

## **The scarlet runner / [P. J Bodkin].**

### **Contributors**

Bodkin, P. J.

### **Publication/Creation**

Dublin : M. H. Gill, 1885.

### **Persistent URL**

<https://wellcomecollection.org/works/fdehwy9p>

### **License and attribution**

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>

150/5KIN

H. C. P. A.

THE

# SCARLET RUNNER

THE ABUSES OF THE RED TICKET SYSTEM OF  
MEDICAL RELIEF, AND SUGGESTED  
IMPROVEMENTS

FROM A PAPER READ BEFORE THE IRISH MEDICAL ASSOCIATION

BY

P. J. BODKIN

PHYSICIAN AND SURGEON

With Appendix

CONTAINING A SUMMARY OF PRESS OPINIONS  
ON THE SUBJECT

DUBLIN  
M. H. GILL AND SON  
50 UPPER SACKVILLE STREET

1885

GI 6

IRELAND: Poor Law: 19 cent.

" : Sick Poor : "

POOR LAW : 1 - : 19 cent.

S - P - : 1 - "



313384

XG8148



WELLCOME LIBRARY
Pam (H)
130/1412

## PREFACE.

---

THE following observations were originally delivered by me at the Annual Meeting of the Irish Medical Association, on 1st June, in support of a resolution to the effect that the abuse of the red ticket continues to be the bane of the Poor Law Medical Relief System, and that some material alterations were urgently required to remedy this abuse. The resolution was seconded by Dr. Davis, and carried by acclamation. A very full report of my observations appeared in all the Dublin daily papers, followed by editorial discussion and correspondence, from which some necessarily brief extracts will be found in the Appendix.

When I read this paper before the Irish Medical Association, I had but little hope that the subject would be heard of outside its walls. I unfeignedly felt how feeble and ineffectual was my attempted exposure of the gross injustice of the existing system of Irish Poor Law Medical Relief, and the public attention my observations have excited I attribute entirely to the public appreciation of the gross abuse of the system. I merely happened to say just what every one who knew anything about the system thought, and so my feeble voice was drowned in the chorus of hearty approval.

I venture to hope that the remedy will not lag long behind the universal acknowledgment of the grievance. One misconception which my remarks excited, I am, however, most anxious to correct. I would wish it to be



WELLCOME  
LIBRARY

550 (H)

PREVALE

The following observations were originally delivered by me at the Annual Meeting of the Irish Medical Association on the 15th inst. in support of a resolution to the effect that the issue of the Irish Medical Journal should be the basis of the Poor Law Medical Relief System and that similar resolutions were vigorously supported by the majority of the Association. A very full report of my observations appeared in all the Dublin daily papers followed by editorial comment and correspondence from which some necessary brief extracts will be found in the Appendix.

When I read this paper before the Irish Medical Association I felt but little hope that the subject would be heard of outside its walls. I anticipated that few people and especially was my anticipated audience of the members of the Association of Irish Poor Law Medical Relief and the whole attention my observations have excited I attribute entirely to the public representation of the gross abuse of the system. I could hardly have expected that every one who knew anything about the system thought and at my time words were uttered in the course of nearly universal approval.

I venture to hope that the majority will not far long realize the universal acknowledgment of the grossness of the abuse which my remarks excited and how necessary it is to correct it.

very clearly understood that it is the system itself, not the administration of the system, of which I have to complain. My own experience, and the testimony of my brother practitioners, convince me that the vast majority of Poor Law Guardians are upright and honourable men, from the best motives gratuitously devoting their time and intelligence to the services of the ratepayers and the poor, anxious only to do even-handed justice to all in their administration of the Poor Law. But the existing system is so radically wrong that it is simply impossible it *could* be justly administered. The remedies I suggest, by vesting a larger discretion in the hands of the Guardians, would give them an interest in reforming and a power to reform existing abuses, and would enable them to do substantial justice to the doctor, the ratepayer, and the poor.

---



very clearly understood that it is the system itself, not the  
administration of the system, of which I have to complain.  
My own experience, and the testimony of my brother  
in-law, convince me that the vast majority of Poor Law  
Guardians are upright and honorable men, from the best  
motives constantly devoting their time and intelligence  
to the service of the ratepayers and the poor, anxious  
only to do even-handed justice to all in their adminis-  
tration of the Poor Law. But the existing system is so  
radically wrong that it is simply impossible to carry it  
justly administered. The remedy I suggest by vesting a  
larger discretion in the hands of the Guardians, would  
give them an interest in relieving and a power to reform  
existing abuses, and would enable them to do substantial  
justice to the better the ratepayers, and the poor.

## POOR LAW MEDICAL REFORM.

---

Now that the Irish Poor Law Medical System is, in consequence of recent legislation, likely to receive some share of public attention, a brief inquiry as to its salient defects and some simple suggestions as to the course remedial legislation should take, may not be altogether without interest.

The objects of a perfect Poor Law System are threefold :

1st. To afford the maximum amount of relief to the sick poor.

2nd. To minimise the necessary burthens upon the ratepayer.

3rd. To provide that the remuneration of the Medical Officer shall bear a fair proportion to his labours.

The existing system fails in fulfilling any of those objects. It is unjust to the doctors, to the ratepayer, but above all it is unjust to the sick



Digitized by the Internet Archive  
in 2018 with funding from  
Wellcome Library

<https://archive.org/details/b30469107>

poor, for whose benefit it was originally and exclusively intended.

