Poor Law Medical Officers' Association / the address delivered by Joseph Rogers.

With Dr Rogers Compts

Poor Law Medical Officers' Association.

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THE ADDRESS

DELIVERED BY

DR. JOSEPH ROGERS,

(President of the Association,)

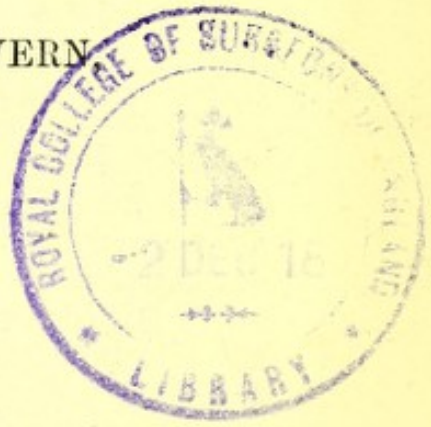
AT

A GENERAL MEETING,

HELD AT

THE FREEMASONS' TAVERN,

MAY 3rd, 1871.



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THE PRESIDENT'S ADDRESS.

GENTLEMEN,

Having been applied to on several occasions, recently, for information on the subject of Irish Dispensary Medical Relief, and having learnt that there is much want of knowledge of its distinctive features, not among the public only, but the profession, I have concluded that I shall probably not occupy your time unprofitably if I give a brief history of the causes which led to the introduction of the Medical Charities Act, and an exposition of the clauses which particularly affect the sick poor, and the profession,—especially as I intend to comment on each clause, and, at the close of my analysis, to make some remarks bearing on the necessity for a modification of our Medical Relief arrangements, and to offer suggestions as to the carrying out of those recommendations of the Royal Sanitary Commission, which relate to the utilization of the Poor Law Medical Service, as deputy health officers, in their respective districts.

Previous to the year 1805, the only form of Medical Relief which existed in Ireland, was afforded by County Infirmaries; but as, in many instances, they were remote from the habitations of the poor, an Act, the 45th Geo. III., cap. 3, was passed in that year, which made provision for the establishment of Dispensaries. There was, however, this grave fault in that enactment, a Dispensary could only be established when a certain sum had been raised by subscription among the inhabitants of the locality where it was proposed to be formed. This done, it was supplemented to the like amount by a grand jury presentment; so that these institutions were only partially rate-supported. Imperfect as in this respect they were, they were, nevertheless, the most extensively useful of all the Medical Institutions in Ireland, for under this Act some 400 were established, affording relief to upwards of half a million of persons.

In 1818, owing to a serious outbreak of fever in the preceding years, facilities were given for establishing Fever Hospitals, and provision made for the appointment of Local Boards of Health; but here, again, owing to the enactment being simply permissive, some places did and some did not provide hospitals, it being generally noticeable that where they were most needed, through the poverty, &c., of the people, they were not established.

From a return made in 1833, it appeared that 30,634 intern and 1,243,314 extern were treated,—the total

expense being £109,054. In 1836 the number of separate Dispensaries amounted to 452, and 42 more united with Fever Hospitals.

The partial and imperfect arrangements for general Dispensary Relief had been made the subject of special Government inquiry in 1842, and a Report was drawn up on which Sir G. Nicholls* proposed to frame a Bill, the heads of which were prepared. This was sent to every Medical Institution in Ireland. Received favourably at first, it suddenly encountered so much opposition from the profession that it was abandoned by the Government.

Immediately subsequent to this, in 1846, the potato famine occurred, and was followed by that dreadful outbreak of fever in 1848-9, which decimated the island. But, as it would be foreign to my object to enlarge on this head, I will only state that such was the condition of affairs in 1849 that it then became manifest that the semi-voluntary system of Medical Relief was partial and insufficient. In August, 1851, therefore, a Bill was introduced, and readily passed, founded on the Report of 1842, whereby the rating power and machinery of the Poor Law was brought in aid of the Medical Charities. This was called the Medical Charities Act.

The 1st clause provided that two Commissioners, one of whom should be a physician or surgeon of not less than ten years' standing, should be appointed, to act with the Poor Law Commissioners.

