

Letter addressed to the members of the House of Commons on poor law medical relief : with a proposed Bill and commentary &c;, &c; / by Richard Griffin.

Contributors

Griffin, Richard, 1806-1869.

Publication/Creation

Weymouth : James Sherren, [1866]

Persistent URL

<https://wellcomecollection.org/works/gcm4fb9e>

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
<https://wellcomecollection.org>

LETTER

ADDRESSED TO

THE MEMBERS OF THE HOUSE OF COMMONS

ON

POOR LAW MEDICAL RELIEF,

WITH

A PROPOSED BILL

AND

COMMENTARY & c., & c.

BY

RICHARD GRIFFIN, J.P., M.R.C.S., & L.S.A.,

Chairman of the Poor Law Medical Reform Association.

WEYMOUTH:

JAMES SHERREN, GENERAL PRINTING OFFICE, 79, ST. MARY STREET.

SUMMARY OF CONTENTS.

	PAGE.
Letter to the Members of the House of Commons	3
Proposed Bill on Poor Law Medical Relief	12
Commentary on the proposed Bill	16
Extracts from a Letter to the Poor Law Board on the Report of the Select Committee on Poor Relief (England)	34
Newspaper Reports—Southampton Board of Guardians	41
————— Cambridge Board of Guardians	43
————— Taunton County Court	47
Letter from F. H. Sankey, Esq.	48
————— Denis Phelan, Esq.	48
Medical Charities Act, (Ireland)	50

12, ROYAL TERRACE, WEYMOUTH,

March, 1866.

Dear Sirs,

The accompanying pamphlet is intended to be sent to each Member of Parliament. It is possible the proposed Bill may not meet with the entire approval of all, but it must be borne in mind that it is almost impossible to meet the views of every one, and much will depend upon the Member who introduces the Bill as to the exact clauses that shall be retained.

I have applied to several Members to introduce a Bill into the House of Commons, but they have not acceded to my request, I hope each of you will therefore consider that it devolves upon you individually to find a member; by adopting this course we shall be sure of success; should any of you require a pamphlet to send to a Member to whom you may write, I will supply you with it. I regret I cannot send pamphlets to every Medical Officer, as the present subscriptions will only about cover recent expenses, I therefore trust that if any of your colleagues intend to subscribe, they will do so without loss of time, in order that the printer may strike off the requisite number of copies, as the type of so large a pamphlet cannot be reset without great expense. It may possibly be said that much of the present pamphlet is merely a transcript of former ones, which I admit, indeed I only view it as a re-arrangement, with some additions, of much that has been written before, but had I not adopted this course, a majority of the present House of Commons would know nothing of the matter, and would take it for granted that the late Select Committee on Poor Relief (England) had fully gone into the subject, and from the evidence laid before them had decided that there was no need of fresh legislation, whereas now they will see that the subject was not fully gone into by the Select Committee and that the evidence of a Poor Law Inspector had grossly misled them.

I am, Dear Sirs,

Sincerely yours,

To the Subscribing Poor Law Medical Officers

RICHARD GRIFFIN.

POOR LAW MEDICAL RELIEF.

TO THE
HON. THE MEMBERS OF THE HOUSE OF COMMONS.

MY LORDS AND GENTLEMEN :

The Medical Relief of the Poor is a question which, from time to time, has been made the subject of enquiry by the House of Commons, in consequence of the numerous complaints made against the system adopted by the Poor Law Commissioners, or rather by the Guardians, for it is to them nearly all power has been delegated, hence the variety of payments and modes of relief adopted.

In 1844, and in 1854, Select Committees of the House of Commons, made enquiries into this subject and recommended certain changes, but unfortunately on those occasions unanimity was wanting amongst the Medical Officers, and advantage taken of it to let things go on nearly as before, or with as few changes as possible, the Poor Law Board fearing to come into violent contest with the Guardians.* This feeling of the Poor Law Board is greatly to be lamented, as it is their bounden duty to do what is right, irrespective of all other considerations.

In 1861 Mr. Villiers moved for a Select Committee to enquire into the administration of the relief of the poor under the rules, orders, and regulations of the Poor Law Commissioners and Poor Law Board, pursuant to the provisions of the Poor Law Amendment Act, and into the operations of the laws relating to the relief of the poor, but it was not until the last day of taking evidence in the session of 1861 that three medical men were called upon to give evidence. My evidence commenced at about three o'clock, and was abruptly terminated by the committee in twenty minutes, and in the following manner :—Mr. Kekewich, a member of the committee, declared I was the Editor of a Medical Journal, which, as I was not, nor ever had been, I denied ; he, however, maintained that I was, and very angrily said, seeing a large mass of papers before me, most of which were merely for reference, “that he would never consent to the nation being put to the expense of printing them,” and closed his statement by saying, “Mr. President, I move the room be cleared,” and so finished my evidence of the Medical Relief of the Poor, which I have no hesitation in saying ought to have occupied from two to three days, as for six years

* The Right Hon. Mr. Bouverie, on June 25th, 1857, in reply to Sir John Trollope, said, “In those cases in which the remuneration of the Medical Officers was extremely low, the Poor Law Board endeavoured to procure an addition to it, but he was sorry to say that, generally speaking, the Poor Law Guardians were not disposed to agree with the Poor Law Board as to the propriety of such addition. Unless the Poor Law Board entered into a violent contest with the Boards of Guardians on that subject—which he was not at all disposed to do—it would be difficult, indeed, to obtain an increase of the salaries.

prior to that I had been in active correspondence, as chairman of the Poor Law Medical Reform Association, with a large number of medical men, and had received upwards of 5000 letters on the subject, and was therefore fully acquainted with the question in all its bearings. Whilst sitting in the committee room, prior to being called upon to give evidence, Mr. Owen, of the Poor Law Board, put into my hands half a sheet of paper, on which was written a few heads of evidence, and begged I would let him hand that in to the President; this I declined doing, but it tends to prove that my medical evidence was not desirable to any extent. At the termination of my examination Mr. Owen went to the President, and on his return to me said, "You may put in some of those papers," and they are now to be found in the Fifth Report, Poor Relief, (England,) which was ordered to be printed 26th July, 1861, but I regret to say they have been so incorrectly placed by the printer, that at page 5, immediately before No. 13,327, you must turn to page 17, commencing at "as a further proof," and then take all the remaining part of that page, all page 18, and part of page 19 as far as "the next point," and then return to page 5, No. 13,227 for a continuance of the subject. There are also important errors in the Tables; for instance, Table 22, which as it now stands is valueless, as there is no distinction between the first two columns, immediately after the names.

Under the circumstances here related, it must be manifest that the Select Committee on Poor Relief, (England,) did not fairly go into the question of Medical Relief, and hence it is that I now respectfully urge upon you to legislate upon this subject, and for this purpose I have drawn up a Bill, (p. 12) and a commentary thereon (p. 16,) which I respectfully call upon you to take into your serious consideration. I beg also to call your particular attention to the letter of Mr. Phelan (p. 48,) which not only gives an account of the Dispensaries in Ireland, but also that of Hospitals; the latter I have not ventured to include in the proposed Bill, but if something of the kind were adopted in the Metropolis at least, it might be made the means of relieving the London Workhouses of a large number of their present inmates, viz. the aged, sick, incurables, and lying-in-women.

After my brief examination Drs. Rogers and Fowler were called upon for their evidence, and in little more than half an hour they were also dismissed as it was then four o'clock, and the evidence for the Session closed; these gentlemen were however permitted to give evidence in the following Session, and Dr. Moore, of London, also gave evidence, but no medical man from the country was permitted to do so.

On May 6, 1862, Mr. R. B. Cane, an Inspector of the Poor Law Board, was examined fully on the subject of Medical Relief, and particularly in reference to my evidence as contained in the papers handed in by me, and upon his unsupported evidence, and against the evidence of four medical men,* a majority of the Select Committee founded their resolution to do next to nothing, but that this was not carried without considerable opposition, the following will testify:

8th March, 1864

MEDICAL RELIEF.

"Motion made and Question proposed,—'3. That there are no sufficient grounds for interfering with the present system of Medical Relief, which was made the subject of special and lengthened inquiries by Select Committees of this House in the years 1844 and 1854.'

* I may say 1800, as that number had subscribed to the Association, of which I am Chairman; in addition to these, there are the statements of the Right Hon. T. Sotherton Estcourt, the Right Hon. Sir John Trollope, and others, in favour of a change.

"Many of the recommendations of those Committees were subsequently carried out by the orders of the Poor Law Board, and your Committee are unable to suggest any further alterations in the system of Medical Relief, which appears to be administered with general advantage.—The Committee deliberated; whereupon Motion made, and Question, 'That the further consideration of this proposed resolution be *adjourned*,'—put and agreed to."

11th March, 1864.

"Motion made and Question put,—'Your Committee, upon consulting the Report made by the Select Committee of 1854 on Medical Relief, find that it was recommended that poor persons should be enabled to receive Medical Relief as their cases may require, without being placed on the list of paupers, but that it should be left to the Boards of Guardians to decide in what cases Medical Relief shall be so given to persons who are not otherwise in want of or in receipt of parochial relief, and they suggest that this recommendation should be carried out.'—(*Sir William Miles*).—The Committee divided:—*Ayes* 5, *Noes* 8."

"Question again proposed, '3. That there are no sufficient grounds for interfering with the present system of Medical Relief, which was made the subject of special and lengthened inquiries by Select Committees of this House in the years 1844 and 1854. The recommendations of those Committees were subsequently carried out by the orders of the Poor Law Board, and your Committee are unable to suggest any further alterations in the system of Medical Relief, which appears to be administered with general advantage.'—Several amendments made.—Main question, as amended, put, and *agreed to*.—*Resolved*, 'That there are no sufficient grounds for materially interfering with the present system of medical relief, which was made the subject of special and lengthened inquiries by Select Committees of this House in the years 1844 and 1854. The recommendations of those Committees were for the most part carried out by the orders of the Poor Law Board, and the system of Medical Relief appears to be administered with general advantage. Your Committee, however, recommend that in future cod liver oil, quinine, and other expensive medicines, shall be provided at the expense of the Guardians, subject to the Orders and Regulations of the Poor Law Board.'"

This Resolution has been attempted to be carried out by a circular letter from the Poor Law Board to the Boards of Guardians, and when the circular was under consideration at the Weymouth Union, a Poor Law Inspector, Mr. Gulson, who was present at the meeting, stated, "that the Resolution of the Select Committee on Poor Relief on this question, was only carried by a majority of one, and that the President of the Poor Law Board voted against it, but as there was a majority in favour of it, the Poor Law Board was bound to issue the circular letter;" he also spoke against expensive medicines being found, the result was that the Guardians decided on leaving things as they are, consequently the poor of Weymouth still go on as before; and such I understand is the case in many unions, and no wonder, if Poor Law Inspectors be allowed to speak against the letters of the Poor Law Board itself.

That Mr. Cane's evidence grossly misled the Select Committee there can be no doubt, as a reference to the letter appended (page 34,) addressed to the Poor Law Board will prove. That letter contains so far as the Report of the Select Committee goes, the evidence I forwarded to the Select Committee on Poor Relief, in June, 1863, which however was returned to me by the Select Committee, in June, 1864.*

*"HOUSE OF COMMONS, JUNE 6th, 1864.