The Dispensary Doctor accepts his appointment on the honourable understanding that he will be ready and willing at all times and seasons to give his professional services gratis to the sick poor of his district; but there is no means whatever provided for properly determining who are the persons so entitled. He is completely under the control of each member of a large and totally irresponsible body, who subject him to excessive labour in attendance upon persons for whom gratuitous medical relief was never intended to be provided by law. I may mention a few typical instances of this practice occurring within my own experience of fifteen years in various places, both as Dispensary Doctor and *locum tenens*, as well as from the experience of others, where I or other medical practitioners were compelled to bestow gratuitous attendance upon those who were either well able to pay for my services, or who really did not require attendance at all. Sometime ago I was coerced by the inexorable "Red Ticket" to attend the wife of a merchant, who had a considerable sum in bank. In a similar fashion my attendance was required by a person who combined in his income the emoluments of Poor Rate Collector, Postmaster, and Farmer.

A visiting ticket was presented to me in the





Dispensary by a woman slightly indisposed, who requested that I should visit her at her own residence several miles off upon the following day. On another occasion a ticket was presented to me with a request that I would travel a distance of five miles to satisfy the superstitious feelings of the "neighbours," by removing the foetus from the body of a poor woman who had died the day before.

A ticket was sent to me by a Poor Law Guardian (signed by himself) for attendance upon his own child; but I can learn, from the experience of others, this last is by no means an unusual occurrence.

It would be tedious to multiply examples of abuses, as indeed I might do *ad infinitum*; nor are such altogether attributable to ignorance or carelessness upon the part of those to whom the power of issuing tickets wholesale is thus intrusted by law. More sordid motives sometimes operate, as in one district where it was notorious that a certain Guardian seldom issued a ticket, without receiving some recognition of his services, such as fowl, a day's work, or a cart of turf. Another Guardian (this time an *ex-officio*), informed me, though he himself refused to give Red Tickets from conscientious motives, he invariably told the applicants how they could obtain them elsewhere. The old story, "John," said the guest at the inn, "can you conscien-





tiously recommend this old port wine?" "No, sir, but the head waiter can; his conscience is tougher than mine."

Occasionally vindictive motives inspire the distributors of Medical Relief, whereby the medical man, placed by law at their mercy, is sure to suffer. A notable instance of the kind was recently related to me by a brother practitioner. On a certain morning a Poor Law Guardian of his district walked in a furtive manner to his private study, and mysteriously put two pounds into his hand. The doctor, naturally enough, asked what it was for. Then the murder was out. He was informed, in a half whisper, that his generous friend had been heavily fined for non-attendance as a juror the previous assizes; that an "*ex post facto*" certificate from the doctor, stating that he was dangerously ill at the time, was the only thing that could save him from the penalty. The two pounds was intended as payment for this little bit of professional perjury. The doctor having handed back the money, showed his visitor the door, expressing, in language more forcible than polite, his opinion of such a suggestion. But dearly did he pay for his honesty, for the culprit (I can call him by no other name), inspired with revenge, and adopting "The Medical Charities' Act" as his instrument of torture during the following weeks, issued an unlimited number of





“Red Tickets” at most unreasonable hours, and many of which were quite unnecessary.

It is a patent fact that, under this system, the Dispensary Doctor's salary bears no proportion whatever to his labours. A friend of mine, the sole practitioner in a certain neighbourhood, told me that after resigning his appointment, notwithstanding subsequent competition, he made more of his private practice than he had previously done, with the salary included, and this attending the very patients who were wont to appear upon the Dispensary lists. His new rival was thus unfairly handicapped by holding the appointment.

I believe that a Dispensary Doctor's salary would not sometimes pay for car-hire all the year round at the ordinary rate of mileage charged. This may appear an exaggeration, but it really is not so. Then professional skill, and the terrible wear and tear of mind and body, must all be thrown in gratis. Indeed, the present system appears to offer a premium for neglect, and impose a penalty for the conscientious, zealous, and faithful discharge of duty. The more skilful and the more painstaking the practitioner, the more insupportable the amount of gratuitous, and oftentimes unnecessary labour, to which he will inevitably be subjected.

A little reflection must show that the ratepayer too suffers grievously under this system. He has to bear a very largely-increased burthen of taxa-



"Red Ticks" at most unreasonable hours, and many of which were quite unnecessary. It is a patent fact that, under this system, the Dispensary Doctor's salary bears no proportion whatever to his labors. A friend of mine, the sole practitioner in a certain neighborhood, told me that after resigning his appointment, notwithstanding abundant compensation, he made more of his private practice than he had previously done, with the salary included, and this attracted the very patients who were wont to appear upon the Dispensary lists. His new rival was thus unfairly handicapped by holding the appointment.

I believe that a Dispensary Doctor's salary would not sometimes pay for out-hire in the year round at the ordinary rate of mileage charged. This may appear an exaggeration, but it really is not so. Then professional skill, and the terrible wear and tear of mind and body, must all be thrown in gratis. Indeed, the present system appears to offer a premium for neglect, and impose a penalty for the conscientious, and faithful discharge of duty. The more skillful and the more painstaking the practitioner, the more unprofitable the amount of consultations, and oftentimes extraordinary labour, to which he will inevitably be subjected.

A little reflection must show that the taxpayer too suffers grievously under this system. He has to bear a very largely-increased portion of tax-

tion, and to pay for medical attendance, and expensive supplies of medicine for a multitude of sham paupers, often more wealthy, though less self-respecting than himself.