The 3rd clause provided for the appointment of Medical Inspectors, who were to be surgeons or physicians of not less than seven years' standing. The Medical Commissioners and Inspectors were debarred from private practice.

* On the subject of Medical Relief, Sir G. Nicholls remarks:—"The wants of sickness are not, it is true, of the same constant and daily occurrence as the want of food; but they are capable of being provided for, by the exercise of proper forethought, as in the case of house-rent and clothing. There is, however, this difference between the two:—sickness destroys a man's capacity for labour; and if, led on by the hope of continued health, he fails to make timely provision, and sickness should overtake him, he is at once prostrated,—becomes in himself helpless, and is of necessity compelled to look to others; whereas, if a pressing want or urgency assail him whilst in health, he may, by constant and earnest effort, meet it and rise above it. Whilst adhering, therefore, in their entirety to the principles of the Poor Law Amendment Act, we may yet admit that Medical Relief is, in its nature, not only the least objectionable of all modes of relief, but that it is within reasonable limits admissible, and, in the existing state of society, even necessary.

You will not fail here to note that the control of the sick was not handed over to barristers, ex-military officers, and others,* the relatives or mere *protégés* of successive Presidents, notwithstanding the fact that a large stock of gentlemen possessing those eminent qualifications could easily have been imported from this country for the purpose, with a comparatively trifling risk to the interests of our own sick poor.

The 6th clause provided that the Guardians of each Union should divide such Union into so many Dispensary districts, regard being had to the extent and population of such districts; that such distribution should be submitted for approval to the Commissioners, to whom power was reserved to alter such districts as might to them appear advisable. At present, the 163 Unions are divided into 719 Dispensary districts, with 1,045 Dispensary stations, though truth compels me to state that, in some sparsely populated places, the districts are far too large; though the evil in this respect is not by any means so proportionately vast as that which the Poor Law Board has winked at.† By the same clause, power was given to the Commissioners to fix the number and qualifications of Officers appointed for the service of each Dispensary district. This, to the credit of the Commission, they have never hesitated to do wherever the local authority has failed to carry out necessary requirements,—in this respect being in marked contrast to our Poor Law Board, which, whilst it has interfered when necessary, and sometimes when not, in reference to the appointments of clerks, masters of workhouses, and relieving

* Although the Poor Law Administration Act (Ireland) ordains that lay and Medical Inspectors shall have equal powers of acting in the various districts, at the last vacancy Dr. Burke was appointed. We may congratulate our brethren, the Poor Law Medical Officers of Ireland, on this important recognition of the claims of their services to official consideration.

† The total number of districts in England and Wales where the area exceeds the limit of the general orders of the Poor Law Board,—viz., 15,000 acres,—is as follows:—

Above 15,000,	20,000,	25,000,	30,000,	35,000,	40,000,
355	127	81	31	18	11
Above 45,000,	50,000,	60,000,	70,000,	90,000,	100,000,
15	12	8	4	2	1

TOTAL, 665.

And of excess in population, above the order of 15,000 persons:—

Above 15,000,	20,000,	25,000,	30,000,	35,000,	40,000,
98	48	28	15	5	9
		Above 50,000,	80,000		
		1	1		

TOTAL, 205.

officers, has always remained supremely indifferent as to what local arrangements may have been made for Medical Relief,—a natural corollary of the Department's entire ignorance of the out-door sick poor, and of the benefits derivable from an efficient system.* Their inaction in reference to the proceedings of the Birmingham Board of Guardians was a striking instance in point.

The 7th clause directs that the Guardians should elect, if necessary, a sufficient number of ratepayers resident in each district, to form together with the ex-officio and elected Guardians of the Poor, a Committee for the management of the Dispensary of such district. There can be no doubt that this provision is a most excellent one; for, by the election of resident ratepayers who are not Guardians, an element is imported into the deliberations of the Committee which is not so likely to be affected by the spirit of clique or party so common in a Board of Guardians. Then there is the great probability of securing the services of gentlemen who would be willing to look after the interests of the sick, but who would not care to mix themselves up with the general administration of the Poor Laws. When Mr. Hardy introduced the Metropolitan Poor Bill, he copied this clause, bodily. At the time, it was hailed with much satisfaction, as a decided step in advance. It was, however, subsequently abandoned by the Department, on the supposititious plea that Boards of Guardians would be more readily induced to establish Dispensaries in the Metropolis—their indifference, and in some instances, positive hostility to that course, having been solely excited by the manner in which certain officials expressed themselves in reference to the needlessness of the Act, and by the hesitation, frequent change of purpose, and general incompetence of those who had charge of the Act for some months after its enactment.†