SIR,—I have to acknowledge the receipt of a parcel directed as 'Evidence on Medical Relief of the Poor, supported by an extensive series of Tables.' In returning you the above parcel, I am desired by the Select Committee on Poor Relief to inform you, that as the Committee are not prepared to re-open the enquiry respecting Medical Relief, they cannot receive the papers in question as evidence on the subject.

I am, &c., CHARLES EALES."

RICHARD GRIFFIN, Esq.

The following statements, made by the Members in the House of Commons, clearly prove the necessity for reform in the medical treatment of the poor. Mr. Drummond stated, in the House of Commons, on June 13th 1857, that "he trusted the Right Hon. Gentleman (Mr. Bouverie) would not be intimidated by the cry raised against him throughout the country by these Boards of Guardians. If the law required amendment at all, it was in order to put more power into the hands of the Poor Law Board. * * * It was the duty of the *ex officio* Guardians to see that something else besides the interest of the ratepayers was thought of. (Hear.) That interest alone was too generally considered. * * * It was what would save most money to the ratepayers, and what was most economical, that guided the Guardians, not what was most beneficial to the poor. (Hear, hear.) *The same principle regulated the allowances made to the Doctors, which were reduced to so low a sum, that it was utterly impossible for those gentlemen to attend properly to the duties of their position upon such terms.*"

The Right Hon. Sir John Trollope, in July, 1856, in the House of Commons, said:—"I beg to call the attention of the Right Hon. Gentleman, the President of the Poor Law Board, to the numerous petitions that have been presented on the subject of Medical Relief; nothing can be more unsatisfactory than the mode in which Medical Relief is now administered throughout the country. In many Unions I know that the mere medicines required would absorb the whole of the salaries given to Medical Officers, leaving them no remuneration nor any allowance for their necessary expenses. The amount asked by these petitions is not exorbitant, being only 5s. a case, and 1s. a mile for a single journey. Perhaps the medical gentlemen themselves are somewhat to blame for this state of things. Under the operation of excessive competition they have been induced to take contracts at a lower scale than they can afford to do. It is notorious that in case of illness of paupers, private charity is compelled to supply the medical comforts which the Poor Law Unions do not provide. I wish this Bill had dealt with the question; and hope that in any future general Bill on the Poor Law, the subject of Medical Relief will be included. The whole amount expended for the Medical Relief of the poor throughout England and Wales, is £250,000 a year; if that sum were doubled it would only make £500,000 to preserve the lives of the poor. Surely the people could not object to such an expenditure for such a purpose; on the contrary, I am quite sure the ratepayers would most cheerfully assent to it, as, when spread over the entire kingdom, its increase would scarcely be felt.

Alderman Sydney, on May 22, 1865, stated in the House of Commons, "that although the State paid one half the salaries of the medical officers, those salaries were so small that the medical officers, being required to provide their own drugs, where stimulating prescriptions were required, the people only got counterfeit prescriptions." (*Times*, May 23.) The majority of the Select Committee on Poor Relief say almost as much by their Resolution, otherwise they never would have recommended that expensive medicines should be supplied by the Guardians. The speech of Alderman Sydney, and the Resolution of the Select Committee on Poor Relief, both convey a reflection upon the present system of Medical Relief. I pray you, my Lords and Gentlemen, to remove it; recollect that upwards of one million and a quarter of sick poor are annually under the treatment of the Poor Law medical officers, (see the return moved for by Lord Elcho, in 1857,) and that it has been given in evidence before the Select Committee of 1854, that 72 per cent. of all paupers are made paupers through sickness.

Pray bear in mind the words of the Right Hon. T. Sotherton Estcourt, to

the deputation of about 100 medical men, accompanied by several members of Parliament, who waited upon him at the Poor Law Board, February 24, 1859; "We want a scheme which will by its justice overcome opposition. That is my object. Looking at the question practically, I think we have made some progress. Last May there was almost a doubt as to whether there was a grievance, but now the existence of the grievance is admitted, and considerable ingenuity has been displayed in devising a remedy for it. What I hope to do is, in the course of the present session to prepare a Bill (if we can arrive at a fair solution of the difficulty), lay it on the table of the House, without any intention, however of attempting it this year. It may thus be printed and circulated in the shape of a Bill toward the end of the session; and if it is duly considered during the recess, there will next session be no difficulty in carrying it. But if we attempt to do anything of the kind now, we shall, I feel sure, do more harm than good. *The matter ought not to continue in its present state, and if I continue in office, I shall use the best means in my power to put the question on a better footing, and to make such arrangements as will be satisfactory both to you and to the public.*"

The Right Hon. T. Sotherton Estcourt, when Secretary of State for the Home Department wrote as follows:—

HOME OFFICE, 4th March, 1859.

Dear Sir,

I assure you that it is a matter of regret to me that I should be transplanted to an Office, from one where I had gradually become exceedingly interested in the management, and where I was engaged in watching the progress of certain proposed improvements, and hoped to have been permitted to bring them to maturity; amongst these I need not tell you the scheme for an alteration of the method of Medical Relief holds a chief place, and I am anxious to lose no time in informing you and through you the gentlemen with whom you are associated in this matter, that my successor, Lord March, expresses to me a wish to indentify himself with me, in the course which I have hitherto followed in this business; that it will not be necessary to re-produce before him, the Papers and Documents, or to re-state the arguments which you have already furnished to me, and that he will, at as early a period as other business will allow, attentively consider the bearings of the question, with a view to a practical Measure.

I am, Dear Sir, Your's truly,

T. SOTHERON ESTCOURT.

R. Griffin, Esq., Weymouth.

The following letter was received from Mr. Pigott:

HOUSE OF COMMONS, Friday, May 4, 1860.

MY DEAR SIR,

I received all your letters to-day; I had anticipated your wishes. When I came down to the House last evening I was beset with members telling me "they must withdraw their promised support owing to the views and objections of the guardians." Mr. Villiers, too, had much opposition to offer. I therefore finding defeat *certain*, spoke to the Speaker, and put a notice on the paper that I would to-night move that the order be discharged, and ask leave on a future day to introduce *another Bill on the subject, so we must prepare*, but it will want great consideration. I have placed myself on excellent terms with Mr. Villiers, who will confer with me as to the new Bill. The feeling of the House was well in favor of the principle of the Bill, but the details were objected to. The element of acreage was sadly objected to as also the county rate.* I shall be glad to confer with you, and will meet and talk it

* Both omitted in the present proposed Bill.

over. One thing I am certain of, that we have advanced the matter by the excitement and interest which has been shown.

I am, dear Sir, yours very truly,

F. PIGOTT.

At a deputation of the Workhouse Visiting Society to the Poor Law Board, on May 30, 1865, Mr. C. Buxton, M.P., said, "There could be no doubt whatever that some improvement to workhouse hospitals was urgently required. The deputation believed that the appointment of Medical Inspectors would secure for the sick poor proper attention, advice, medicines, and other comforts."

Mr. Warner, M.P., stated, "That it was clear there were many subjects upon which a medical inspector could alone decide, as for instance, the dietary of the sick, incurable, and infirm, which ought to be fixed, and to an extent regulated, by medical authority. So also Medical Inspectors could alone be judges as to the adequacy of the accommodation, the character of the nursing, the quality of the drugs supplied and many other matters equally important. He believed the inspection must be persistent, and at short intervals."

The Hon. Mr. Cowper stated in the House of Commons, Dec. 1857, "That the number of deaths from preventible causes was estimated at 80,000 a year, a large proportion of which arose from diseases altogether to be prevented if towns were properly cleansed;" if therefore one in fifteen of the sick died, (see Medical Register of Diseases,) it will show that one million two hundred thousand people suffered from preventible maladies, the largest proportion of whom were doubtless the poorer classes, who in sickness became the recipients of relief from the poor's rate. In a pecuniary point of view it therefore is a question of importance to the rate-payers, that steps should be taken to lessen sickness, which I believe may be accomplished by making the Poor Law Medical Officers sanitary officers, and insisting on their making periodical returns of the state of health of the poor committed to their care, and then public attention will be drawn to the plague spots of each locality.

The following quotations from the Reports of the Poor Law Commissioners themselves, will prove that some of the alterations now sought for are founded upon their own recommendations.

In the Report on the Fourth Amendment of the Poor Law, Dec., 1839, page 79, we read, "That at the commencement of every parochial year, a list of all paupers in the receipt of relief within a district should be made out, and that for the medical care of these paupers a fixed sum to be then determined, should be paid, and that the medical officer should attend those paupers when sick, without any specific order from the union or parish officers; and that as respects all other persons to whom Medical Relief shall be ordered during the current parochial year, the medical officers should receive a fixed sum per case. By this arrangement the aged, infirm, and helpless, would be placed directly under the care of the Medical Officer, &c., &c. As regards the able bodied labourers, whilst there will be no temptation to the Guardians to administer (as under the system of a remuneration by gross fixed salary,) relief to individuals of this class indiscriminately, at the expense of the medical officer, there will at the same time, be no inducement to refuse it, when really necessary, inasmuch as the system of payment per case admits of medical relief being granted by way of loan, an arrangement which operates to encourage the labourer to provide himself with medical aid on easier terms, by subscribing beforehand to a sick club or friendly society. With regard to the amount of the remuneration, we are disposed to give much weight to the concurrent testimony of the witnesses examined before the Committee of the

House of Commons of last Session, in reference to Medical Relief; and we deduce from that testimony that the fixed remuneration to be paid in rural districts for the permanent list, should be such as to afford to the practitioner a payment of 6s. or 6s. 6d. per case, on the average number of *bonâ fide* cases subject to be augmented if the distance is excessive.

"The remuneration per case for those not on the pauper list may reasonably be on a somewhat higher scale; but we are inclined to think that it will not be found necessary to exceed 10s. per case.

"In the arrangements which we have indicated, we presume that midwifery cases and surgical operations of a serious character will be paid for by a separate fixed charge for each case.

"We entertain no doubt that if the principle of the payment per case be thus adopted, it may be easily modified to suit the special circumstances of each union."

In the Report of the Poor Law Commissioners for 1841, page 14, we read, "It should be borne in mind that the plan of remuneration which we have prepared, contemplates a gross amount of salary, so far as respects a pauper-list; and it is only as to those not on the pauper-list, that we urge the adoption of the per case system of payment. We think that as to this class of paupers, being principally able-bodied male paupers and their families, the remuneration per case is the fairest as between the Guardians and the medical Officer; and it is, in fact, the only mode which admits of Medical Relief being given by way of loan. This cannot be done at present when the Medical Officer is paid only by a fixed salary, inasmuch as in the existing state of the law, the cost price of the relief, which is all that can be declared or recovered as a loan, cannot be ascertained when the Medical Officer is paid by a gross amount, as it is impossible to state what portion of this gross amount can be deemed to be the price of the Medical Relief afforded to any particular applicant."

Allow me here to remark, that this is the recommendation of the Commissioners themselves, and therefore it ought to be carried out, and thus terminate the continued complaints of the medical officers.