But, as has been already said, it is the real sick poor that suffer most of all, for the doctor's attention is generally so engrossed by the sham pauper class (always the most importunate), that the real poor are often defrauded of proper attendance, and a Dispensary Doctor (being but human) must have his temper, of necessity, tried, and sorely tried, by the countless vexations and abuses to which he is liable to be subjected in the way I have already ventured to describe. It is hardly in the nature of things that after he has been defrauded under cover of the law by one patient, that he will, while naturally anticipating similar treatment, set off with perfect serenity of temper to attend the next, though in reality a most suitable subject. It is hard to reflect upon the fact that kindness, sympathy, and skill usually bear no other fruit than an ever-increasing crop of "Red Tickets," which gradually render life in many instances almost intolerable.

While this system affords abundant opportunities for frivolous annoyance, it often fails to fulfil its desired object in cases of real emergency. Many such instances occurred within my own experience. I may mention just one. A poor girl, the only daughter of a sick and widowed mother, left her



tion, and to pay for medical attendance, and ex-  
pensive supplies of medicine for a number of  
years past, often more wealthy, though less  
self-respecting than himself.

But as has been already said, it is the total ab-  
sence of order most of all, for the doctor's atten-  
tion is generally so engrossed by the man's per-  
son (as we say the most important), that the real  
poor are often detained of proper attendance, and  
a Japanese Doctor (being but human) must have  
his temper of necessity, tried, and sorely tried, by  
the endless questions and answers to which he is  
liable to be subjected in the way I have already  
ventured to describe. It is hardly in the nature  
of things that after he has been detained under  
cover of the law by one patient that he will  
with naturally anticipating similar treatment,  
set off with perfect security of temper to attend  
the next, though in reality a most suitable  
subject. It is hard to reflect upon the fact that  
kindness, sympathy, and skill usually form no  
other part than an ever-increasing crop of "Red  
Tibets," which gradually render life in many  
instances almost intolerable.

While this system affords abundant opportunities  
for rivoletts and rivolets, it often fails to fulfil its  
desired object in cases of real emergency. Many  
such instances occurred within my own experience.  
I may mention just one. A poor girl, the only  
daughter of a sick and widowed mother, fell ill

house to fetch some water from a neighbouring well, and, crossing a fence, she fell over a wooden stake, which penetrated her abdomen, allowing a considerable portion of the intestines to protrude. In this condition she was carried home almost lifeless, and allowed to remain on a kitchen floor, while a friend (believing in the letter of the law) went a distance of nearly two miles to the Relieving Officer's house to obtain a ticket, instead of at once coming to my residence, which was only a few yards off. The delay was nearly fatal.

The poor also suffer much in many instances from the absence of a proper Compounder of Medicine other than the Doctor himself, who, being either tied down to the patient's sick bed, or having a round of distant visits to attend, is unable to supply the necessary drugs as quickly as the urgency of the case may require.

Such is a very cursory review, indeed, of the anomaly, the hardship, and the injustice of the existing system; but what about a remedy? The alterations I am about to suggest would, I venture to think, benefit each of the three classes of sufferers—the doctors, the ratepayer, and the poor.

The first essential is, that Medical Poor Law Relief should, as far as practicable, be limited to the sick poor, for whom alone it is intended by the Legislature. With this object, I think the power of issuing tickets in the first instance



houses to let, some water from a neighbouring well, and crossing a terrace she fell over a wooden stile, which prevented her admission, allowing a considerable portion of the furniture to be crushed. In this condition she was carried to hospital. In the meantime she was carried to hospital almost lifeless, and allowed to remain on a kitchen floor, while a friend (believing in the power of the air) went a distance of nearly two miles to the Holford, Officer's house to obtain a basket, instead of at once coming to my residence, which was only a few yards off. The delay was nearly fatal.

The poor also suffer much in many instances from the absence of a proper Compounder of Medicine other than the Doctor himself - no being other than down to the patient's sick bed, or having a round of distant visits to attend, is unable to supply the necessary drugs as quickly as the urgency of the case may require.

Such is a very cursory review, indeed, of the anomaly, the hardship, and the injustice of the existing system; but what about a remedy? The attention I am about to suggest would, I venture to think, benefit each of the three classes of sufferers - the doctors, the employers, and the poor. The first essential is that Medical Poor Law should be as far as practicable, be limited to the sick poor, for whom alone it is intended by the Legislature. With this object I think the power of issuing tickets in the first instance

should rest with the Relieving Officer alone or his deputy; that he should be obliged to live within a very convenient distance of the Doctor's residence; and, to prevent the possibility of a proper applicant being refused, every application should be, in the first instance, complied with; but on issuing the ticket the nature of the application, including the name, residence, circumstance, and calling of the head of the family, should be entered in a proper book, specially provided for the purpose, to be submitted by the Relieving Officer to the Board of Guardians at their weekly meetings, when it would be optional for the majority of the Board, after inquiry, to strike off the name of any applicant, leaving the Doctor at liberty to sue for his fee in the usual way.