The 8th clause directs that the Guardians shall provide a house, building, room, or rooms, to be used as a Dispensary or office for the Medical Officer, and for the meeting of the

* Sir J. Kay Shuttleworth and Mr. C. P. Villiers, who were joint members of the Commission for inquiring into the operation of the Poor Laws, in 1832, have both since stated that, whilst every other cause of pauperism was investigated, sickness of the poor, as an element in its production, was completely overlooked, —so that the ignorance of the Department is simply chronic.

† I have been told by a perfectly reliable authority that the Department had intended to abandon the Dispensary clauses of the Act entirely, and would have done so but for the facts brought before the public at the successive quarterly meetings of this Association.

Committee, and shall provide such medicines and appliances, and appoint one or more Medical Officers, with such qualifications, and at such salaries as the Commissioners might approve, and that the Commissioners may, and from time to time can (and, what is more, in some instances do) regulate the salaries and allowances payable to such officers;* and it shall be lawful for the said Commissioners, on *sufficient grounds*, to remove any such Medical Officer, and direct the Committee to appoint another, and, on their failing to do so, to appoint a Medical Officer, under their seal. You see, the clause states sufficient grounds. I do not find that in that country this power has been abused by the Commission for the gratification of the personal ill-will of any permanent official, in spite of the manifest convenience which might often result from such a course.

The 9th clause ordains that every member of the Dispensary Committee, Relieving Officer, or Warden, may issue a ticket for medicine and advice, and the Medical Officer is immediately bound to attend, and continue so to do, all such *poor persons*, until the next meeting of the Committee, when, if it can be shown that the person can pay for such medical attendance, his ticket is cancelled.

The concession of the power to grant orders to every member of a numerous Committee is one of the greatest blots of the Dispensary system; for it is unquestionably true that this power has been much abused, many getting Medical Relief who might and ought to pay for such attendance, and thereby a handle has been given to the opponents of the introduction of a similar system here. Whether the abuse has been ever carried to the extent alleged by the author of the last Report of the Poor Law Board, who writes, "*Indeed, instances are reported where retail tradesmen entitled to orders have been in the habit of signing whole books of tickets to be distributed by their shopmen amongst any customers willing to accept them,*" is open, I consider, to doubt. It should, however, be remembered, that the issue of orders for Medical Relief is much abused in this country, where the Relieving Officer is the sole official empowered to issue them.

One reason alleged for the abuse of Dispensary Relief,—

***The Poor Law Board has never attempted to control the amount paid to Medical Officers. If they had, we should not find that, in 16 Unions, stipends range from 8*d.* to 1*s.* a case; in 239 from 8*d.* to 2*s.*; in 348 from 3*s.* to 7*s.*; in 51 from 7*s.* to 16*s.* They have always acted as if the arrangements for Medical Relief were simply a matter of private contract between the Medical Officers and the Guardians, in which the poor and the public had no possible interest.**

and it must operate extensively,—is the absurd custom in Ireland of demanding a fee of a guinea for attendance. This sum is so far beyond the means of the humbler classes, who would wish to be independent, that it should be superseded by a graduated scale of charges proportionate to their resources; and as, in all probability, we shall see an extension of the Dispensary system here (indeed the Poor Law Board has publicly announced that such is, or was, the intention of the Government), it is desirable that this difficulty should be anticipated. This I would do—

1st. By limiting the number of those entitled to grant orders, say to the Relieving Officer, Chairman, and Vice-Chairman of the Committee.

2ndly. By defining more accurately the class to whom relief should be afforded. At present the words of the clause are, *any poor persons*. This admits of too wide a rendering. Surely it would not be impossible to lay down some scale—for instance, that a person earning so much a week, &c., should or should not be thus entitled, regard being also had to the number of the family.

3rdly. By facilitating the adoption of legal proceedings against those who, having the means, had by false representations, or by favouritism, obtained such relief.