The Poor Law Commissioners have, at various times, entered very fully into the subject of Medical Relief, particularly in their 7th Report, p. 7, in which they recommend to the Guardians a pauper-list, and a payment per case for those not on it; but they state that the "Guardians generally are averse to the adoption of the per case system of remuneration, and that they will continue to remunerate their Medical Officers by fixed salaries, unless prevented from doing so by the regulations of the Commissioners, or by the direct interference of Parliament," and in another part of the same Report, the Commissioners say, "we nevertheless found no reason to doubt the soundness of the advice we had given. We conceived however that, having regard to the apparent indisposition on the part of the Guardians to adopt our recommendations with respect to the remuneration of Medical Officers and the infrequency of complaints of want of attention to sick paupers, any peremptory interposition of our authority to compel Boards of Guardians immediately to change their existing arrangements would be inexpedient; more especially as it was probable that the subject of Medical Relief would come under the consideration of Parliament in the course of the present session. We therefore deem it right to do no more than to issue to a large number of Boards of Guardians a letter, which was dated 6th March, 1841."

The Poor Law Board in their instructional letter, dated March 12, 1842, stated:—"It is the earnest wish of the Commissioners to carry into effect the

recommendation of the Committee of 1838, *'that the remuneration of Medical Officers shall be such as to ensure proper attention and the best medicines, and the Guardians will, doubtless, perceive that, unless the Medical Officer be adequately remunerated, no vigilance on their part will suffice to secure proper attendance and medicines to the poor under their care.'*" The Poor Law Board, in their minute, dated October 31, 1840, say, "It is difficult to over-rate the importance to a Union of possessing a body of efficient paid officers. Without efficient paid officers no Union, of whatever size, can conduct its Poor Law business in an economical and satisfactory manner; although the vigilant superintendence of the Guardians is necessary to the well-working of the Union, it is not alone sufficient. *Here and there an individual candidate, well-fitted for a Union Officer, may, from peculiar circumstances, be willing to accept it for an inadequate salary; but even he will, probably, after a short time, become dissatisfied, and will desire to transfer his services to some other Union, or to seek some other employment.'*"

That this is true, is abundantly proved by direct evidence—for between two and three hundred medical men have annually quitted the Poor Law service—evidence unimpeachable of something desperately bad in the system; had the majority of the officers been afforded sufficient means to do their duty to the poor, with but a slight remuneration for their services, they would not have resigned. These continual changes are the more to be deplored, as it is natural to conclude that the services of the Medical Officers become valuable in proportion to the experience they have obtained, and that such constant mutation is prejudicial to the best interests of the poor. Some of these vacancies, it is to be lamented, have arisen from death or diseases brought on in the discharge of their arduous duties; but surely, my Lords and Gentlemen, this is a still more powerful argument in favour of giving the Medical Officers a fair remuneration for their services.

The Poor Law Commissioners, in June, 1848, could not help commenting in the following terms on this sacrifice of life; they say, "It is to be lamented that several medical men have lost their lives in the course of such attendance [typhus fever]."

Many other cases have been related to me: one says, "My son has since sacrificed his life, by leaving his bed, on the 6th of November, three times in one night, with the thermometer at six degrees below freezing, to answer the queries of a pauper." Another, "My husband died last month of typhus fever, caught from some Irish poor he was attending." A third, "My husband is quite prostrated with fever, caused by attendance on a midwifery case four miles off, when in the midst of profuse perspiration after taking a warm bath; on his return he was seized with rigors, and has never left his bed since." During the last few years I have been four times laid up with severe illness, caught in discharge of my Poor Law duties; and my son, whilst attending for me during one of these attacks, caught the small-pox from a pauper. He has since had typhoid and scarlet fever, both caught from pauper patients.

This loss of life and severe bodily suffering is remunerated by an average payment, throughout the kingdom, of 2s. 9½d. per patient. No wonder 744 Medical Officers quitted the service in three years.

Many of the Poor Law Medical Officers have, at various times, individually addressed the Poor Law Board on the subject of their inadequate remuneration. A public memorial, numerously signed and agreed to, at a meeting over which the Right Hon. the Earl of Shaftesbury presided, and other memorials from numerous Unions have been presented to the Poor Law Board, and many hundred petitions to the House of Commons; notwithstanding all these appeals no redress has been obtained.

My Lords and Gentlemen, the Poor Law Medical Officers are desirous to improve the present system of medical relief, which is now not only injurious to themselves but prejudicial to the best interests of the ratepayers and the poor. They cannot conscientiously shut their eyes to the glaring evils of the present system which have been, of late, so painfully revealed by the Sanitary Commission of the *Lancet*, and quoted by the *Times* and other papers, and made the subject of leading articles. It is to be lamented that the Select Committee refused to take evidence tendered to them on this most important subject, and that they adopted as their Report the unsupported evidence of Mr. Cane, an official of the Poor Law Board, although others tendered evidence the reverse of his. A Member of Parliament might well write "the Report founded on the evidence is an absurdity."

The Bill is founded on the principle of paying the medical man for what he does, and not, as in the present mode, for what he is expected to do. The payments proposed will be just sufficient to enable the Guardians to obtain and retain the services of efficient medical men, which will be an advantage not only to the poor, but also to the ratepayers. Greater facilities are also given to the poor, to whom it may be thought advisable to grant gratuitous medical assistance; at the same time an efficient check will be in force to prevent imposition upon the medical men and the ratepayers.

At a Meeting of Noblemen, Dignitaries of the Church, Members of Parliament, and other Gentlemen, held at Willis's Rooms, on March 3rd, 1866, it was resolved on the motion of the Archbishop of York, and others,—

1st. "That the present management of the sick in the Metropolitan Workhouse Infirmaries is highly unsatisfactory; that the buildings are inadequate and unhealthy, the medical attendance insufficient, the nursing merely nominal, and the general system of administration radically defective."

2nd. "That with a view to the humane and efficient treatment of the sick paupers it is desirable to consolidate the infirmaries of the metropolitan workhouses, to support them by a general metropolitan rate, and to place them under uniform management in connexion with the Poor Law Board."

3rd. "That in order to give effect to the foregoing resolutions it is necessary that immediate steps should be taken to introduce a fitting measure in the House of Commons, &c., &c."

From the foregoing statements I feel sure that you will insist that changes be at once made in the Medical Relief of the Poor, or at least that you will not allow a new Poor Law Continuance Bill to become law, unless clauses be introduced which will ensure a better administration of the medical relief of the poor.

I have the honor to be,

MY LORDS AND GENTLEMEN,

Your Obedient Servant,

RICHARD GRIFFIN, J.P., M.R.C.S., &c.,

Chairman of the Poor Law Medical Reform Association.

12, Royal Terrace, Weymouth,

March 1866.

A B I L L

FOR THE BETTER REGULATION OF MEDICAL RELIEF TO THE POORER CLASSES IN ENGLAND AND WALES.

—o—

Whereas it is expedient that a uniform system of Poor Law Medical Relief, so far as it is practicable, be now adopted. Be it therefore enacted by the Queen's Most Excellent Majesty, by and with the advice and consent of the present Parliament assembled, and by the authority of the same, as follows :—

1. From and after the passing of this Bill the power to grant orders for medical relief shall be extended to the Overseer or Overseers of each parish in which a relieving officer is not resident, or if resident is living further by one mile from the sick person than the Overseer, but all medical orders granted by them, or in future by the relieving officers, or other persons having a legal right to grant medical orders, shall be as follows :— (*see page 16.*)

1. To all persons actually in the receipt of parochial relief, or are known to the relieving officer or overseer to be destitute of the means of obtaining medical relief, a similar order or ticket to that now in force, excepting where a dispensary is now or may hereafter be established, in which case the order shall be in such a form as to admit of its being used by the medical officer to write prescriptions on.

2. To all other persons who shall declare that they are destitute of the means of obtaining medical relief, the medical order shall be similar to No. 1, with the exception that the order shall be granted by the relieving officer or overseer as a loan only, which the Board of Guardians at their next meeting shall take into consideration, and if they consider payment of the loan ought to be enforced, they shall direct their clerk to enter it on the list of loan orders which are to be enforced; all loan orders, ordered by the Guardians to be enforced, shall be paid for at and after the same rate as that paid to the individual medical officer, as the average payment per order for paupers, excepting the case fall under Arts. 177, 181, 182, or 183 of the Consolidated Order of the Poor Law Commissioners, or such other order of the Poor Law Board as may hereafter be issued on the subject, when the payments therein named shall be enforced. (*see page 17.*)

3. That all orders or tickets for medical relief shall continue in force until the ensuing April or October, whichever may first happen, in each year. (*see page 18.*)

2. It shall be the duty of the clerk of the Board of Guardians to make out a quarterly list of all persons where payment of a loan order is to be enforced, and give it to the collector of the poors' rate, whose duty it shall be to collect it at the same time he collects the poors' rate, and if needs be enforce payment thereof in the same manner as is now provided for non-payment of poors' rate, and the Magistrates in Petty Session shall have similar powers to enforce, or remit the payment thereof, as is now provided for non-payment of poors' rate. (*see page 19.*)

3. No person shall be eligible for election as a Poor Law Medical Officer unless he produce to the Guardians, prior to the election, proof that he is registered as holding both a medical and surgical qualification. (*see page 19.*)

4. That the Poor Law Board shall, as far as practicable, lay down a uniform system of medical relief for the sick poor, which shall embrace the establishment of dispensaries in all unions, incorporations, and parishes, under Local Acts, where the population situated in an area, the diameter of which is four miles, or less, shall exceed 10,000 in number: but nothing herein contained shall prevent the Guardians, with the approval of the Poor Law Board, from increasing that area, provided the poor have not to travel more than six miles for their medicines, but in all those localities where dispensaries shall not be established, the Poor Law Board shall issue an order naming the drugs and appliances required for the sick poor, which shall be found by the Guardians, and shall not be included in any contract with the medical officer.*

5. That it shall be the duty of the Poor Law Board, with the advice of the general Council of Medical Education and Registration of the United Kingdom, to draw up a scale of payments based on the number of patients, and distance to be travelled, for all the Poor Law Medical Officers, which it shall be the duty of the Guardians of the poor to carry out within six months after such scale shall have been drawn out and issued by the Poor Law Board, but should it be found in any particular instance insufficient to secure efficient medical relief, that then it shall be in the power of the Guardians, with the approval of the Poor Law Board, to give a larger sum than is named in the said scale.*

or instead of 4 and 5 the following.

4. The salaries of all Poor Law Medical Officers shall, within six months after the passing of this Bill, be triennially fixed on the following basis:—

1. The number of patients annually attended by the medical officer, and recorded in his relief book, on an average of the last three years, the minimum payment to be 5s. per patient for the first 300 patients, or any less number, and 2s. per patient for all above 300.

2. The distance of the furthest extremity of the district, from the residence of the medical officer, shall be computed, and not less than 1s. per patient shall be paid for each mile the extreme point of the district is distant from the residence of the medical officer.