In cases ratified by the Board, the Relieving Officer should be authorised to issue a "Card," renewable each year, entitling the holders to medical assistance whenever required, a record of such attendance being kept. Copy of the Relief List should be furnished to the Doctor, and a second left in the Board Room for the inspection of the ratepayers, and revised each year. The Doctor's salary should be calculated by the number of those yearly "Cards," a fair amount being allowed for each, with a reasonable sum added for his attendance at the Dispensary, for which, at present (though oftentimes a most laborious duty), there is no special provision made.



should rest with the Believing Officer alone or his deputy; that he should be obliged to live within a very convenient distance of the Doctor's residence; and to prevent the possibility of a proper applicant being refused every application should be, in the first instance, complied with; but on receiving the letter the nature of the application, including the name, residence, circumstances, and calling of the head of the family, should be entered in a proper book, specially provided for the purpose, to be submitted by the Believing Officer to the Board of Guardians at their weekly meetings, when it would be optional for the majority of the Board, after inquiry, to strike off the name of any applicant, leaving the Board at liberty to and for him in the usual way.

In cases referred by the Board, the Believing Officer should be authorized to issue a "Card" renewable each year, entitling the holder to medical assistance whenever required, a record of such attendance being kept. Copy of the Relief List should be furnished to the Doctor, and a second left in the Board Room for the inspection of the ratepayers and revised each year. The Doctor's salary should be estimated by the number of those yearly "Cards" a fair amount being allowed for each, with a reasonable sum added for his attendance at the Dispensary, for which, at present (though often stated as a laborious duty), there is no special provision made.

The remaining difficulty would be to provide for those in comfortable but moderate circumstances, such as the "Artizan Class," who, while in the receipt of weekly wages, are by no means entitled to medical relief. Neither could they be expected to pay the usual scale of professional charges. For the benefit of such residing in each special district, I would suggest that the Dispensary Doctor should open an "Artizans' Club," wherein, for a moderate annual payment, the members would be entitled to his services whenever required, while the Relieving Officer should be at liberty to recommend any suitable applicant for admission; but under no circumstances, in my opinion, ought the usual scale of fees or professional charges undergo any general reduction, the ultimate result of which would be, that even the upper classes would eventually offer fees, the acceptance of which would ruin our social status. In fact, the profession would be reduced to a species of trade, and valued accordingly. This I tried to explain some time ago in the *Medical Press*, and quoted the English practice as example.

Lastly, I think it absolutely necessary for the twofold purposes of economy and convenience that there should be a competent Dispenser appointed for each district.

Such is a brief and crude outline of the changes that I would suggest, leaving the elaboration and



The remaining difficulty would be to provide for those in comfortable but moderate circumstances, such as the "Artisan Class," who, while in the receipt of weekly wages, are by no means entitled to medical relief. Neither could they be expected to pay the usual scale of professional charges. For the benefit of such residing in each special district, I would suggest that the Dispensary Doctor should open an "Artisan's Club," wherein, for a moderate annual payment, the members would be entitled to his services when ever required, while the Relieving Officer should be at liberty to recommend any suitable applicant for admission; but under no circumstances, in my opinion, ought the usual scale of fees or professional charges undergo any general reduction, the ultimate result of which would be, that even the upper classes would eventually offer fees, the acceptance of which would ruin our social status. In fact, the profession would be reduced to a species of trade, and valued accordingly. This I tried to explain some time ago in the Medical Review, and quoted the English practice as an example.

Lastly, I think it absolutely necessary for the twofold purpose of economy and convenience that there should be a competent Dispenser appointed for each district. Such is a brief and crude outline of the changes that I would suggest, leaving the elaboration and

details to abler men. I merely submit them for criticism, to receive favourable consideration or otherwise as they may deserve. I have arrived at those conclusions, after a very lengthened experience as Poor Law Medical Officer, frequently and carefully weighing the matter in my own mind. At first sight, it may appear that substituting the "Yearly Cards" for the occasional tickets would encroach still more upon our time, but reflection will, I venture to think, dispel this error, for while in reality we would not be more under control than at present, our attendance would then be limited to real objects of charity, a class in my experience most grateful for any attention shown and least exacting in their demands. The abuse of tickets would cease under the light of publicity, to which their issue would necessarily be exposed, and under the zealous scrutiny of Guardians and ratepayers in the interest of public economy. The Doctors would be no longer called upon to attend gratuitously those who were not entitled to gratuitous relief. He would not, as heretofore, suffer unduly in consequence of his skill, courtesy, and attention; but his remuneration in the public service would bear a fair proportion to his labour; the burthen of the ratepayer would be reduced to reasonable dimensions, and the sick poor would receive the exclusive benefit of a system exclusively intended for them.



14

details to other men. I merely submit them  
for criticism, to receive favourable considera-  
tion or otherwise as they may deserve. I  
have arrived at these conclusions after a very  
lengthened experience as Poor Law Medical  
Officer, frequently and carefully weighing the  
matter in my own mind. At first sight it may  
appear that substituting the "Fifty Cards" for  
the occasional tickets would encourage still more  
neglect on the part of the public, but reflection will, I venture to  
think, dispel this error, for while in reality we  
would not be more under control than at present,  
our attendance would then be limited to real  
objects of charity, a class in my experience most  
grateful for any attention shown and least ob-  
jecting to their treatment. The abuse of tickets would  
cease under the light of publicity, to which their  
issue would necessarily be exposed, and under  
the jealous scrutiny of Guardians and inspectors  
in the interest of public economy. The tickets  
would be no longer called upon to attend gratui-  
tously those who were not entitled to gratuitous  
relief. He would not, as heretofore, suffer unduly  
in consequence of his skill, courtesy, and atten-  
tion; but his remuneration in the public service  
would bear a fair proportion to his labour; the  
burden of the taxpayer would be reduced to  
reasonable dimensions, and the sick poor would  
receive the exclusive benefit of a system exclu-  
sively intended for them.

