nor the scandal be presented of wealth (beyond all former parallel in the world's history), associated with an ever-increasing host of pauper dependants. As, however, it would be probably utopian to expect that more than one at least of these three necessary requirements will ever be obtained in our day, I will pass on to the consideration of the proper business of the evening.

I have stated that the Government would appear to have resolved not to initiate any general poor law legislation this session; but though that is probably correct, they have nevertheless raised an important question in the appointment of a select Committee to enquire into the incidence of local taxation, and also to the particularly interesting section of the subject—whether it may not be desirable to modify the character of the administrators entrusted with its expenditure. Now, if the enquiries of that Committee are exhaustively carried out, I expect much good to our cause; for if it be decided that the area from which local taxation is derived should be enlarged, and the *status* of the administrators improved, then I feel satisfied that the difficulty which stands in the way of the appointment of a sufficient number of medical officers on the one hand, and their more liberal remuneration on the other, would be in a fair way of being dealt with. Since our last meeting, the establishment of dispensaries, &c. in the metropolis has made further progress; and here it affords me much pleasure to refer to the really admirable arrangements which the Guardians of

Bethnal Green have decided to carry out. It is the more noteworthy, as their past administration has been such as to challenge criticism. I will not stop here to delineate what these improvements are, as in the main they appear to resemble those of the South Dublin Union, a description of which was given at our meeting in October. It will be, however, interesting to determine to whom the credit of suggesting them is due—whether to the Rev. S. Hansard, the intelligent Vice-Chairman of that board, or to the newly appointed Inspector, Dr. Brydges; but as I learn that similar suggestions have been made in other parishes and unions, it is probable that it is due to the judicious initiative of the latter gentleman. It is to be hoped that this course will be generally adopted; and it is much to be regretted that the Poor Law Board, or rather the Officials who had charge of the Act, did not lay down, some two and a half years ago, some general plan on which Boards of Guardians might have gone as their basis in establishing them. You are aware, that from the date of the passage of the Act till the present moment, I have always urged, and I again repeat the opinion, that when the bill became law, it was the duty of those officials to have at once drawn up such a scheme for the whole metropolis, instead of writing and telling Boards of Guardians that the Act was passed—a fact which they knew perfectly well—and timidly asking for any suggestion they might have to offer on the principles on which they should be established, a subject of which they must have known the great majority of Guardians were, of necessity, profoundly ignorant.

If the Irish Commissioners had adopted the same course, depend on it, it would have required thirteen years (instead of only 13 months) ere the whole of Ireland had been put under the operation of the Medical Charities Act.

But I must pass from this branch of the subject to the question of medical relief as carried out in the provinces; and here let me tell you that 11 years ago I accompanied a large deputation of Medical Officers and Members of Parliament which waited on Mr. S. Estcourt, who was then President

of the Poor Law Board. At the conclusion of our interview he said that "the matter (*id est* medical relief) ought not to continue in its present state, and if I remain in office I shall use the best means in my power to put this question on a better footing." Unfortunately, immediately after, he was transferred to the Home Office; a nobleman wholly unacquainted with the Poor or Poor Law Board was appointed, and the officials were masters of the situation; and reformers subsequently found out, to their cost, that they did not forget to use their power; for in 1864 I find that the select Committee in their report on Poor Relief stated "that there were no sufficient grounds for materially interfering with the present system of medical relief, which appears to your Committee to be administered with general advantage."

It will be unnecessary to point out to you in detail, as I have previously referred to this subject, that the Office was distinctly responsible for that paragraph in the report; the truth being that at the time when the Committee was appointed they were in a fright lest their occupation should be destroyed, the abolition of the Poor Law Board being then upon the cards; and you know when some persons are in a difficulty, especially officials, they will go to any length of unscrupulousness. But, in order to show its incorrectness, I will remind you that, for several years previously, R. Griffin and several others had been labouring to show the necessity for an altered system, and that the table of the House of Commons was, in 1856, covered with petitions from Poor Law Medical Officers, in which they prayed for a redress of their grievances; or, in plain words, for more money to meet their onerous obligations. But, as figures are much more convincing than any other kind of proof, I have turned to the blue books, and find in 1859, when Mr. Estcourt stated "it ought not to remain as it was," the expenditure on medical relief was £233,124, gross relief £5,558,689, population was 19,578,000; and in 1864, the year of the Committee's report, medical relief had increased to £253,204, or an addition had apparently been made, provided it had been equally distributed, of some £6 5s. to each medical officer's stipend.