3. The cost of medicines, which, when found by the medical officer, shall be paid for at not less than 1s. per patient.

4. In addition to the above payments each medical officer shall receive such extra medical fees as are enumerated in Arts. 177, 181, 182, 183, of the Consolidated Order of the Poor Law Commissioners, until the same be revised, which the Poor Law Board, under the advice of the Council of Medical Education and Registration of the United Kingdom, are hereby empowered to do within the next 12 months, and as often hereafter as they may deem advisable.*

5. The Guardians of each union, parish, or incorporation, are hereby required to establish a dispensary, to find all drugs, medical and surgical appliances, and a dispenser to dispense the prescriptions of the medical officers appointed by such Guardians, unless an order, under the seal of the Poor Law Board, be issued to the contrary, but the poor shall not be compelled to send to such dispensary for their medicines if it be situated more than six miles from their residence, unless there be no registered medical officer, or properly qualified druggist living nearer to them willing to supply the medicines at a reasonable price, but nothing herein contained shall prevent the Guardians of two or more unions, parishes, or incorporations, uniting for the supply of medicines, wholly or in part to the poor, provided this arrangement receive the sanction of the Poor Law Board.*

6. That the supply of drugs for the dispensaries shall be under the direction of the Poor Law Board.

7. Cod-liver-oil, Leeches, Linseed-meal, and other requisites for Poultices, Cotton-wool, India-rubber Calico, for the protection of the beds of the sick, and for a covering of wounds and sores, and a list of more expensive drugs as shall be drawn up by the Poor Law Board, with the advice of the General Council of Medical Education and Registration of the United Kingdom, shall not be considered as included in any contract by the Guardians with their medical officers, but shall be found by the Guardians through the medium of the relieving officer, master of a workhouse, or dispenser, whenever ordered by their medical officers. (*see page 26.*)

8. In all cases where it is impossible or unsafe for a Poor Law Medical Officer to perform an operation without the advice and assistance of one or two medical men, then such advice and assistance shall be procured by the said medical officer, and paid for by the Guardians after the following rate: when the patient resides within one mile of the residence of the medical man consulted, and he has seen the case, 10s.; but if more than one mile, and less than five miles, 20s.; and if more than five miles, 40s. (*see page 26.*)

9. The Poor Law Medical Officer, his Assistant, and servant shall be free from all tolls between his residence and the furthest part of the district or union house for which he is appointed to act, provided he or they are going to visit pauper patients. (*see page 29.*)

10. That in all cases where a Poor Law Medical Officer has held office for more than twenty years, or even for a shorter period, if his resignation be occasioned by an accident received in the discharge of his duty as Poor Law Medical Officer, and it shall appear to the Guardians that he is permanently incapacitated for the performance of his duties, in an effective manner, and the said medical officer shall declare, that if he be compelled to resign his office, that his entire income from all sources will not exceed £100 per annum, that the Guardians shall, in accepting his resignation, allow him a retiring pension of not less than one quarter of his salary. (*see page 29.*)
or this.

10. That the Act of Parliament now in force for providing a superannuation allowance to officers of unions and parishes shall be made to embrace all Poor Law Medical Officers, provided at the time of their retirement from office they shall declare that their whole income, from all sources, does not exceed £100 per annum. (*see page 29.*)

11. It shall be the duty of the Poor Law Board to appoint a registered medical man to act as medical secretary to the Poor Law Board, his duty shall be to conduct the medical correspondence and adjudicate on all matters having reference to the sick poor and the Poor Law Medical Officers. He shall also give directions as to the drugs to be kept at the dispensaries, and do such other things as the Poor Law Board may require of him in virtue of his office. He shall also draw up a medical report of the diseases affecting the poor, which shall be laid before Parliament in the Annual Report of the Poor Law Board. (*see page 29.*)

12. It shall be the duty of the Poor Law Board to appoint three registered medical men to act as Poor Law Medical Inspectors, whose duty it shall be to inspect, at least once in each quarter of a year, or oftener if necessary, all the workhouses and dispensaries in each of their districts, and make reports to the Medical Secretary of the Poor Law Board as to their condition and sanitary state, especially of the sick and infirm wards, and give directions as to the fitting up of these wards with proper and suitable furniture and utensils for the due treatment of the sick, and advise as to the proper number of nurses to be employed. They shall also inspect the dispensaries, and see that they are properly fitted up, and duly supplied with appropriate medicines. They shall

also inspect the medical officers' books, and see that they are properly kept. They shall require from each medical officer a quarterly list of the cases treated by him, in accordance to a form to be furnished by the Medical Secretary of the Poor Law Board, in order that the origin and progress of the preventable diseases may be discovered, and as far as possible prevented; to each of these lists there is to be added the numbers of deaths occurring in each class. The Medical Secretary and Medical Inspectors shall be awarded such salaries and expenses of office as the Lord High Treasurer, or Commissioners of the Treasury may direct. (*see pages 29—30—31—32.*)

13 The Poor Law Medical Officers shall be the Officers of Health for their respective districts, excepting in those places where Officers of Health are now appointed, but should no reappointments be made in those places within three months after a vacancy occurs, the Poor Law Medical Officers shall then be the Officers of Health, and they shall receive such remuneration for their services, as the Local Board of Health, if such authority exists, or the Guardians of their respective Unions shall grant, and the Poor Law Board approve. (*see page 32.*)

14 The Guardians of every Union shall keep at the union house or dispensary, three or more water beds, which shall be at the disposal of their district medical officers, whenever required by them, for their pauper patients, each master of a workhouse and relieving officer shall also keep one enema syringe, at least, for the use of the poor, under the direction of the medical officers. (*see page 33.*)

15 That the Statutes now in force, or Rules, Orders, and Regulations of the Poor Law Commissioners, or Poor Law Board, or parts of either one or the other which are contrary to the true intent and meaning of this Bill, shall be, and they are hereby repealed and rescinded, but nothing herein contained shall prevent the Poor Law Board issuing any Order or Orders, or making any Rule or Rules, or Regulations for the better carrying out the true intent and meaning of this Bill.

16 In the continuation of this Bill the word "Parish" shall be construed to include any Parish, City, Borough, Town, Township, Liberty, Precinct, Village, Hamlet, Tithing, Chapelry, or any other place or division, or district of a place maintaining its own poor, whether parochial or extra parochial; the word "Union" shall be construed to include a Parish or any number of Parishes united under the provisions of any Act, whether general or local, relating to the relief or maintainance of the poor.

17 This Bill shall embrace all Unions, Parishes under Boards of Guardians, Incorporations and Parishes under Local Acts, and Gilbert Acts, together with Parishes under the Act of 43 Eliz. c. 2, in England and Wales.*

* The Commentary on this Bill will be found at page 16.

COMMENTARY ON THE BILL FOR THE BETTER REGULATION
OF MEDICAL RELIEF TO THE POORER CLASSES
IN ENGLAND AND WALES.

“Medical assistance only forms a part of relief to the destitute poor, and the same rules and principles apply to it as those which are applicable to any other kind of relief.”

COMMENTARY ON CLAUSE 1 OF BILL. (*page 12.*)

The 4 & 5 Will. IV., c. 76, s. 54, enacts, “That the ordering, giving, and directing, of relief to the poor, shall be under the government and control of any guardians of the poor; and it shall not be lawful for any overseers of the poor to give any further or other relief or allowance from the poor rate, than such as shall be ordered by such guardians or select vestry, except in cases of sudden or urgent necessity, in which cases he is hereby required to give such temporary relief as each case shall require.” The section further narrates, “that any justice of the peace shall be empowered to give a similar order for medical relief only.” On referring, however, to the 38th section of the Act, we find it recorded, “that no *ex officio* or other guardian shall have power to act in virtue of such office, except as a member, and at a meeting of such Board.” It is therefore clear, that between the sittings of the Board, and especially in the summer time, when many Boards of Guardians sit but once a fortnight, the guardians are powerless. To obviate this awkward state of the law, the Poor Law Commissioners issued an order, called the Consolidated Order, Art. 215, No. 3 of which declares, “that it shall be the duty of the relieving officer, in any case of sickness or accident requiring relief by medical attendance, to procure such attendance by giving an order on the district medical officer, or by such other means as the urgency of the case may require.” By the above quotations it is perfectly clear, that the sole power of granting medical relief when the guardians are not sitting as a Board, vests in the relieving officer, excepting “in sudden and urgent cases,” when the overseers and magistrates can give an order; but these cases are so exceptional, that they need not be entertained.

In some rural districts the distance between the poor and the relieving officer, or between the relieving officer and the medical officer, is very great; thereby causing the poor to travel unnecessarily long distances, (9 to 15 miles, or even further) for an order. The remedy for this is to extend the power of giving orders to other parochial officials besides the relieving officer.

As the overseers and magistrates have now the power in “sudden and urgent cases,” to grant orders, why not allow the former, at least, to do so in all cases? * and thus prevent the endless disputes between guardians, overseers, and medical officers as to the definition of “sudden and urgent.” The overseers who live on the spot, are surely far better judges of the pecuniary means of a person, not actually a pauper, than the relieving officer, when he lives miles away. Little difficulty need be apprehended of orders being improperly given, as that will be checked by the guardians, who will in that case, take care to enforce the loan. The evidence laid before the Select Committee of the House of Commons, on this question, is as follows:—

* 14 and 15 Vic. Cap. lxxviii, S. ix, “Every member of such Dispensary Committee, (Ireland) and every Relieving Officer and Warden acting for an Electoral Division included in such Dispensary District shall have power to afford Medical Relief by the issue of a ticket for medicine and advice.” (See Irish Charities Act page 50.)

No. 1347.* "I felt, as a medical officer, that I could not do justice or my duty to the poor, in consequence of the opposition I met with from the relieving officer."—*M. B. Garrett, Esq.*

No. 1380. "Pauperism is very largely increased by the want of proper medical aid."—*Rev. C. Oxenden.*

No. 2186. "The poor object to apply to the relieving officer for medical relief, on the ground of the disgrace, also the difficulty they have in finding the relieving officer at home, and the uncertainty of obtaining an order."—*H. W. Rumsey, Esq.*

No. 2245. "The artizan residing in a town, and the common labourer residing in the country, are placed in very different positions relative to medical relief; infirmaries and dispensaries being mostly situated in towns, whereas in country parishes, a long distance from the doctor, they have great difficulty, first, in getting orders, and then in obtaining the attendance of the medical men."—*J. Leigh, Esq.*

No. 2729. "I consider the necessity of getting an order from the relieving officer is a serious detriment to the present system, because it creates such a loss of time. Mr. Charles Buller thought that in medical cases very little ought to be left to the discretion of the relieving officer. He ought not to be allowed to be the judge of whether a pauper was sick or not, that was a matter in which he was wholly incompetent to give an opinion, and I perfectly concur with him. I think he possessed almost intuitive knowledge."—*G. Wallis, Esq., M.D.*

No. 3023. "The relieving officer considers it his duty to make the order for relief difficult to be obtained."—*W. H. Livett, Esq.*

No. 3024. "The relieving officer refuses an order in many instances."—*W. H. Livett, Esq.*

No. 3030. "I think the intervention of the relieving officer is a course which leads to aggravated sickness."—*W. H. Livett, Esq.*

No. 2045. "I consider it a very serious objection that the sick have to apply for orders for medical relief, it stands in the way of prompt treatment of disease."—*H. W. Rumsey, Esq.*

No. 1030. "Medical relief should be given in the onset of the illness."—*Mr. G. Chick.*

No. 1246. "I think the system of medical relief altogether deficient. I find there are great impediments in the way of obtaining orders for relief."—*M. B. Garrett, Esq.*

No. 2030. "If medical relief had been promptly administered, in all probability the illness would have been of slight duration, and they would have been in the situation of independent labourers, instead of coming upon the poor rates."—*H. W. Rumsey, Esq.*

COMMENTARY ON CLAUSE 1 SECTION 2 OF BILL.