In a letter I recently received from an Irish Dispensary Medical Officer, the writer makes the following suggestions:—"That the relieving officer of each district should place before the Board of Guardians on a certain day, half-yearly, a list of persons then residing in the district, who would or might require Medical Relief, and who did not belong to any club, &c.; and that this list should be tabulated as to who should get medical relief gratuitously, and who could pay, say, a 1*s.* for a visit, and 2*d.* or 4*d.* for medicine and so on, and tickets printed in accordance." He states that, "this plan has been tried in Ireland, and was found to be successful, but being contrary to the provisions of the Medical Charities Act, was put a stop to by the Commissioners." He further states, "that it might possibly be difficult to carry out such a system in a large town where the population is migratory, but it would work in a rural district, and would have the effect of establishing the nearest approach to a Provident Dispensary that we shall ever arrive at."

In 1836, the Poor Law Commissioners, in their second Report, attempted through the Assistant Commissioners, and by means of Boards of Guardians, to establish Sick Clubs. A code of rules was published; but the recommenda-

tions though approved of, were found impossible of realization: the wonder is, that, such having been found to be the case, more decided steps were not taken to make Poor Law Medical Relief more efficient in England and Wales.

The 12th clause gives the Commissioners power to frame general rules and regulations for the government of each Dispensary district, and for the guidance and control of the Guardians, the Committee of Management, and several officers. And they are also empowered to alter, or revoke, and to make such new rules and regulations as from time to time they may think fit. Here let me remark, that it is but justice to the Commission to state that, during the nineteen years of their control of Dispensary Medical Relief arrangements, they appear to have exercised the power vested in them most advantageously for the general benefit, nor have they ever failed to enforce their orders when at any time the local authority has shown a contumacious spirit; in this respect, being in striking contrast, as I have before said, to the English Poor Law Board, which has mostly deferred to the ignorant prejudices of Boards of Guardians; and notably when questions affecting the Medical Officers, and through them the health and comfort of the poor, have come before them for adjudication.

The 13th clause ordains that the Medical Officer of every Dispensary district shall, and is hereby required to, vaccinate all persons who may come to him for that purpose. This proviso, and more especially the subsequent incorporation of the office of Registrar of Births and Deaths with that of public Vaccinator, has led to a more complete system of vaccination in Ireland than in any other country of the world; this again being in marked contrast with that conflict of authority, consequent neglect of vaccination, and consolidation of many parochial districts in the hands of a single official, which it has been the policy of the Privy Council of late to encourage, and which has been attended by the untoward result, that a natural fear has seized all minds, from the Queen on her throne to the poorest peasant, arising from the mortality, from the recent terrible outbreak of small pox—the same epidemic wave having struck almost harmlessly against the shores of Ireland.

The 15th clause lays down the rule that, without any further fee, or reward, beyond the salary, the Dispensary Physician should examine and certify as to the case of any dangerous lunatic, &c. It is true the Commissioners are empowered in fixing the stipend to take into account the probable extent of such extraordinary duties; but whether it

is that they have failed to do so, certain it is, a very widespread feeling of dissatisfaction with this arrangement exists, and, from information we have received as to the hardship frequently inflicted on our brethren from the operation of this clause, our Council decided to co-operate with the Irish Association in obtaining its repeal, and the grant of a distinct fee for this duty.

The 18th clause authorizes the Inspectors to enter and inspect every Dispensary or building used for the purposes of the Act, and to attend the meetings of every Board of Guardians, or Dispensary Committee; and also to enter, inspect, and report upon any Infirmary, Hospital, or Medical Institution, supported by rates or assessments.