In this interval however, gross relief had become £6,422,383, population had increased to 20,664,000, and the number of paupers from 862,078 to 1,011,653, or 149,575 more. Similarly, during the next five years medical relief increased from £253,204 to £272,000, or £19,000 more. But then gross relief had risen to £7,498,000, population had become 21,700,000, or an increase of two millions in the ten years, and the number of paupers above that of 1864, 35,000, or an increase since 1859 of nearly 200,000. So that, in point of fact, by the consecutive annual augmentations in population and pauperism, the Poor Law Medical Officers were worse off in 1869 than they were when Mr. Estcourt made his statement in 1859.

Now, if we turn to Ireland, we find that, from 1859 to 1869, expenditure under the Medical Charities Act, which does not include the salaries of the medical officers and the cost of drugs for the Irish Workhouses, increased £22,647 ; and yet during this time, population did not increase, but slightly diminished.

In searching for the explanation of this difference in the two countries, I can only find it in the fact that the Irish Commissioners have always steadily advocated the augmentation of their medical officers' stipends. I do not discover that at any time any of the permanent staff in their office have ever put forth elaborate misstatements with the object of proving that the system of medical relief required no amendment. I have referred to the difference in the cost of medical relief in the two countries: now to what extent does that exist? In the year 1869, the expenditure under the Medical Charities Act, the stipends of the Workhouse surgeons, and the cost of drugs, amounted in round numbers to £131,000 ; for a gross expenditure on poor relief, inclusive of medical relief, of £829,521. Now the total of medical relief in England and Wales was £272,000 ; gross relief, £7,498,000 ; consequently, for every £829,521 spent in this country, in round numbers, only some £30,200 is spent on medical relief, or about 4⅓ part of that expended in Ireland for a similar amount spent on gross relief. Now

I wish it to be understood, in making this comparison, it s not my desire to show that the Irish medical officers are paid too extravagantly ; far from it ; for, considering the large service they have rendered the community in preserving the health of the poor, and diminishing thereby the poor's rate, I hold that they are not remunerated sufficiently. What, however, I do wish to prove, is, that the English medical officer is not paid in such a manner as can secure that he should do his duty, except by unfairly trenching on his private resources.

I have before pointed out that the earnings of the labouring classes average only 12s. 6d. a week, and have also stated that there is almost an entire absence of provident clubs which secure attendance on other than the male head of the family ; consequently that this class, immediately sickness overtakes them, must and do fall back on either the parochial surgeon, or go for a more or less lengthened period without any assistance at all.

I will quote from the evidence given, in 1854, before the select Committee on medical relief. I learn that the Rev. C. Oxenden stated, "Pauperism is very largely increased by the want of prompt medical aid ; because the absence of such attendance at the time when it is most needed, frequently results in the individual becoming for a lengthened period ill, and consequently a burden on the parish ; and if it terminates fatally, then his family becomes a still more serious burden." Again, he urged the extension of such relief beyond the needy poor ; as he stated, and truly, "that it is the doctor's bill (or, in other words, the illness which tends to it) that breaks down the labouring man." Again, W. H. Livett, Esq. stated, "Two thirds of the cases I attend are not paupers before they apply to me, they generally become so afterwards (*id est*, their illness making them such).

Now, I have argued that the largest portion of our pauperism takes its rise from the sickness of the poor ; some even assert 72 per cent. If such be the case, it is obviously the wisest and most economic policy to render medical relief

as efficient as it can possibly be made; and, in order to show that I do not stand alone in this opinion, I may mention that Dr. Wallace, Dr. Rumsey, Mr. J. F. Gilbert, Dr. Griffin, Mr. Garrett, Rev. E. J. Howman, Mr. Taylor, Dr. Boyd, the Rev. C. Kingsley, and Mr. Carter, gave evidence before that Committee, which in every respect bears out what I have always contended for as necessary. But, before leaving this section of the subject, let me just remind you that, in our country villages and small provincial towns, there are no out patients' departments of hospitals, no charitable dispensaries, such as exist in large cities; and so the poor, when sick, are wholly dependent on the parish doctor; and he too possibly is a gentleman who has to keep a horse, find all drugs and appliances, from a stipend not sufficient in many instances to pay for either the horse, or the medicine.