Section 2 is a check upon orders being improperly given, as it leaves the entire control of medical relief in the hands of the Guardians, whose duty it will be to examine the Books of the Medical Officers each Board day, and inquire into the circumstances of the persons recorded therein; and should it appear to the Board that the parties are not legitimately entitled

*The paragraphs, with numbers affixed, are extracts from the Report of the Select Committee on Medical Relief, in 1854.

to medical relief at the expense of the ratepayers, they will declare the relief granted to be a loan, which of itself will be a great boon to persons just above the grade of paupers, as they will know the exact sum they will have to pay; or the Guardians will strike the patient's name off the books if they consider he is not destitute.* The Poor Law Board in their minute, dated April, 1840, say, "If the system of giving medical relief by way of loan be gradually adopted, those who find that they will ultimately have to pay for the relief which they obtain from the poor's rate, will find it to be so obviously their interest to have recourse to Medical Clubs or Friendly Societies, or other similar institutions, that the Commissioners look forward with confidence to an increase and prosperity of institutions of this nature, and the consequent growth of forethought and frugality amongst the labouring classes."

At page 91, Fifth Report, Poor Relief, (England) the extensibility of the power of issuing orders, as exercised by the relieving officers, is well exemplified in the following extract from the evidence given by Dr. Fowler:—"In the Lady-day quarter of 1860 the relieving officers of the two districts of the East London Union, respectively changed places by order of the Board of Guardians, when an extraordinary alteration in the number of medical orders, given in the Bishopsgate parish, occurred. The average number of orders received by the medical officer of this parish, during the three corresponding half years, ended 24 September, 1859, was 1,518; in the half year ended 24 September, 1860, (during part of which the relieving officer of No. 1 did the duties of No. 2 district), the number of orders received by the said medical officer decreased to 977. Now, one of two causes only can be inferred to explain this great difference of more than 500 orders in a single parish in one half year; either the one relieving officer gave the orders very much too indiscriminately and improperly, or the other cut down the numbers too much, to the great injury of the poor. During the half year ending Lady-day, 1861, (which I have previously shown is generally the lighter half-year of the two as regards medical orders) the number of orders I received rose to 1,152; the relieving officers had resumed their original districts."

Section 3 limits the duration of an order in accordance with the plan at present in vogue, which is to make a return to the Poor Law Board, at the end of March and September, of the number of patients which have been under the care of the Medical Officers during the preceding six months.

If reference be made to the December, 1839, Report of the Poor Law Commissioners, p. 283, it will be seen that "in some Unions Medical Relief is withheld except where the families are large and young; in other Unions it is given to all applicants; the mode of paying the Medical Officer seems to govern the practice considerably. In some cases relief is granted to the able-bodied, in others it is withheld, showing that there is no uniform or well-regulated plan adopted: as to the aged and infirm, in some cases a pauper list is made out, but more generally orders are applied for, and the surgeons are enjoined not to attend without them, except in cases of emergency. This is often oppressive to the poor when the relieving officer and medical attendant live at a distance from him." The evidence laid before the Select Committee of 1861, proves that the same thing still exists, and as 'The Council of the British Medical Association,' in 1839, reported to the Poor Law Commissioners, "that a general change is absolutely necessary," how much more so is it now when the population has risen from between 15,000,000 and 16,000,000 to over 20,000,000?

The evidence of Mr. Griffin† proves that on a change of relieving officers, the orders, on an average of three years, fell from 1518 to 698 in one district, and in the other from 1157 to 704.

* In Ireland, 1369 tickets were cancelled in 1865.

† Fifth Report Poor Relief England.

The quotation from the Justice of the Peace, (Mr. Griffin's evidence, page 3,) proves that the labouring classes, as a body, have no legal right to medical relief from the poor's rate; but notwithstanding this, it is an admitted fact that in many unions to a large proportion of them it is granted, and when it is considered that 72 per cent. of all paupers are made paupers through sickness, (Dr. Wallis' evidence, Medical Relief, 1854,) it is important that medical relief should be so granted for the sake of the community at large, but from the absence of any law on the subject it is now capriciously given, and in some unions absolutely refused. The question of the labouring classes having a right to medical relief has frequently been put to the Poor Law Commissioners, but never definitely answered; they say "if a man is able to provide himself and family with food, and lodging, and clothing, whilst in health, but is unable in cases of sickness to provide medical aid, he is entitled to receive medical relief at the charge of the poor's rate." (Official Circular, May, 1845, Again, "The Commissioners need not say that care should be taken not to inflict an injury on the medical man by improper orders, in addition to the injustice of causing such attendance to be paid for from the poor's rate." (Official Circular, August 9, 1842)*

COMMENTARY ON CLAUSE 2 OF BILL.

In 1854 it was given in evidence that "the doctor's bill is the bill which breaks down the labouring man." (Rev. C. Oxenden, No. 1392,) Surely then it is very desirable to prevent such a lamentable occurrence, and thereby save him from coming upon the rates for a maintenance. Many of the labouring classes, but for sickness, would be able to maintain themselves, it is therefore most important to get them cured as speedily as possible, and not, as at present, compel them, either improperly to obtain Medical orders, and thereby rob the Medical Officer, or to seek advice of the druggist, who too frequently, instead of curing, prolongs and aggravates a disease, which by early judicious medical treatment might be speedily cured. By adopting the loan system, it is admitting a certain class of persons to have relief from the poor's-rate who are not "actually destitute." But surely it is far better to prevent actual destitution by medical relief, than to wait until it comes, and then pay ten times as much for its removal. The advantage of granting medical relief by way of loan in a public point of view is great, if the price be the same as that proposed to be paid the Medical Officer for the actual paupers.

Objections to the loan system have been raised, as it gives great trouble to the officials of the Unions, who have done everything in their power to put a stop to it; indeed at this time a loan is but seldom granted; if however the loans be made more easily recoverable as suggested then much of the difficulty will cease.

COMMENTARY ON CLAUSE 3 OF BILL.

Many members of the Medical Profession, laboured for a number of years in order to obtain an act to regulate the qualifications of practitioners in medicine and surgery: in this they ultimately succeeded, and stringent rules are now laid down for the future education of medical men, but so long as the guardians of the poor are permitted to elect as their officers, unregistered medical men, and men with single qualifications, and the Poor Law Board to confirm these appointments, it is in vain to look for that high standard of medical education which is so ardently desired, as by the course pursued by the guardians a premium is actually held out to young men to quit their

* See letter of the Southampton Medical Officers page 41.

studies before they are fully completed. The injustice of this is not only felt by the doubly qualified medical man, but it is cruel to the poor, who are thus compelled to place their lives in the hands of those who have given only a partial proof of their knowledge, in addition to which it is anything but beneficial to the rate-payers, whose interest it must be to have the best possible medical advice.

COMMENTARY ON CLAUSES 4, 5, & 6 OF THE BILL.
(see page 13—14.)

From the evidence laid before the Select Committee, (see fifth Report Poor Relief, England) it is clear that the present mode of payment to the Medical Officers is deficient in the principle of justice, and notwithstanding there has been an increasing expenditure for Medical relief since 1842, the fact has been lost sight of that there has also been an increase in the population more than commensurate with the increase of payment; indeed if the payments in 1842, be divided by the population of those places on which the payments were then made, it will be seen that they averaged 2½*d.* per head, but if a similar calculation be now made, the payments will be found to be only 2*d.* (see pages 11 and 12 of Evidence.) In addition to this there is another circumstance which is kept in the background by those who say the medical men are better paid than formerly. When the unions were first established, the paupers, strictly so-called, were then the only recipients of Medical relief, but since the system of fixed medical payments has been established most of the labouring classes, in very many of the unions, have orders given to them for medical assistance, whereby the list of those actually under medical treatment has been considerably increased. There is also a third element to be considered, which is, that the recorded payments to the Poor Law Medical Officers are not, in truth all given to them, for although we read "the medical expenditure consists of salaries to the Medical Officers, extra medical fees, also the cost [if any] of medical and surgical appliances and drugs;" still it often contains a variety of other expenses, such as wine, spirits, subscriptions to hospitals,* &c., therefore it does not follow that an increased expenditure under that head actually means an increased payment to the Medical Officers. For instance, the medical expenditure of St. Pancras was £2,979, but the payments to the Medical Officers were only £922, [see page 12 of Evidence]. Again, an increase in the salaries of the Medical Officers does not always mean an increased gross payment, as it sometimes arises from a commutation of the extra medical fees; the City of London Union is an example (p. 12), and as there are 79 Unions, containing 383 Medical Officers in this predicament, each of whom, taking Lord Elcho's Return as a guide, should on an average receive about £12 per annum for extra medical fees, it follows that the commutation of these alone would increase the salaries by £4,596, therefore in estimating any apparent rise in the salaries during the last few years, this circumstance must be borne in mind. Some unions, however, appear by the evidence actually to have lessened the salaries of the Medical Officers. Mr. Cane, in his evidence, points out the cost of medical relief for the year, 1838, at £136,775, and in 1861 at no less than £238,233, which includes the cost of vaccination and lunacy fees, but neither of these ought to be taken into account, as they are for peculiar services not formerly rendered, indeed many medical men are great losers by the Vaccination Act, as they were better paid before its introduction when they had the labouring classes as private patients than they are now, but if Mr. Cane had turned to Table 15, he would have found there were 65 unions, parishes, or incorporations, not included in the return for 1843, which are included in the return for 1861, and these alone contain upwards of three millions of population, and others were added between 1838 and 1843, making the addition still larger.

* Page 47 Taunton County Court.

The variations in the payments, when viewed by the number of patients attended, display so much want of judgment, that it is perfectly surprising such a state of things could be allowed to exist; at page 13 of the Evidence we read of "payments varying from 3*d.* to 68*s.*, and that the salaries of 140 medical men are so low that they average less than 1*s.* per patient; 595 less than 2*s.*; 1,173 less than 3*s.*; 1,716 less than 4*s.*; and 2,150 less than 5*s.* Above these numbers there are 931 medical men who receive between 5*s.* and 10*s.* per patient, and above these 313 who have from 10*s.* to 68*s.* per patient." That these varying sums are not made in order to compensate for the distance to be travelled, is proved by Table 18, where it is shown that in 360 unions, the payments are in an inverse ratio to the distance from the abode of the pauper to that of the Medical Officer, and in Table 19 a list is given of 273 Union houses where the salaries of the Medical Officers vary per patient from 3½*d.* to 16*s.*, and in Table 20 there is a list of 119 Medical Officers, whose salaries, when divided by the number of patients, average less than 1*s.* each; of these officers 89 have to find medicines for their patients. At page 279 of the Dec. 1839 Report, we read, "One of two things must necessarily happen under these circumstances: either the Medical Officer must be greatly out of pocket, which is believed to be the case, or there is a very great temptation to neglect the sick poor, and supply them with the cheapest, or, in other words, with the worst or adulterated medicines, or medicines of less energy and efficiency, because of their expense." The truth of this statement must be apparent to every rightly constituted mind, and therefore the necessity for a change in the pecuniary medical arrangements.

At page 14 of the Evidence, the various modes of payment adopted by the Guardians are narrated.

1. A fixed salary, with extra medical fees.
2. A fixed salary, without any extra medical fees.
3. A fixed salary, with a few of the fees.
4. A fixed salary, for some of the poor, and a per case payment for the others, the payments in the latter instance varying from 5*s.* to 10*s.* per case, independent of distance.
5. A per case payment only.
6. A fixed salary, the guardians finding the drugs for a part or the whole of the union.
7. A fixed salary, the Medical Officer being prohibited private practice.