The examination I have made of the Irish system, tells me the requirements of this clause have been adhered to, and that the reports of such Inspectors have not been consigned for an indefinite time to pigeon-holes, or quietly suppressed when truthful, and, therefore, disagreeable facts have been reported; but on the contrary, that where evils have been observed, they have not only been pointed out, but action taken to remedy them, and where no heed has been paid by a Board of Guardians to remonstrance, the Commission have enforced their requirements by sealed order. Difficulties they have had to surmount, and they have surmounted them, and the result has been that this branch of the executive is more respected than any other Government department in Ireland—how our English Board is estimated, I leave others to determine. There is, however, probably, another reason why the Department in Ireland has worked so well,—the Government selected a *fit person* for Chief Commissioner, viz., Mr. Power, several years ago, and he still holds office. How many times our Presidents and Parliamentary Secretaries have been changed during the last nineteen years, it would be hard to state—their names alone would fill a column of the *Gazette;* the consequence has been, that the work of the Department has been left almost exclusively in the hands of mere subordinates, who have guided its policy as best suited their own purposes. Just recently, Mr. W. H. Smith's notice of motion was adjourned for two months, because Mr. Goschen had been transferred to the Admiralty, and it was held to be unparliamentary that Mr. Stansfeld should be called on to reply to criticisms of his department, before an opportunity had been afforded of coaching him up.

The 19th clause ordains that the Commissioners shall execute the powers and purposes of "The Nuisances

Removal and Diseases Prevention Act, 1848," and all Committees, Inspectors, and Medical Officers, are required, within their respective districts, to aid the Guardians of the Poor, &c., in the superintendence and execution of any directions and regulations, which may at any time be issued to them by the Commissioners.

By this clause, and by similar and larger powers conferred by subsequent enactments, there has been established in Ireland a sanitary system in conjunction with Dispensary Relief, which has brought about the most beneficial changes, and which fully justifies the eulogium of Dr. Cameron, the Professor of Hygiene in Dublin, who describes it as the most admirable sanitary organization in Europe.

That the Dispensary Physicians have checked the spread of zymotic diseases is shown by Mr. W. H. Smith's return, from which we learn that 1 in 308* only, dies from preventible disease in Ireland, against 1 in 194 in Scotland, and 1 in 193 in England and Wales. That it has diminished the expenditure on pauperism is shown by the successive annual reports of the Commissioners. By the last, I learn that 2*s.* 11¾*d.* only, is paid per head of population on poor relief, in 1869-70, against 7*s.* 0¾*d.* in England and Wales, and 6*s.* 0¾*d.* in Scotland, for the same year.

Having now given you a brief abstract of the main provisions of the Medical Charities Act, let me go on to describe an urban Dispensary. It is generally situated in a poor district; the dispenser, a duly qualified apothecary, resides on the premises, ready to dispense medicines *on emergency*, day or night. There is a porter, whose duty it is to keep order, and see that the rooms are clean. The patients' entrance opens on the ground floor into a large waiting room, where there are forms ranged all round, close to the wall, on which the patients can sit down. Leading out from it is the Physician's room, provided with a long table, at each end of which sits a Medical Officer, two being attached to each Dispensary. At the other side of

* In a letter I recently received from Dr. Burke, Registrar-General's Department, Dublin, this gentleman states, "That he thinks, that nearly all the deaths from zymotic diseases are registered," and that it is "his firm belief, that the death-rate for all Ireland does not exceed 20 per 1,000." I take this opportunity of publicly thanking him for the very valuable information he has courteously given me. I also beg to express the obligation I am under to Dr. D. T. Maunsell, the Honorary Secretary to the Dispensary Medical Officers' Association, for the great assistance he has at all times rendered me.

the room is another door, which leads to the surgery, and from it an outside door into the street. For cases of a delicate nature, there is, on the same floor, leading out of the Physician's room, a small consulting room, well lighted, and provided cheaply, but sufficiently, with all needful appliances. A part of the Dispensary is also set apart for the meeting of the Committee, which in town districts takes place weekly.

The order of proceeding is as follows:—As the patients come in, the porter demands to see their tickets; on their producing a new ticket he gives them a card with a date on it, which will pass them in for a fortnight or during the duration of the illness. He then ushers them in turn into the Physician's room. If furnished with a white ticket, the nature of the illness is enquired into, their names taken down in the Report book, a prescription given, and they go forthwith to the surgery; if a red or visiting ticket be presented, the applicant is informed when he may expect to see the doctor. The average time required for the daily performance of the duty is about two hours, with an extra hour two days in the week for vaccination. There is this advantage in the appointment of two Medical Officers to each Dispensary in densely populated districts, that if on an emergency one should be called away, the other could take up his duty and finish it for the day.