You are aware that on previous occasions I have quoted statistics derived from the Annual Reports of the Poor Law Board, and contrasted them with others derived from the returns of the Irish Commissioners. My references have been made to the last eighteen years; for the reason that in 1852 the Medical Charities Act was put in operation; and from that date we have had an opportunity of comparing the results of two systems of medical relief, differing as widely one from the other as it is possible to imagine in the same empire. Now what have really been the peculiar advantages of the Irish system? I have shown that, immediately after it began fairly to work, the expenditure on pauperism fell off, until in 1859 it absolutely became less than half what it was in 1852. I have also pointed out that, from the same date in England it rose almost continuously, until, in 1859, when it was at its lowest in Ireland, it was £666,000 more than it was in 1852. Now it is true, since 1859 the expenditure on Irish pauperism has increased, and that in 1868 it amounted to £334,271 above that of 1859; but in the same interval it has gone up in this country £1,839,372, or nearly six times as much as in Ireland, when on the population rate it should have been only $3\frac{3}{4}$; that is, if no disturbing element had existed to

develop pauperism unfairly in this country. Now I am prepared to admit that the American war and the great commercial crisis have probably caused a greater proportionate development of pauperism with us than it has in Ireland, owing to a larger number of the labouring classes having been thrown out of employment. But, allowing fully for that, I contend that it does not essentially weaken the argument I have before advanced, and which I will here again repeat, that pauperism would not have told on our resources so crushingly, if due regard had been paid in the past to the health of the poor; and that the comparative lightness of Ireland's taxation is traceable almost entirely to the care which has been there given to the subject. This I will now proceed to demonstrate.

At our last meeting, I quoted some statistics which bore out the opinion I had formed—that the efficiency of Irish medical relief, associated as that is with a weekly return to the Commissioners of all cases of zymotic and other diseases which occur in each officer's district, and an admirable system of *educated* out-door medical inspection, would be exhibited in a marked diminution of general as well as preventible mortality; but as the figures to which I could obtain access did not go beyond 1866, and as it was possible that later returns might weaken the force of my deductions, I drew up a form, with the view of testing whether I was correct, for a comparative return of the estimated population, general and zymotic mortality of England and Wales, and Ireland, during the last six years. One of our honorary members, Mr. Smith, kindly moved for its production. Subsequently it was suggested it would make the return more complete if Scotland were included. I did not succeed in getting any return for 1869, as the figures were not tabulated; nor from Scotland for 1868, except that of the population and gross mortality.

Now what does that return exhibit?

If we take the average of the five years, we find the population amounted in England and Wales to 21,210,431; in Ireland to 5,599,899; and in Scotland to 3,153,431.

During the four years the population in England and Wales increased one twenty-fourth; in Scotland, one forty-sixth; and in Ireland, it decreased one forty-third.

The total average mortality in England and Wales during the five years was, for

England and Wales, 487,765, or 1 in 43 of the population;
Scotland, 71,431, or 1 in 44 „
Ireland, 92,008, or 1 in 60 „

The average annual mortality from zymotic disease was, in England and Wales, 111,418, being one fourth of the total mortality, and 1 in 190 of the population;

Scotland, 16,193, being one fourth of the total mortality, and 1 in 194 of the population; and in

Ireland, 18,416, being one fifth of the total mortality, and 1 in 308 of the population.

Deducting zymotic mortality, the remaining mortality was, in

England and Wales ... 1 in 56.
Scotland ... ... 1 in 51.
Ireland... ... ... 1 in 78.