The quotation of the above seven modes adopted by the guardians in different parts of the kingdom proves most incontestibly the absence of any well regulated system of medical relief, and calls aloud for the interference of Parliament in laying down one uniform system for the whole of England and Wales.

The extra medical fees which are noticed at page 14 of the Evidence show that out of 667 unions 571 allow them, and that they vary in amount from less than one farthing to 7*s.* per patient as a gross Union payment, but in the case of the individual medical officers they range from one farthing to 13*s.* per patient, and one officer is recorded as receiving only 3*s.* in the year, whilst another has no less than £156, or a shade over double his salary. The witness may well say "These cases prove the total absence of any controlling power."

The witness next gives a table of the salaries and extra medical fees united, in order to show the gross union payments in proportion to patients, and there we observe the variations are from 8*d.* to 16*s.* 2*d.*, and in the case of

the individual officers from 3*d.* to 68*s.* A list of unions is next given where the extra medical fees have been commuted, which shows that notwithstanding the commutation the salaries in some unions average less than 1*s.* per patient, and that the variations are from 1*s.* to 15*s.*, and that in the case of individual medical officers the range is from 3*d.* to 37*s.*, clearly proving that the commutation was founded on no reliable data.

The witness enters into the question of the medical fees, and shows that in all cases they ought to be allowed, or if commuted that it should be on a triennial calculation. That the list of extra medical fees should be enlarged, and as the Poor Law Board are not medical men, that a fresh list should be drawn out under the advice of the Medical Council, and that the Medical Officers of workhouses should participate in these fees.

The cause of the commutation is shown to be a desire on the part of the guardians to shift the burden from the individual parish, and fix one-half of it on the common fund of the union, and the other half on the parliamentary grant.

The subject of payment in regard to population is next considered, and it shows that the medical relief in that respect varies considerably in the different divisions of the kingdom, it being 1.61*d.* in the northern division and 5.7*d.* in the eastern, and therefore that mode cannot with fairness be adopted. (*See Table 25, p. 78 of evidence.**) An account of the average amount of sickness amongst the paupers is next given, and it is shown that although the average amongst the out-door poor is 1 to 2.8, and the in-door poor 1 to 2.6, still they vary considerably in the different divisions. Amongst the out-door poor it is in the South Midland Counties as 1 to 1.4, whilst in the Eastern Counties it is 1 to 4.4, with variations between these extremes in the other divisions. Amongst the in-door poor it is in the North Western Counties as 1 to 1.8, whereas in the South Eastern Counties, the Eastern, North Midland, and the Northern, 1 in 3. (*see Table 25, B.,**) hence a payment in proportion to pauperism cannot be adopted. (*see p. 45, Cambridge Board of Guardians, who act on this erroneous view.*)

Mr. Griffin, in his Evidence, recommends a payment in proportion to the number of patients and distance to be travelled, and proposes a fixed salary on a triennial calculation of the number of patients attended, and fixes it at not less than 5*s.* per patient for the first 300 patients, and 2*s.* for each additional patient. There can be no doubt that it would be desirable to have a uniform plan of payment for all, but as this would entail upon the Guardians in the metropolis, and large towns and cities, very much larger payments than at present, it is actually necessary that there should be some such arrangement as this Bill now proposes, and as the expenses of a medical man for his house, his horse, and servants are not very greatly increased whether he has 300 or 1,000 patients, this arrangement might be effected without much opposition, particularly as amongst a very large number of patients many of the cases are trivial, and are on the books but a short time, which is proved by the fact that the average duration of illness in the metropolis is above three weeks, whereas in the country it is five weeks (*see Table 1 app. Fifth Report Poor Relief [England,] and Lord Elcho's Return,*) besides in towns where the larger number of patients are situated, they reside close together, and may be quickly seen, and therefore the smaller payment would afford a moderate compensation.

Mr Cane, in his Evidence, has stated that "Formerly the Medical Officers were very frequently paid by the per-case system, but that mode of payment is extremely distasteful to the Guardians." No doubt such is the fact, for by it they are prevented obtaining half the cost of the medical relief out of the Parliamentary grant; let, however, the law on the subject be altered, and then

* Fifth Report Poor Relief (England.)

the Guardians will have no objection to the per-case payment, but the reverse. The plan, however, now proposed is not strictly a per-case payment, but a fixed salary calculated triennially on the average number of patients for the preceding three years, therefore, by it the Guardians will be able to claim a share of the Parliamentary grant.

The mileage payment recommended has this advantage, that it not only remunerates the Medical Officer for the distance he has to travel, but it will also be an inducement for the Guardians to reduce the size of the districts, whenever practicable, in order to lessen that expenditure, and thus indirectly it will be a great boon to the poor.

In the 9th Report of the Poor Law Commissioners, pp. 14 and 15, we read:—"With respect to the general remuneration of the Medical Officers, we have found recently a prevalent disposition to reduce the salaries of the Medical Officers by the Guardians, but the Commissioners have resisted it; indeed, they think that, in most parts of the country, instead of the salaries of the Medical Officers demanding reduction, the rates are too low to enable the Medical man, consistently with a fair remuneration for his labour and expenditure, to bestow upon his pauper patients the amount of care and medicines which the Guardians profess to ensure them by the medical order."

In the Report of the Commissioners for Dec., 1839, p. 281, it is stated "there appears to be no uniformity of plan or proportion between the amount of salaries and the number of sick cases, or the average number always on the books;" at page 282 we read "general dissatisfaction has arisen in the profession as to the amount of remuneration. It is lower than under the old system, (and then it was very inadequate,) while the duties have been increased by the districts having been increased in size, and the number of Medical Officers lessened. * * * * Amounts of remuneration have frequently been fixed by the Guardians without consulting the medical men, and without considering the intrinsic value or usual remuneration for medical skill and attendance. If objections were made, or reasons advanced, against these arbitrary proceedings, the reply has been to this effect:—"If you do not choose to accept our terms, we can easily procure candidates who will;" and thus many have been frightened into accepting inadequate sums lest their private practice should be interfered with by strangers." Every word of the above is just as applicable now, as it was in 1839.*

5203. † "So that the tendency is to increase the pay of the Medical Officers, and another cause is that since 1845 half the salaries have been paid by the Treasury, so that the unions which were paying by the case, or what is called club system, or by any other system than by salary, very soon changed into the salary system, in order to get the benefit of the 50 per cent. in payment from the Treasury, and in a great many instances the Guardians have increased the medical salaries to some extent, at the same time getting half the increase from the Treasury, and therefore that is the reason why the officer's salaries are somewhat better now than they were twenty years ago."—*Mr. J. Bowering.*

12-160-6-7-9. "The Boards of Guardians, in the first instance, fix that salary, subject to the approbation of the Poor Law Board, and when that salary is approved by the Poor Law Board, is it in the power of the Boards of Guardians to alter that without leave? The law has confided in the Poor Law Board the absolute power of fixing the amount of salary irrespectively of the Boards of Guardians, and if they please, they can exercise that authority without reference to the Guardians; but the general mode is to consult the Guardians, to enquire what they deem to be a proper salary, and having considered their answer, and their views, then to determine what shall be the salary

* See letter anon p. 43.

† Select Committee Poor Relief (England) 1861.

assigned to the office. My impression is that, taking the whole kingdom together, the payment per case to a Medical Officer does not average more than 3s. The Poor Law Board recommend a fixed annual salary should be allowed for the infirm placed upon the permanent pauper list, and cases not on that list to be paid for by a per-case payment. The Poor Law Board did not recommend a per-case payment should be adopted without reference to any other payment, it was to be combined with a salary for attending such poor persons as are permanently sick and disabled, and that a higher rate ought to be allowed for other cases which would require closer attention, medicine, and visits, than those merely suffering from age and bodily infirmity, in a chronic state. I think there is a statement that the average expense of drugs alone in the principal hospitals in London, exceeded 2s. 6d. per case."—*R. B. Cane, Esq.*

3269. "Whereas the average cost of drugs alone, for a single case, required in the practice of surgeons at Dispensaries, where they relieve the same class of persons as the Medical Officers of Unions, amounts to 2s. 1½d., and in hospitals to 4s. 4½d."—*C. J. F. Lord, Esq.*

In the Great Yarmouth Hospital, it is 3s. 8d.—Reading Dispensary, 6s. 5d.—Bury, 8s. 4½d.—Spalding, 7s. 11½d.—Leeds, 4s. 5d.—Ludlow, 7s. 4½d.

5166—9. "I do not think the Medical Officers are at all sufficiently paid in the country." "In many unions the Guardians have so cut down their Medical Officers, that the action of it has been an increased amount of necessities, from being badly paid they have not felt an interest in the proceedings of the Guardians."—*Mr. J. Bowering.*

The question of the supply of drugs for the poor by the Poor Law Board or Guardians, is one of considerable importance, and I cannot advocate too strongly the adoption of the system, so far as it may be practicable, and that the Poor Law Board should be the source from whence the Guardians should receive the supply; in fact, the plan now followed by the army and navy should be adopted by the Poor Law Board, and then the means will be provided to insure to the poor the best drugs, and to the ratepayers as certain a mode of speedily curing the poor as good medicines will effect. In remote districts the present system must be continued, but for all towns, and parishes near to them, there should be dispensaries for the poor, and until they be established, it is in vain to expect a perfect system of Medical Relief, or to ensure the higher class of medical men in towns accepting these appointments, as there is a strong repugnance to the ragged children of the poor besetting their surgeries for the medicines, but were the Medical Officers only prescribing practitioners, then, as vacancies occurred, many professional men of the highest standing would gladly seek these appointments, and retain them for a long series of years.*

The objections made by the Guardians to the dispensary is, that it costs more than if they simply contract with the Medical Officer, and let him find the drugs, but surely this very argument proves the impolicy of the system now pursued, for to ask a professional man to give up his time and talents and find drugs at less than their cost price, carries with it its own condemnation. But that this argument should not be made available by the Guardians, it might be well for a law to be passed that Parliament should pay for the drugs and cost of dispensaries, and perhaps the extra medical fees, and the unions the salaries of the Medical Officers.

On turning to the evidence of Mr. Gilbert, of the Bristol Incorporation, which was laid before the Select Committee of 1854, we read :

693. "Do you consider the system of finding your own drugs, and paying the Medical Officer a salary, has many advantages over the other system? I do."

* See Section viii, Medical Charities Act, (Ireland) at the end of this Pamphlet.

694. "What are the advantages? One of the advantages, from all I have been able to learn, and as far as my own observation has gone, is that our own drugs are better, because as a corporation we are able to deal with some of the first houses in the kingdom and get the best drugs."