There is one thing I must here notice, viz., the excessive amount of writing demanded from the urban Medical Officer, and which necessarily occupies much of the time which should be given to diagnosis and prescribing. It may be diminished as follows:—It should be a *sine quâ non* that the porter should write; the Dispensary ticket should have a place for a number and for the name of the disease; the latter the doctor should write in, and the prescription on the back of it; the patient could then take this to the apothecary; when he was gone, the porter could enter the number of the ticket and name, and the apothecary, at his leisure, could write in the prescription in the proper column.

In country places, the Dispensary has a more primitive character, consisting of a reception room and a small surgery adjoining; the Medical Officer attends every or every other day, or only twice a week; sometimes he has two Dispensary stations in his district, where he attends on stated days. Not unfrequently his own house is used for the meeting place of the Dispensary Committee; for this he obtains some small additional payment.

It has been stated that Dispensaries are all very well

for towns, but that they will not work in rural districts. I contend, on the contrary, that they are just as desirable in the country; indeed, unless they are established, it is not possible to carry out the system of Guardians finding drugs; for, unless the surgery be distinctly separate from the Medical Officer's dwelling-house, he would be exposed to the imputation of using the drugs for his private patients.

Having given you this description of the Irish system, I pass on to tell you that medicine and appliances cost about £32,000; stipends of Medical Officers and Apothecaries, £77,721; rent of Dispensary buildings and other expenses, £23,500; total, £133,221; for the year ending September 29th, 1869. That, during that time, 775,327 cases of disease were attended, of which 195,597 were visited at their own homes; of 145,912 births registered in 1869, 131,426* were vaccinated at the Dispensary stations. Every week a return is made of the gross number of cases of disease, and of cases of scarlatina, measles, small-pox, fever, &c., in each district, as well as of the existence of any specially prevalent form of disease. With such a system, so ably organized and effectively worked, can we wonder that there should have been a diminution of disease and mortality, standing out in marked contrast to the state of things in Great Britain, as exhibited in Mr. Smith's return, and as shown in the Irish annual reports, &c., of poor relief expenditure? Looking at our annual heavy mortality from preventible disease, &c., with all its miserable results, need we be surprised at the following eloquent paragraph in the report of the Royal Sanitary Commission?

"Terrible as epidemics are, when we count the thousands that have died quickly from them, and guess at the misery consequent on the deaths of those who worked for others, they would seem much more terrible if we could count the consequences of the necessity of maintaining the many more thousands who are disabled for months or years from working, either for themselves or for others." †

* This leaves only some 14,000 children unaccounted for by the Dispensary doctors, for vaccination by private practitioners, deaths, &c. Is not this the explanation of the immunity from small-pox in Ireland? In Dublin, with a population of 314,000, 17 cases only have occurred and only 2 deaths. Nearly all these cases were imported.

† For more readily contrasting the outlay and the results in each country, I append the following:—

	Estimated population in 1869.	Medical Relief Expenditure.	Gross Poor Relief Expenditure.
England and Wales	21,760,000	£282,180	£7,673,100
Scotland . .	3,188,135	£33,784	£931,274
Ireland . . .	5,543,185	£133,000	£817,772

You will have seen by the Report from which I have just quoted, that the Commission recommends registration of sickness, and that Poor Law Medical Officers should be Deputy Health Officers in their respective districts. In fact, they have adopted the suggestions I threw out at the meeting of the British Medical Association at Newcastle, and which were subsequently formulated by Dr. Rumsey, in the propositions submitted by the deputation which waited on Mr. Goschen last October. As, however, the Commission has abstained from indicating the amount of pecuniary outlay which should compensate the Medical Officers for the additional labour, they would have to meet, I will suggest the sum, and show the source from which it should proceed.