Again, if we contrast the more specially fatal forms of zymotic disease, we find there died, during the five years, in

England and Wales, of		*Ireland*, of	
Diarrhœa ...	106,805.	Diarrhœa... ...	10,081.
Scarlet Fever and Diptheria ...	110,519.	Scarlet Fever and Diptheria ...	16,474.
Fever	100,807.	Fever	21,895.
Whooping Cough,	54,077.	Whooping Cough,	9,475.
Small Pox ...	21,686.	Small Pox ...	1,553.

Since reduced tonil.

The mortality from Cholera, for the year 1866, shows

England ... 14,378, or 1 in 1,475 of the population.
Scotland ... 1,270, or 1 in 2,438 „
Ireland ... 2,501, or 1 in 2,232 „

From Small Pox, in 1868 :

England	...	2,052, or 1 in	10,550	of the population
Scotland	...	100, or 1 in	31,707	,,
Ireland	...	23, or 1 in	241,012	,,

From Measles, in 1868 :

England	...	11,630, or 1 in	1,861	,,
Scotland	...	1,341, or 1 in	2,365	,,
Ireland	..	1,225, or 1 in	4,525	,,

From Scarlet Fever, in 1868 :

England	...	21,912, or 1 in	990	,,
Scotland	...	2,253, or 1 in	1,416	,,
Ireland	...	2.707, or 1 in	2,048	,,

From Fever, in 1868 :

England	...	19,701, or 1 in	1,099	,,
Scotland	...	3,387, or 1 in	979	,,
Ireland	...	3,524, or 1 in	1,594	,,

You will at once observe that England and Wales, and Scotland, agree remarkably in regard to the proportion of deaths to population ; and in the proportion of deaths from zymotic when contrasted with gross mortality ; a fact not to be wondered at, when I state that the sanitary provision for, and medical arrangements relating to, the sick poor are much the same in both kingdoms ; with the view of showing this, I will quote the medical expenditure for the last year, viz 1868-69, of which I can get a report, and then contrast it with Ireland.

	Population.	Medical Relief.	Total Poor Rate.
England and Wales,	21,649,377.	£272,000.	£7,498,059.
Scotland,	3,188,125.	£ 32,858.	£ 863,202.
Ireland,	5,543,285.	£131,000,	£ 829,521.

This amount being at the rate of, in

England and Wales, 6s. 11½d. per head of the population.
Scotland, 5s. 7½d. ,,
Ireland, 2s. 11¾d. ,,

It will be also noticed that whilst Ireland spends by far

the most on medical relief, she is rewarded by having the smallest death rate; and what will be more interesting to some, by having infinitely the less poor rate expenditure.

Now I do not wish to convey the impression that the whole of these deaths are those of poor people, but as the gross number of the labouring classes has been put in England and Wales at some 4,500,000, and as it has been further estimated that at least one half of these are sick every year, it is evident that they make up by far the largest portion of those cut off by zymotic disease, for as the character of their surroundings is the most markedly unhealthy, so are they necessarily the first to suffer, and that too the most severely in any epidemic outbreak. Again, I do not intend to assume that the general hygienic conditions of the two countries are the same. I am well aware that we have here a large urban population, and that in Ireland it is mostly rural. I know perfectly that the sanitary condition of our towns contrasts unfavourably with our country districts, but though I grant all that, yet I will still assert there remains enough to prove my argument, which is that much of our excessive mortality would have been prevented, if our legislators (undeterred by the clamorous ignorance of some of their tenantry who are poor law guardians) had simply paid as much attention in Parliament to the preservation of the health of the poor, as they have at all times given to that of their cattle. But it is not that the community have suffered only in augmented mortality and additional expenditure on pauperism by this neglect of the health of the poor, but to bring the fact more home to our governing classes, there can be no doubt that many an occupier of a palatial mansion has sustained the death of relatives, whom he would not have lost, if zymotic disease had not been allowed to fester and develop into fatal activity in the neighbouring cottage.

With the view of proving the correctness of this deduction, and showing how large a relative proportion of the deaths from zymotic disease must come under the observation of the dispensary physician and consequently affect the poor, I have obtained the gross number of cases of scarlatina,

small pox, and fever, which have been reported weekly to the Central office, as occurring in the various dispensary districts in Ireland during the years 1867 and 1868, and have compared them with the total deaths in the whole of Ireland from these diseases.