J. Rogers, Esq., M.D. 13358. "Perhaps the Committee will allow me to state the reasons why I think it is advisable that the Guardians should find the medicines. If the Guardians find the medicines, nothing would interfere to prevent the poor having administered to them the best and most appropriate remedies; on the contrary, where the Medical Officer does so, the temptation is put in his way of using cheap drugs, especially where the salary is small, and the duties large; again it would remove the suspicion sometimes entertained, that the Medical Officer would abuse his power by ordering wines and other stimuli, found by the Guardians, in lieu of expensive drugs found by himself. That is an imputation which is every now and then made against us, and it is not a pleasant thing for a medical man to have it said of him, that he orders gin, wine, or brandy, in order to save his drugs. The system which I would recommend is found to work well in the army and navy, where they would be extremely unwilling to fall back upon the old practice of requiring army and navy surgeons to find their own drugs; it is found to work well also in those unions in which it is carried out. In many metropolitan unions the Guardians find medicines; and where that system has been fairly tried, and properly carried out, I believe it has been found to work exceedingly well. I advocate it so strongly for this reason, that the metropolitan workhouses are becoming receptacles for huge numbers of incurable people; I mean people suffering from cancer, phthisis, and affections which hang on for a great length of time; and there is no doubt, that it would be a great boon to the poor, and a very great comfort to the Medical Officers themselves, if in union houses there were an order that drugs should be found by the Guardians."

13359. *Mr. Lyall.* "The practice, however, is universally the other way, is it not?—Yes; almost universally, there are exceptions. I believe that in St. Giles's, St. Pancras, and St. Mary, Newington, the drugs are found by the Guardians; those are instances which have accidentally come within my knowledge; but generally speaking, a certain sum of money is paid to the Medical Officer, who is expected to find all the drugs."

13360. "Do you know why the Guardians generally prefer that to the other system? Because it is cheaper."

13361. *Mr. Kekewich.* "In fact, there is a very inferior description of drugs sold, is there not? I do not say that inferior drugs are supplied by Medical Officers, because if I did I should be bringing a charge against members of my own profession. I believe we try, as far as we can honestly, to do our duty."

13362. "What I meant was, that there is a difference in the quality of drugs?—Yes, very great: I have no doubt that a cheap substitute is frequently made use of, and is necessarily made use of unless the Medical Officers choose to lose a great deal of money."

140-2. "I believe it is found advantageous that the drugs should be supplied by the Guardians, in certain unions, where they can be readily obtained by the poor. I assume that it is advantageous, because where the Guardians have adopted that arrangement they generally adhere to it. I do not remember an instance where a Board of Guardians, having agreed to provide drugs, have abandoned it after a trial. In a union where the population is widely scattered, it would be necessary not only to provide drugs, but a house and dispenser, which would occasion considerable expense, and is the chief obstacle to its being carried out."—*R. B. Cane, Esq.*

2051. "I think that in towns of a certain population, the medicines should not be provided by the Medical Officers, but in remote rural districts the present system, with some modification, must be continued."—*H. W. Rumsey, Esq.*

COMMENTARY ON CLAUSE 7.

Mr. Griffin. * "I will now call your attention to the desirableness of excluding certain things from the contracts of the medical officers, such as cod-liver oil, cotton-wool, bread, linseed-meal and other requisites for poultices; also quinine and sarsaparilla. Cod-liver oil is often necessary to use in cases of consumption for many months at a time; but its expense is a bar to its general use by the Medical Officer. Some unions find it for their poor, and others will not. Under these circumstances a law should be laid down applicable to all, leeches are at times very necessary; but as many medical men do not keep them, it is in vain to expect that they will send to the druggist for twelve of them at a time, the usual cost of which is about 6*d.* each, when in many cases the entire sum allowed for the whole attendance upon the patient is considerably less than the cost of the leeches. On referring to Lord Elcho's return, we find it recorded at page 58, that the guardians of Bury St. Edmunds find leeches."

In the 10th Annual Report, page 105, it is recorded that in Plymouth, the Court finds leeches, bandages, lint, linseed-meal, and trusses for their in and out door poor. It is also related that Stoke Damerel finds bandages, trusses, and linseed for poultices.

The Right Hon. T. Sotherton Estcourt in his scheme proposed "that a list of the more expensive drugs and appliances should be drawn up by the Poor Law Board with the advice of the Medical Council, and these should not be included in any contract with the Medical Officer."

Dr. Fowler. 13389. "I suppose that medicines which would come under the denomination of increased nourishment, such as cod-liver-oil, would be provided by the unions and not by you? That is the case in a few unions, and it is the case in ours; the Medical Officers petitioned our Guardians two years ago to allow them to order cod-liver-oil, and the Guardians now supply it with the consent of the Poor Law Board."

13393. "Are bandages and leeches considered extras? The Poor Law Commissioners are of opinion (Official Circular, May 6, 1844,) that calico should be provided at the expense of the union, but leeches we have to supply out of our salary."

13394. "Do you think that they should be included in the fixed salary? I think that expensive drugs and leeches should be supplied by the Guardians. It is practically impossible for a medical man, whose salary averages 7½*d.* for each patient, to supply, say a dozen leeches, each of which might cost him 4*d.* or 6*d.*"

The Select Committee on Poor Relief in their report for March 11, 1864, recommended "that in future cod-liver-oil, quinine, and other expensive medicines shall be provided at the expense of the Guardians subject to the orders and regulations of the Poor Law Board," but as the Board has issued no orders, the Guardians in most unions have refused to carry out the recommendation, therefore the necessity of a law on the subject.

COMMENTARY ON CLAUSE 8.

Mr. Griffin in his evidence before the Select Committee of 1861, says:—"I will now call your attention to another subject connected with medical fees, viz., consultations on difficult cases, and advice and assistance at operations.

* Fifth Report Poor Relief (England) p. 22.

At present no law exists on the subject, the result is, some Boards of Guardians will allow a payment for them and others not. The importance of having assistance at capital operations is clear; take, for instance, an amputation where it is necessary to have one person to attend to the administration of the chloroform, another to hold the limb, and after its removal to assist in tying the arteries, and the third to attend to the tourniquet. Without this assistance no limb ought to be removed, except in cases of immediate danger to life, when, of course, the best means at hand must be employed. Hitherto we have generally gratuitously assisted each other; but, with our scanty pittance of salary, it is unjust to call upon us to do so; and considering the rates are raised for the purpose of defraying the expenses for the relief of the poor, we ought to be paid for the service we render.

In August, 1857, I had a patient under my care with disease in the knee joint. In my union relief book I wrote, "Puckett, Mary, August 24; an operation may be required; shall, therefore, feel obliged by an order for three medical men to assist me; but it will not be used unless actually necessary." The Board of Guardians, thereupon, ordered the relieving officer to furnish the requisite assistance when desired. On September 21, Mr. Inspector Gulson attended the Board, and appended the following note to my request:—"Article 178 of the regulations provides that the Medical Officer shall, at his own cost, obtain the advice of some surgeon or physician before performing an amputation, and the fee provided by Article 177 is understood to cover and provide for such assistance as the Medical Officer may require in the performance of the operation, in respect of which the fee is made payable. *E. Gulson.*" This note left me powerless, as I was informed by the relieving officer that of course he could not furnish me with the aid I required. I, therefore, addressed a letter on 29 September, 1857, to the Poor Law Board. The result was that I was to obtain the requisite assistance, and take the chance of the Board paying me. I did so, and the Board of Guardians returned to me the three guineas I paid for that assistance, and a rule, to a certain extent, was thus established; but in consequence of the fee being left open, there is no security for the Medical Officer that he will be adequately remunerated.

I said a rule to a certain extent was established by the letter of the Poor Law Board to me, but the rule was of so flimsy a character that it was very soon broken, as I will show by the annexed correspondence, dated 11 June, 1858: "Nottingham, 11 June, 1858. Dear Sir,—I have a case of instrumental delivery, and should feel obliged by your early attention. I remain, &c., *A. S. Puckett.*—*R. Griffin, Esq.*" "Owermoigne, 20 June, 1858, Sunday.—Dear Sir,—Another case of bad midwifery here, the woman having been in labour since Friday night; should feel obliged by your assistance as soon as possible. I remain, &c., *A. S. Puckett.*" I attended these cases, and subsequently sent in the following account to the union. "27 December, 1858. The Guardians of the Weymouth Union to Richard Griffin, Surgeon. 11 June: To consultation with Mr. Puckett at his request, and delivering a woman named Hardy, at Nottingham, of a second child by the aid of instruments, 2*l.* 20 June: To consultation and attendance at Owermoigne, at Mr. Puckett's request, on a woman, ten miles from Weymouth. 1*l.*; Total, 3*l.* (Paid Luce horse hire in this case, driver, and toll, 13*s.*)"

"Weymouth Union, Weymouth 25 June, 1859. Dear Sir,—I am directed by the Guardians to inform you that they have received a letter from the Poor Law Board on the subject of your bill, and that the Board consider you have no legal claim on the Guardians in respect thereof. Yours, &c., *Richard Hare.*—*R. Griffin, Esq.*" This letter of the clerk to the Board of Guardians clearly shows that the Poor Law Medical Officers can place but little reliance on the Poor Law Board, for the law laid down by them in October, 1857, is not the

law in June, 1859. This may appear to be a question affecting the medical men only, but in reality it is one most seriously affecting the poor. About a year after this a poor woman died in her confinement, and the Medical Officer informed me that the people in the village were very angry with him because he did not call in further advice; this he assured me he would gladly have done, but as the Board of Guardians refused to pay me for the last two cases, and he could not afford to incur the expense, he was obliged to rely upon his own opinion solely. Before the extra medical fees were commuted, that officer frequently called me in consultation, and he divided the fee with me, thus putting the Guardians to no extra expense. In December, 1860, I placed the following note in my relief book, which is laid before the Guardians weekly. "December, 1860. I fear this boy may yet have to lose his leg; should that be the case I shall feel obliged by the Board allowing me the assistance of three medical men, without whom I cannot perform the operation. I, shall, however, watch the case, and not perform the operation unless imperatively required. If the Board desires to remove him to Dorchester Hospital they can do so, but being only four years of age I fear he may not be taken in." To this note I received no reply, but I understood the Board were in great doubt if the patient ought to be on the books at all, but this they troubled nothing about, for the three months I had the expense of attending him, but when their pockets were touched they then considered the question. Fortunately the boy got well without an operation, but for about ten days I was placed in a most painful position, expecting daily to be obliged to operate to save the boy's life, and yet not knowing how my assistants were to be paid.

These cases clearly show the necessity of sanctioning consultations, and a rule being laid down on the subject. In this view I am not singular, for I find on referring to the Report for December, 1839, p. 285, that the British Medical Association at that time recommended "a medical assessor or guardian to each union, to be elected by medical men. The medical assessor might be the consulting practitioner of the union, and give advice to the Guardians; and draw up an annual, half-yearly, or quarterly report on the health of the union, and be the medium of communication between the Medical Officers and Commissioners, or medical director, and have a moderate salary." In order to render the law perfectly clear, I consider provision should be made to enable the Guardians to reward medical men who may render important services to the poor in the absence of the Medical Officer appointed for the purpose. It is no unusual thing, when an accident occurs, for the first medical man that can be found to be called in, but at present no law exists as to the payment unless the overseer or relieving officer give an order, to obtain which would very frequently endanger the life of the poor person, from the loss of time that would ensue.

COMMENTARY ON CLAUSE 9.