Under such improved arrangements, I would venture to hope that "medical charity," at present a "misnomer and delusion," would become a benevolent and practical reality; its sacred duties (the alleviation of suffering and disease) a source of gratification deep and holy to those to whom they are entrusted.

That the poor man's Doctor, after a life of honest and patient toil, might earn for himself Johnson's touching description :—

"When failing nature called for aid,  
And hovering death prepared the blow,  
His vigorous remedies displayed  
The power of art, without the show.

"No summons mocked by cold delay,  
No petty gains disclaimed by pride,  
The modest wants of every day,  
The toil of every day supplied."

P. J. BODKIN.

*Eastland House, Tuam,  
June 1st, 1885.*



Under such improved arrangements, I would venture to hope that "medical charity" as practised by a "minister and deacon" would become a benevolent and practical reality; its sacred duties (the alleviation of suffering and disease) a source of gratification deep and holy to those to whom they are entrusted. That the poor man's Doctor, after a life of honest and patient toil, might earn for himself Johnson's touching description:—

"When falling nature called for aid,  
And hovering death prepared the blow,  
His vigorous remedies displayed  
The power of art, without the show.  
No summons mocked by cold delay,  
No petty gains dissuaded by pride,  
The modest wants of every day,  
The toll of every day supplied."

— F. J. BODKIN.

London: Home, Thomas,  
Jan. 14, 1885.

## APPENDIX.

---

The following is a leading article that appeared in the *Freeman's Journal* on the 3rd of June, in the same issue that contained the report of my observations :—

The Irish Medical Association held its annual meeting on yesterday. Matters of very considerable importance, to the public no less than to the profession, were discussed exhaustively, and many of the opinions elicited will be considered valuable, as being uttered by gentlemen to whom a scientific training has taught the need of accuracy, and whom responsibilities of the gravest kind have educated to the necessity of caution in public pronouncements. The Association is, to a very large extent, composed of the hardest worked and worst requited class of the profession—the dispensary doctors. Their duties are of the most onerous kind, and their pay, with very few exceptions, is entirely out of proportion to the importance of the work committed to them and to the unselfish zeal in which it is generally performed. It is not unusual, in the more remote parts of Ireland, for one medical officer to have charge of a district twenty miles in length and twelve in breadth. At all hours of the day and night he is liable to be summoned to attend a case of dangerous illness or an accident at the most distant corner of his division. Every morning



# APPENDIX

The following is a leading article that appeared in the *Advertiser's Journal* on the 3rd of June in the same issue that contained the report of my observations.

The Irish Medical Association held its annual meeting on yesterday. Matters of very considerable importance to the public as well as to the profession, were discussed extensively, and many of the opinions advanced will be considered valuable as being uttered by gentlemen to whom a scientific training has taught the need of accuracy, and whose responsibilities at the present time have educated to the necessity of caution in public pronouncements. The Association is to a very large extent composed of the hardest worked and most respected class of the profession—the dispensary doctors. Their duties are of the most onerous kind, and their pay, with very few exceptions, is entirely out of proportion to the importance of the work committed to them and to the usefulness and in which it is generally performed. It is not unusual in the more remote parts of Ireland for one medical officer to have charge of a district twenty miles in length and twelve in breadth. At all hours of the day and night he is liable to be summoned to attend a case of dangerous illness or an accident at the most distant corner of his division. Every morning

that he rises he is certain of a hard day's work ; at night, when, utterly worn out, he retires to snatch a few hours' rest, he has to face the probability of being speedily aroused and compelled to visit a distant patient whose treatment may call for the exercise of the highest skill. In many Poor Law Unions in Ireland—and in these invariably the doctors have the largest districts and are most unmercifully worked—the salary attaching to a dispensary does not exceed a hundred pounds a year, with certain fees and private practice supplementing this dole ; the young physician who, at a cost of much money, and perhaps five years' study, has obtained his two or three diplomas, may esteem himself fortunate if his income reaches a modest competence. He has to live, keep one or two horses, a man servant, and to maintain a respectable position. He is harassed in a dozen different ways: the Local Government Board on the one hand, the Dispensary Committee on the other, the Guardians in the rear, and the public at large in front. Any petty local magnate with whom he may have a difference, or whose insults he resents, can render his life almost unendurable. And though he should be the most attentive and most earnest man alive, woe betide him if, through any cause, he fails to render prompt obedience to the mandate of the red ticket ! This is no overdrawn picture of a dispensary doctor's duties; on the contrary, not half his trials and vexations have been told. The red ticket, or "scarlet runner" system is chargeable with many of his troubles, and it is a cause of loss to the ratepayers themselves. A resolution, unanimously agreed to on yesterday, declared that the abuse of the red ticket "continues to be the great bane of the Poor Law medical relief system, and that some substantial change is required in order to remedy it." Unquestionably people are at present attended medically at the cost of the rates, who are well able to fee a doctor. Again, it is quite usual for red tickets to be issued without the slightest necessity, and though nobody would think of weighing an officer's convenience or necessities even against the wants of a sick person, few will deny the injustice of entirely and wan-