1867. Scarlatina, 3187 cases; deaths, 2142; small pox, 105; deaths, 20; fever, 18,975; deaths, 3728.

1868. Scarlatina, 5670 cases; deaths, 2707; small pox, 112; deaths, 23; fever, 17,400; deaths, 3524.

Taking these figures into account, I will ask you to contrast them with the total of deaths from these diseases which occurred in this country during the same years, and and assuming, which I have a clear right to do, that the relative proportion holds good here, I will ask you to observe what a large number of cases of preventable diseases must come under the observation of the English poor law medical officers, and how manifestly absurd it would be to expect other than a very largely disproportionate amount of mortality with us, seeing that no effort is ever made to make the medical service efficient, either by the central office or the local boards. Nor is this all, I would ask the taxpaying public to remember, that imperfectly tended sickness means its unnecessary prolongation, premature death, widowhood and orphanage, with all their inevitable costly consequences.

Should any one dispute these statements, let me ask him to contrast the total of deaths from diarrhæa in England and Wales with that of Ireland. Can any one doubt that the balance would not have inclined so unfavourably against us, if the English poor law medical officer had been encouraged in the performance of his duty by just treatment, instead of having his energies cramped by every description of opposition from so-called guardians of the poor, and by their humble servants the poor law board. How, for instance, is it possible that the sick and notably poor children can obtain efficient medical relief in such large medical districts as that which the office has quietly permitted as an *experiment* during the last year in Birmingham, vix. 44,000 in-

habitants to one ill-paid medical officer? Indeed, here we do learn from the researches of Dr. Heslop, that many of the children of that town get absolutely no medical relief at all; the same fact has been shown at Manchester, and is doubtless true of many of our other large towns.*

But it may be asked, are there any other facts which will show a positive benefit to the community from the operation of the Irish medical relief system. I will not stop here to comment on the absolute stamping out of small pox, and the commissioners circular letter announcing that the ports of Great Britain are the sources from which the advent of that disease might be anticipated; the facts speak for themselves. I will direct your attention to the diminution of the mortality from fever—thus in the ten years ending 1841, there were 112,092 deaths from that disease. At that time their medical relief arrangements were about on a par with that which prevails now with us; but at the decade ending in 1861, when the Medical Charities Act had been in operation nine years, the mortality fell off to 41,315. Mr. Smith's return tells you that this low mortality has been maintained, though the island has suffered from much greater poverty (which is part parent of fever), during the last, than in the preceding nine years.

Finally, let me direct your attention to the large disproportionate mortality from scarlet fever and diptheria; as here I have an opportunity of directly proving the advantages derived from the weekly returns of zymotic and other diseases, in calling immediate attention to the existance of any epidemic outbreak, with the view of stamping it out. You will remember that, two years ago, I read a letter in this room, apologising for the non-attendance of one of our members residing at Guildford, the reason assigned being that a serious epidemic of scarlet fever had broken out, and that three hundred cases had already occurred. This letter was published in the *Standard*. On the following

* Mr. J. Leigh stated before the Select Committee on Medical Relief in 1854, that out of a total of 2,179 deaths in Manchester, 726 had received no medical attendance whatever.

day, the Mayor of that town wrote and indignantly contradicted the statement. It was, however, too true; his letter only showed that he was wholly ignorant that this great affliction had fallen upon the town; but it was known too well by the Poor Law Medical Officers and the sufferers. From first to last, about six hundred persons were attacked; more than forty died at once; how many there may be yet to perish of the sequelæ of this terrible scourge is known only to the Omniscient.

Can there be a question that much preventible misery and suffering was caused thereby? That much needless expenditure was incurred? Can it be doubted that many a petition was both publicly and privately offered up, praying that this plague might pass away; and yet it was but the visible expression of merited punishment (for the neglect of sanitary and other requirements) which by an inscrutable dispensation of Providence was visited alike on the guilty and guiltless.