I have previously stated that the annual expenditure on Medical Relief for the 5½ millions of Ireland amounts to £133,000, and that the expenditure on Medical Relief for the 22,000,000 of England and Wales, which includes the subscriptions of Boards of Guardians to hospitals, and of maintaining the sick poor at the sea-side hospitals, is only £282,180. Now I contend, for the justice and expediency of raising our expenditure on Medical Relief to the Irish standard. If this were done, the outlay, in round numbers, would be as follows, in England and Wales:—

Salaries of Medical Officers . .	£310,884
Drugs and appliances . . .	128,000
Rent of Dispensary Buildings, and other expenses	94,000
Total . . .	£532,884*

or an additional outlay, for the benefits of preventive, beyond that now paid for our miserably insufficient curative system,

Whilst Mr. Smith's return shows that the average rate of mortality during the six years ending 1868, was in

England 1 in 43 of the population.
Scotland 1 in 44 „ „
Ireland 1 in 60 „ „

The mortality from preventible disease, being one-fourth of the total mortality in England and Wales, and Scotland, and only one-fifth in Ireland.

* In England and Wales the gross expenditure on registrations of births and deaths, and public vaccination, amounted in 1869 to £141,113. The District Registrarship is only exceptionally held by a Medical Officer, the Superintendent's appointment never. Latterly, the Privy Council, by suggesting the consolidation of several vaccination appointments in the hands of a specialist has still further diminished the very limited resources of the Poor Law Medical Officers. In Ireland, these several offices are exclusively held by the Dispensary Physicians.

only, of £250,884, a sum which the experience of the working of the Medical Charities Act tells us would be speedily recouped by the improved health of the humbler classes, and, therefore, diminished Poor Relief expenditure. In order, however, that this additional outlay should be equitably distributed, it would be necessary that the central authority should lay down a scale on which salaries should be generally calculated. Nor would that be all that would require to be done. The excessive area of many rural, and the huge population of urban districts, would have to be materially lessened if registration of sickness and the report of insanitary conditions are to be rendered so complete as to have a practical beneficial effect. Similarly, the increased outlay would be in Scotland.

Salaries of Medical Officers . .	£44,412
Drugs and appliances . . .	18,285
Rent of Dispensary Buildings, and other expenses	13,428
Total . . .	£76,125

or an addition of £43,000 to the existing outlay.

Now it is no part of my scheme to throw on the existing ratepayers any further burdens, *even apparently*. I have long since felt, that the incidence of the poor rate is most unequal, and that large numbers of the community escape contributing to it in any way. I hold, therefore, that it is desirable there should be a rearrangement of the meshes, so that all who benefit from the labours of the working classes, should be brought fairly within the net. If this be true of poor rates in general, it is more especially correct when we come to deal with the expenditure on sanitary care and the cure of sickness when occurring among those whose means preclude their obtaining it for themselves. I, therefore, again urge that the entire cost of Medical Relief, and the charges incident to such sanitary care, should be paid from the Consolidated Fund, and for convenience I will tabulate my reasons; they are as follows:—

1stly. Because the incidence of local taxation is unequal and limited.

2ndly. Because the character of modern pauperism is migratory and has nearly ceased to be parochial.

3rdly. Because sickness cannot be localized; for these epidemics which strike first and hardest the poorer classes, extend from them to those above them on the social scale, and are also liable to, and do spread over large tracts of country.

4thly. Because such epidemics, when occurring among the poor, are entitled to at least as much consideration as when occurring among cattle—and the ravages of cattle plague have been met by a rate thrown over a whole county—especially as the health of the poor, and their preservation from such epidemic outbreaks, is a subject in which the whole community is vitally interested.

5thly. Because illness among the poor in one part of the country requires the same skill and outlay on medicines, to treat it successfully, as in another.

6thly. Because the principle having been conceded, of part payment from the Consolidated Fund, no valid objection can be advanced why the whole should not be thus paid.

7thly. Because local and often prejudiced opposition to necessary expenditure would be determined, if the whole community contributed equally, upon a basis settled by some central authority.

I have spoken of a central authority. I need not, perhaps, say that I do not refer to that form of control which has, either from natural weakness, faulty construction, or possible indifference, winked at those abuses in our Poor Law General and Medical Relief system until the public have become impatient, and have demanded reform. I refer, rather, to that important modification of it which has been recommended in the Report of the Sanitary Commission, and which, if adopted, will place the control of our Medical Relief, conjointly with sanitary arrangements, under the charge of members of our own profession, subject to the responsible supervision of a President of Public Health and Poor Law,—in this respect imitating the practice in the Army and Navy, with regard to their Medical Departments, and which has been carried out, with so much advantage to all classes of the community, during the last nineteen years in Ireland.