that he does he is certain of a hard day's work; at night  
when, utterly worn out, he returns to watch a few hours  
rest, he has to face the probability of being speedily  
summoned and compelled to visit a distant patient whose  
treatment may call for the exercise of the highest skill. In  
many Irish Law Unions in Ireland—and in 15-20 towns  
only the doctors have the largest districts and are most  
unprofitably worked—the salary attaching to a dispensary  
does not exceed a hundred pounds a year, whereas in towns  
and private practice, especially in the south, the young  
physician who, at a cost of much money, and perhaps five  
years' study, has obtained his two or three diplomas, may  
earn himself, fortunate if his income reaches a modest  
competence. He has to live, keep one or two horses, a  
man servant, and to maintain a respectable position. He  
is harassed in a dozen different ways: the Local Council  
meet Board on the one hand, the Dispensary Committee on  
the other, the Government in the rear, and the public at  
large. Any petty local magistrate with whom he has  
a difference, or whose family he respects, can render his life  
almost unbearable. And though he should be the most  
strenuous and most earnest man alive, who holds his  
through any cause, he fails to render prompt obedience to  
the mandate of the red ticket! This is no overstatement  
picture of a dispensary doctor's duties on the contrary, not  
half his trials and vexations have been told. The red  
ticket, or "sanitary ticket," system is absolutely a life many  
of his troubles, and it is a cause of loss in the dispensary  
themselves. A resolution unanimously agreed to on Jan-  
uary, declared that the abuse of the red ticket "continues  
to be the great bane of the Irish Law medical relief system,  
and that some substantial change is required in order to  
remedy it." Unquestionably people are as present as  
needed medically at the time of the ticket, who are well  
able to take a doctor. Again, it is quite usual for red  
tickets to be issued without the slightest necessity, and  
though nobody would think of bringing an officer's con-  
science or responsibility even against the waste of a sick  
person, few will deny the injustice of entirely and ven-

tonly ignoring not only his convenience but his necessities. The dispensary doctors have much to complain of, and they labour under grievances that sorely need redress. They have stated their views in a series of temperate and evidently well considered resolutions, and we are not without hope that their opinions will have due influence on future legislation.

---

The following appeared in the editorial columns of the *Irish Times* :—

At the meeting of the Irish Medical Association, the subject of the grievances of prison surgeons was brought under notice in the report. It was stated that these medical officers, when summoned to Dublin to give evidence before the Prisons' Commission, were compelled to pay their deputies. In one instance this arrangement was carried out, although the judge of assize had ruled that the authorities were liable. This is a matter which makes a sensible man laugh as one always laughs at official muddles. That medical men, who receive, as a general rule, a very small salary, should be taken away from their patients, private and otherwise, losing money by their absence, and then be asked to pay for a substitute, is the most ridiculous absurdity. Again, is there much justice and reason in the request that provision should be made whereby workhouse and dispensary medical officers should be allowed a reasonable period of respite from work each year at the public expense? The common sense of this is so clear as to require no emphasizing. In other professions—in the civil service, in commercial life—"breathing time" is given to those who have to bear the heat and burthen of the day. Other very important matters were dealt with at the meeting, not the least being that brought forward by an eminent Connaught practitioner (Dr. Bodkin, of Tuam), who asked attention to the crying abuse of the red ticket system. The



only ignoring not only his convenience but his necessities. The dangerous doctors have thrust on us, and they labour under privations that severely need redress. They have stated their views in a series of pamphlets and evidently will continue to do so, and we are not without hope that their opinions will have due influence on future legislation.

### The following appeared in the editorial columns of the Irish Times:

At the meeting of the Irish Medical Association, the subject of the privations of prison surgeons was brought under notice in the report. It was stated that those medical officers who are sent to Dublin to give evidence before the Prison Commission were compelled to pay their own expenses. In the last year this arrangement was carried out although the judges of assize had ruled that the expenses were to be paid. This is a matter which makes a considerable breach as one always judges of official matters. That medical man, who returns as a general rule a very small salary, should be taken away from their patients, private and otherwise, being asked to pay for their expenses, and then be asked to pay for a subsistence in the most ridiculous manner. It is a pity that there is such jealousy and tension in the ranks that provision should be made whereby workhouse and dispensary medical officers should be allowed a reasonable period of respite from work each year at the public expense. The common sense of this is so clear as to require no explanation. In other professions—in the civil service, in commerce, in the law—“vacation time” is given to those who have to bear the heat and burden of the day. Other very important matters were dealt with at the meeting, not the least being that brought forward by an eminent Quaker physician (Dr. Dobson, of Leeds), who asked attention to the crying abuse of the red ticket system. The

"scarlet runner" is the *bête noir* of the provincial doctor; it pursues him day and night, invades his dreams; disturbs his waking moments; winds round the stem of his post-prandial pipe, creeps into the golden tangles of his baby's hair; strangles him in his sleep, and wakes him to the coarse jangle of a midnight bell when most he needs repose. The use of the system is bad enough—the abuse is intolerable. Dr. Bodkin calls it the bane of the Poor Law medical system—unjust to the doctors, the ratepayers, and the poor also. He said plainly that the doctors were called on to perform duties for which they were not paid, and for which the ratepayers should not be called upon to pay. Some there were who called upon the doctor, with the aid of a ticket, who wanted no doctor at all; others secured his gratuitous assistance who were very well able to pay. He gave two examples of no little weight. In one case he got a ticket to attend the wife of a "merchant" who had a very large sum of money in bank; and, in another, he was compelled to visit gratuitously a person who was a poor rate collector, postmaster, and farmer—"three single gentlemen rolled into one." If these be the "indigent poor," people can't be so badly off in Connaught after all. But a statement of much more seriousness was made by Dr. Bodkin—one that calls for further inquiry. He says, in plain terms, that in a certain district it was "notorious that one of the guardians never issued a ticket, even to the poorest, without receiving some recognition for doing so, such as a fowl, or a day's labour, or a cart of turf." The speaker gave very ample information on the subject, of which he had evidently full knowledge, and his high character gives weight to his observations.