Do you believe that this is a solitary instance of the consequences of neglect; could not the same thing be reported of many other towns and villages in England and Wales? And yet here, where this great calamity occurred, I find a striking instance of the niggardly arrangements which are made for medical relief to the poor. A request for an increase of their stipends, recently made by the Medical Officers of this town, was contemptuously refused by the Guardians, though those stipends remain pretty much the same as they were twenty years ago, when the population was considerably less.

There is another subject to which I feel it my duty briefly to refer. You are aware that Dr. Brady has brought in a bill (based upon the same principle which he successfully carried last year for our Irish medical brethren) to extend to English medical officers the benefit of superannuation: this bill will come on for second reading in June next. The question is not altogether new; for it was mooted as far back as 1850, and was then accounted worthy the consideration of the Poor Law Board itself, which framed a bill for the

purpose, but subsequently abandoned it. That bill did not find favour with the profession; for it contemplated that a portion of the Medical Officers' salary should be stopped, to provide a fund from which it might be paid. These salaries they rightly considered were wholly insufficient to enable them to do their duty at the time, and did not admit of any reduction for providing the source from which superannuation should be obtained. As regards the equity of the grant, I do not think it admits of doubt. You are aware the principal objection which has been made to superannuation is, that medical officers do not give up the whole of their time to their duties. Now, admitting fully that such is the case, I would submit—1st, whether the salaries are based upon the supposition that they do?—2ndly, I would ask at what period of the day or night is the medical officer considered off duty? Now, seeing that the salaries are clearly insufficient to enable the officers to make provision for old age or infirmity, and that they are virtually bound to the performance of their duties at all hours of the day and night—and, in case of absence from such duty by illness or other cause, have themselves to pay for assistance—whether, it is just that this concession should be denied, especially when it is remembered that, in the case of the master of the workhouse, the relieving officer, and the clerk of the Board of Guardians, to whom this grant has long since been conceded, neither of these officers are necessitated to give up an uncertain period of the day, and too frequently of the night, to their obligations; but who go to their beds secure of their nights rest, who never run any risk, or at most an infinitesimal chance of injury to themselves or families, from the performance of their duties. But it will probably be urged by the opponents of the bill, what a very serious tax you are about to impose on the public, by the grant of superannuation allowance to some 3,200 medical officers!—To this objection let me state that about 10 per cent. annually leave the service, thereby voluntarily resigning all claim to such grant; and of those who remain, and would fill up the measure of time say—10, 15, 20 or even 30 years—

at the end of which they would be entitled to make application for such benefit, there would be found many gentlemen who had done good service to the state. Seeing, therefore, that Dr. Brady's bill is only a permissive one—that it would require the grant to be first voted by the local board—a body not likely to be over liberal with either their own or their neighbour's money—and that the grounds on which the vote was given would subsequently have to be considered by the Poor Law Board, anything like the possible jobbery which Lord Redesdale deprecated so strongly when the Irish bill was in committee of the Lords last year, must indeed be very problematical.

But is there any other reason why this bill should pass, apart from its abstract fairness? I believe I find it in the fact that many aged and infirm persons now feebly hold on to office simply from having no other means of subsistence. Grant such provision, and it is probable their positions would be filled by younger and more energetic gentlemen, who would be better enabled to perform their duty to the sick poor, and consequently, as I have shown, to the community at large.

In conclusion, allow me to state that I have in my hands some 240 separate petitions to the House, which will be presented at the proper time.

I now beg to move the adoption of the Report.

J. MALLETT, PRINTER, 59, WARDOUR STREET, SOHO.

Since the foregoing was delivered, I learn that Dr. Burke, Register General Department, Dublin, has in his evidence before the Sanitary Commission stated that the registration of deaths in Ireland is imperfect, and therefore, that Mr. Smith's return does not convey a reliable test of the absolute mortality. This is probably true in the large towns of Dublin, Cork, and Belfast; but I do not consider that it can apply to the rural districts; for as the Dispensary Physician is the Registrar of his district, and registration carries with it a fee, the only one the Irish Medical Officer gets, it is not probable that many cases of death occur without coming to his knowledge and being recorded.

JOSEPH ROGERS.

Dean Street, May 14th, 1870.