---





The *Manchester Courier* also devoted a lengthened leader to the subject, from which the following are a few brief extracts:—

At the meeting of the Irish Medical Association, held last week, Dr. Bodkin, of Tuam, drew attention to certain facts connected with the administration of medical relief in his own district; nor is there any reason for supposing that they are peculiar to that part of the country alone. Dr. Bodkin gave numerous instances, derived from his own experience, where gratuitous medical relief has been obtained by those for whom it was certainly never intended to be provided by law. From his position as dispensary doctor, he has been frequently summoned to attend gratuitously many who were perfectly well able to pay for his services, such as the wife of a merchant with a large sum in the bank, and a person who combined the offices of poor-rate collector, postmaster, and farmer. A ticket had been presented to him by a Poor Law Guardian, who had signed it himself, for attendance on his own child, by no means an unusual occurrence. In one instance, it was notorious that a certain Guardian never issued a ticket, even to the poorest, without receiving some recognition of his services, such as a fowl, a day's work, or a cart of turf. Apart from the injustice to the doctor, the ratepayer, in many of these instances, suffered grievously by having to bear a largely increased burden of taxation for medical attendance and expensive medical supplies for a multitude of sham paupers often more wealthy, though less self-respecting, than himself. The real sick poor probably suffered most of all, for the doctor's time was so much engrossed by the sham paupers, that the really poor were often defrauded of proper attendance. It is well that facts such as these should become known, now that the question of Irish Local Government is ripening for discussion.

---





The *Evening Mail*, however, attempted to make political capital out of our grievances in a leading article headed

#### THE RED TICKET.

The disclosures made by Dr. Bodkin, of Tuam, at the meeting of the Irish Medical Association yesterday, regarding the scandalous abuse of the "visiting ticket," would bring a blush to the cheek of any people not thoroughly demoralised by the teaching of the agitator. We do not believe a worse picture could be drawn of utter want of honour or principle than that sketched by Dr. Bodkin. Probably outside those districts, where the demoralising agents have not been so successful, similar instances of unblushing dishonesty could not be quoted, but no matter how the thing is looked at, the instances narrated yesterday are disgraceful in the extreme. A merchant, with a very large banking account, seeking and obtaining medical attendance on the pauper system, could probably not be paralleled outside of Connaught; but for all we know, the occurrence is by no means singular. Another instance noted by Dr. Bodkin was that of a man who united the offices of rate collector, postmaster, and farmer; a third was a Poor Law Guardian, who issued a ticket for attendance upon his own child; and Dr. Bodkin asserted that he had learned from other medical officers the cases he narrated were by no means uncommon. In one district (he added) it was notorious that one of the Guardians never issued a ticket, even to the poorest, without receiving some recognition for doing so—such as "a fowl, or a day's labour, or a cart of turf." This gross system of fraud, both upon overworked medical officers and the ratepayers, would have been stopped to a large extent, if not altogether, had the House of Commons inserted a clause into the new Reform Bill, disfranchising, as in England, every man who obtained medical aid in such fashion. The attempt was made, but the poorhouse cry raised in this country whenever an effort is made to teach





our people what true independence means, found too many supporters among the English members ignorant of the state of affairs exposed by Dr. Bodkin, and the clause was rejected. The remedy suggested by the Doctor for putting an end to the scandal would, we fear, even if adopted by the Legislature, prove insufficient. Until Poor Law Guardians in the districts referred to learn themselves to be a little more self-reliant, it is hardly to be imagined they will be very eager in putting an end to the evil.

---

In the London correspondence of the same journal, the following appeared:—

The disclosures at the meeting of the Irish Medical Association, to which you have called attention, are, I regret to say, more than paralleled outside of Connaught. The scandalous abuse of the London hospitals and infirmaries by the well-to-do classes exceeds that of the Irish visiting ticket system; and the most plausible ground of objection to the disfranchisement of the agricultural labourer for receiving medical relief is that while he is penalised, wealthier people, who make use of medical charities which were never intended for their benefit, and whose offence is morally greater than his, are left untouched. Cases are known in which shabbily-dressed people, attending as out-patients at the great hospitals, have been seen to alight from carriages a street or two off. I know of one instance in which a well-to-do patient, on learning that an eminent specialist performed operations free on certain days at one of the hospitals, pleaded that he was too poor to pay even the reduced fee, which, in consideration of his pretended poverty, would have been accepted, and subsequently attended the hospital as an out-patient to be operated upon. The Children's Hospital in Great Ormond-street, is a constant resort of persons who could well afford





to pay for proper medical treatment for their children ; and I have known of respectable middle-class people dressing their sick children in their shabbiest clothes and sending them in charge of a servant to obtain advice and medicine at the expense of this estimable charity rather than incur a doctor's bill. In fact, if a searching investigation were made by a competent authority into the administration of our London hospitals, a state of things would be disclosed which would shock the moral sense of the community.

---

Under these circumstances, I deemed it incumbent on me, in a letter to the Editor of the *Mail*, to endeavour to correct the perversion of my observations into an argument for the wholesale disfranchisement of the poor.

On consulting the correspondence column next evening (June 4th) I found only the following :—

THE MEDICAL CHARITIES' ACT.

*To the Editor of the Morning and Evening Mail.*

SIR—Referring to your comments on the remarks of Dr. Bodkin in reference to the abuse of the Medical Charities' Act by persons getting relief by both advice and medicine, who are well able to pay for both, but who prefer to still further burden the ratepayers of this country, I wish to mention that this system is very prevalent in the city of Dublin. Some time since a man in a very good financial position called upon me, as a Guardian, for a dispensary ticket for his wife. He had previously been in the habit of getting me to sign identification papers to receive dividends on £800 Stock, and I, of course, expressed my





astonishment, and alluded to this £800. "But," said he, "would you want me to break in on that nice even amount by paying for a doctor out of it?" Shortly after this a fashionably dressed young lady, and ornamented with expensive jewellery, called on me for a ticket for her brother, and, in reply to my inquiry, stated he was a workman earning £2 10s. a week, and in constant employment. When I refused the ticket, stating the relief was for paupers only, I was soundly rated by the young lady. These are only two of the many instances which I have met with in my capacity as

A POOR LAW GUARDIAN.

---

I accordingly wrote to the editor of the *Freeman*, and my letter appeared in due course.

#### DISPENSARY DOCTORS.

*To the Editor of the Freeman.*

Eastland House, Tuam.

DEAR SIR—I shall be much obliged if you will allow me space in your columns for a reply that I have addressed to a misleading editorial comment which appears in your evening contemporary (the *Mail*) on some observations of mine in reference to the abuse of dispensary red tickets at the last meeting of the Irish Medical Association. My reply has not appeared in that journal.

*To the Editor of the Evening Mail.*

DEAR SIR—Will you permit me to suggest that in your too complimentary editorial in reference to some observations of mine at the Irish Medical Association regarding the abuse of dispensary red tickets, you have somewhat





mistaken the purport of my remarks. I should be very sorry, indeed, to imagine that any observations of mine could be construed into an argument for the total exclusion from the benefit of the Franchise Act of the honest and industrious poor, whose interests most need the protection of independent Parliamentary representation. On the contrary, in a recent letter of mine, which appeared in the *Freeman's Journal* and the *Irish Medical Press*, I most strongly deprecated their exclusion. It would be, indeed, a strange and cruel anomaly if the hard-working and food-producing classes were to be for ever excluded from all voice in the Legislature, because the injustice of previous laws had reduced them to such abject poverty as to compel them to have recourse to gratuitous medical relief. With such classes no conscientious dispensary doctor has any fault to find. My observations were directed solely against the sham poor, whose comfortable circumstances enable them to regard legislative changes with comparative indifference. Yet, the restriction you advocate would mean the wholesale disfranchisement of the honest poor who most need protection and encouragement. If I rightly understand the hopes of my professional brethren, it is to a Parliament freely and fairly elected under the new franchise that they look for radical relief from the crying injustice under which they have so long laboured.—I remain, dear sir, your obedient servant,

P. J. BODKIN.

Eastland House, Tuam.

---





Subsequently the same letter appeared in the *Mail*, with the following editorial comment, which I venture to think was entirely beside the point at issue :—

Dr. Bodkin, we think, did not read our remarks on the abuse of the red ticket carefully. We did not attribute to him any desire to disfranchise the really poor people because of their getting medical relief. We merely stated our own view, that disfranchisement for medical relief would put a stop, to a large extent, to the evil Dr. Bodkin complained of. In another portion of his letter Dr. Bodkin speaks of the injustice of prohibiting "the hard-working and food-producing classes" from the right to vote because they received "gratuitous medical relief." Well, the able-bodied paupers in the workhouses are food-producers, obliged, we presume, merely through poverty, to accept the shelter of the house. Would Dr. Bodkin be willing to give them the right of voting?—ED. *Morning and Evening Mail*.

There was, however, for me one most unpleasant feature in the discussion, that a not unnatural misconception of the scope of my observations should have given pain to the members of the Tuam Board of Guardians, whom I have the privilege of counting amongst my personal friends.

The feeling of the Guardians was conveyed to me at the ensuing meeting, in which the following is the summary report that appeared in a leading social journal (*The Tuam News*):—



Unfortunately the same letter appeared in the  
Week with the following editorial comment,  
which I venture to think was entirely beside the  
point at issue:-

Dr. Hobbs, we said, did not read our remarks on the  
basis of the red velvet question. We did not attribute to  
him any desire to discriminate the really poor people be-  
cause of their existing medical relief. We merely stated  
our own view, that discrimination for medical relief  
would put a stop to a large extent to the evil Dr. Hobbs  
condemned. In another portion of his letter Dr. Hobbs  
speaks of the injustice of prohibiting "the hard-working  
and food-producing classes" from the right to vote because  
they received "artificial medical relief." Well, the ab-  
solute barrier in the workhouse and food-producers  
classes, as persons, merely through poverty, to that  
the right of the vote. Would Dr. Hobbs be willing to  
give them the right of voting? - No, because and because  
that.

There was, however, for one most impor-  
tant feature in the discussion, that a not un-  
natural misapprehension of the scope of my obser-  
vations should have given pain to the members  
of the Town Board of Guardians, whom I have  
the privilege of counting amongst my personal  
friends.

The feeling of the Guardians was conveyed to  
me at the ensuing meeting, in which the follow-  
ing is the summary report that appeared in a  
leading local journal (The Town News):-