In many parts of the country the tolls on turnpike roads and bridges are a serious expense to the Poor Law Medical Officer, and as such, have a tendency to prevent him making those frequent visits to the poor which are so desirable. A Medical Officer informed me that he had to pay 1s. each time he passed over a bridge to visit his patients; with such a drawback as this, and the small salary usually allotted to the union surgeon, it is obvious that this tax operates as a bar to his frequent visits to the poor. These difficulties should be removed, and then the poor will, in many places, be better attended than they now are. The clergy go free of toll to administer to the spiritual wants of their flock, and why should not the Medical Officer? If the soldier on duty goes free, surely then the Poor Law Medical Officer on his errand of mercy ought to be exempt. About twenty six years since, I was the Medical Officer of St. Faith's Union, and had to attend at the union house daily; to do this,

I had to pass over a bridge, and through a gate on a turnpike road, the tolls on these were for a horse and gig, if I recollect correctly, $7\frac{1}{2}d.$, or 10*l.* 19*s.* 9*d.* yearly, my salary being only 40*l.* per annum. Mr. W. B. Smith, of Robertsbridge, writes, "In my district there are eight toll gates, all payable, in less than three miles from my house. Is it not possible to get some relief from this tax?" Surely these are sufficient to warrant us in asking that the Poor Law Medical Officer should be free of toll.

COMMENTARY ON CLAUSE 10.

The question of granting Poor Law Medical Officers a superannuation allowance has frequently been considered, and would doubtless have been granted long since had not the measure, proposed by the Poor Law Commissioners, contained contribution clauses, which the medical men felt it was utterly impossible for them to contribute towards out of their scanty salary, besides which, there is scarcely an officer in the service who does not feel a determination to get rid of his appointment so soon as circumstances will permit, for, I regret to say, the general feeling of the profession is, that there is little emolument, and less honour, attached to the service of a Poor Law Medical Officer. The evidence adduced clearly points out the desirableness of granting a superannuation allowance, in order, in the first instance, to benefit the poor, by inducing men of experience to remain in the service as long as possible; and, secondly, as a slight compensation for the sufferings the medical men themselves endure, owing to the diseases they contract in the discharge of their arduous duties—rheumatism, fever, and affections of the lungs often laying them up for weeks and months at a time, and in their train bring on a premature decay of the body, and render them incapable of discharging their duties as Medical Officers. The proposed Regulations ought to have contained a claim for the widows or orphans of those who prematurely die in the service, and I hope Parliament will be good enough to insert one.

"Dr. Jones, of Deptford, in the discharge of his official duties as a Poor Law Medical Officer, died after attending a bad case of typhus fever in a place called, I think, Fisher's Rents, and his zealous performance of professional duty has led to *the death, not only of himself, but his wife*—leaving four little orphans absolutely unprovided for."—(*Lancet*.)

The recital of this case was followed, in the next week's Journal, by the insertion of the death, by fever, of another Poor Law Medical Officer.

In the evidence (page 28) it is related that 64 Poor Law Medical Officers died in 1861, now if these deaths were only in proportion of 1 in 15 of sickness, as is the case of paupers, it follows that 960 medical men were ill in that year, and if these suffered the average duration of five weeks' illness, we have an annual illness amongst the Poor Law Medical Officers themselves of 4800 weeks. Surely after such suffering, as many of them must endure, a superannuation for themselves, and a pension for their widows and orphans, in case of premature death from disease caught in the discharge of their duties, is *not too much* to ask.

The Poor Law Commissioners, in June, 1848, could not help commenting in the following terms on this sacrifice of life: they say, "It is to be lamented that several medical men have lost their lives in the course of such attendance (typhus fever)."

COMMENTARY ON CLAUSES 11 & 12.

In 1839, the appointment of a medical director or commissioner was recommended by the British Medical Association, and there is little doubt that had such an office been then created, many of the evils now complained of

would have ceased to exist, or never have been called into existence. Questions are continually arising which require the decision of an experienced medical man, and cannot be answered by the Poor Law Board, composed as it now is of gentlemen not conversant with medical subjects, and should a registration of diseases be decided on, it is utterly impossible for any one but a medical man properly to classify and draw up a report on the subject. Should dispensaries be generally established, still greater need would there be for such an officer. In fact, to attempt to carry out the Medical Department of the Poor Law without a medical man at its head, would be about as unwise as to place a bishop in command of the army, a general at the head of the church, or a judge as admiral of the fleet.* The evils of the present system have their origin in incompetence, and placing men at the head of this department, who however otherwise respectable, are not medical men, and consequently can never be competent for the discharge of these duties.

In the Report of the Select Committee of 1854 on Medical Relief, we read that in Ireland there is a Medical Commissioner, and from the evidence appended it appears that his services are considered valuable. Why should there not be one in England?†

In Miss L. Twining's evidence there is much to give rise to the opinion that there is need of medical inspection generally, hence the necessity, not only of a Medical Secretary to the Poor Law Board, but also two or three Medical Inspectors, whose duty it should be to examine into the state of the medical districts, the arrangements of the sick poor in the workhouses, and into the management of dispensaries, should they be generally established. These Inspectors should also make periodical reports of the state of their districts.‡

560-2-3-4-8. "The Medical Commissioner, in Ireland, is one of the five Poor Law Commissioners; he is, to all intents and purposes, a Poor Law Commissioner, as well as having peculiar duties with reference to the Medical Charities Act. He receives, reads, and gives directions upon the papers arising under the Medical Charities Act. The Poor Law Commissioners, in Ireland, are the Board of Health, and papers connected with this subject come more peculiarly under the notice of the Medical Commissioner. The duties of the five Medical Inspectors resemble those of the Poor Law Inspectors, but are confined to the administration of the Medical Charities Act. We obtain great advantage from a Medical Commissioner in the administration of the Medical Charities Act, and the Poor Law also."—*A. Power, Esq.*

1579-81. "There should be some sort of central medical authority connected with the Poor Law Board, in the form of a Medical Commissioner, or General Medical Inspector, as there are many cases continually arising which might be much better decided by central medical authority than by Boards of Guardians, or the Poor Law Board itself. Medical inspection would be satisfactory to the Medical Officers and the poor."—*Rev. C. Kingsley.*

1701-2-3. "I think if there were a Medical Poor Law Inspector, in the character of an Assistant Poor Law Commissioner, to investigate the state of medical relief as it is administered to the poor now, and also the cases of abuses that occasionally are brought before the Boards of Guardians, it would be beneficial to the system in general. I do not think Sub-Inspectors are so necessary as a General Medical Inspector to investigate cases of neglect brought before Boards of Guardians. One Medical Inspector would have a great deal to do, but now the cases are brought before non-medical Poor Law Assistant Commissioners, who are not capable of judging as a Medical Poor Law Assistant Commissioner would be, if the cases were brought before him."—*Dr. J. Griffin.*

* Dr Edward Smith has been appointed Medical Officer of the Poor Law Board, in addition to the office of Inspector of Poor Law. This appointment may be looked upon as evincing a desire on the part of Mr. Villiers to introduce the medical and sanitary element at the Board over which he presides. There was much need for such an appointment, but its value will really depend upon the degree in which the Poor Law Board avail themselves of it. At present the duties will probably be much of a medical and sanitary nature, as the Board may think fit to refer to the Medical Officer, but in due time the office will, it is hoped, develop itself, and occupy a position of both usefulness and prominence."—*Lancet*, February 17, 1866.

I am well pleased to find so distinguished a literary man as Dr. E. Smith appointed Medical Officer to the Poor Law Board, but I trust his other duties, as a Poor Law Inspector, will be transferred to other hands, as his entire time ought to be given to the medical department of the Board.—*R. Griffin.*

† See Medical Charities Act (Ireland) at the end of the pamphlet.

‡ See the *Lancet* Sanitary Commissioners Reports of the Workhouses in London, and copied by *the Times*, and other Journals.

The annual publication of a classified report of the diseases affecting upwards of a million and a quarter of the poorer classes of this kingdom is of the utmost importance, as there are numerous cases of sickness which are preventable, and only require those in authority to have their attention called to them; but without a register this cannot be effected, as at present there are no means of comparing the sickness of one union with that of another.

The publication of the registry of deaths has done much to lessen the mortality in this kingdom; but a report of the diseases affecting the poorer classes would tend still more to lessen that mortality, and would be a powerful means of diminishing the poor's rate, as a large proportion of pauperism has its origin in sickness.

In 1861-62 the patients were on the books five weeks, three days, twenty one hours, and 1 in 19·4 died. The average duration of illness during the three years in this district was five weeks, fourteen hours, and the average number of deaths, 1 in 14·1. The patients in the three districts of the Weymouth Union for three years, added together, make 1671, divide this number by the deaths, 109, and the result is that 1 in 15·3 died. If this be a fair criterion of the number of deaths amongst the union poor, it will follow that of the 1,349,452 patients attended in 1857 about 89,963 died; in that year the Registrar General returned for the whole of England and Wales 419,815 deaths, so the Poor Law Medical Officers alone contributed 1 in 4·6, or about a quarter of the whole number registered. Surely this statement clearly proves the necessity for a public registration of disease, that this frightful mortality amongst the poor, may if possible, be lessened. If feelings of humanity be cast aside, and it is only looked upon as a ratepayers' question, surely the cost of 89,963 coffins, and the other expenses attending even a pauper's funeral, must be a heavy tax upon the rates: if this could be lessened by only a quarter, no inconsiderable saving might be effected under this head.

Miss L. Twining. 11957. "I should be glad to say something with regard to the medical inspection of workhouses; the whole is left at present in the hands of one medical man, and if our workhouses are now chiefly hospitals for the aged, infirm, and sick, I do think that there should be some medical inspection, and there should be something more than one medical practitioner."

11958. "I think that he is perfectly unchecked as to what he may do or suggest, except so far as the Guardians are concerned; and as I have said before, I do not consider that they can be judges of the wants of such a class of persons."

11959. "I am not aware that there is any sanitary inspection of workhouses."

11960. "I would suggest a medical inspection of workhouses by medical men; or the appointment of a paid medical inspector. I do not in the least care how it is done; I think that medical inspection is most desirable."

11961. "You would have a medical inspector appointed to see that the medical man does his duty?—I would have him report upon every thing connected with sanitary and medical matters."

11962. "You would have one inspector appointed to visit a large number of these workhouses periodically, and to report on the state of each house, in regard to its physical or sanitary condition?—Or I would have a visitation by honorary medical men locally."

11963. "But honorary medical men would be unpaid?—Yes."

11964. "And being unpaid they would be irresponsible?—I think there should be either a paid medical inspector, or a visitation of workhouses by honorary medical men."

11965. "Might not medical men visit workhouses as they at present visit hospitals, that is another suggestion?—If they could visit workhouses as they do hospitals at present, with their pupils, I believe that it would be a very great check upon the mischiefs which at present go on. I cannot see what disadvantage would result from it; it is said that there is now very great difficulty in medical men studying those long chronic and incurable cases, which end in death, and which are turned out of hospitals, and if medical men were permitted to visit workhouses, as they do hospitals, they would have a more favourable opportunity of seeing such cases than they can have anywhere else."

11966. "I have heard of the present Medical Officers of workhouses having assistants, but I never heard of their taking pupils into workhouses."

11967. "Would you have a Medical Inspector, such as they have in the army and navy?—I have merely offered these two suggestions; I am not prepared with any details. I will not even say which of the suggestions I think the best; but, I am certainly of opinion, that the sick poor never will be properly cared for, so long as every thing is left to one medical man, whose salary also includes the cost of medicines."

5199. "I should not see any objection to medical inspectors; I rather think that it would improve the condition of some of the workhouses, upon the same principle as a lunatic asylum is visited by a medical commissioner."—*Mr. Bowring.*

COMMENTARY ON CLAUSE 13.

It is of the utmost importance that there should be in each union an Officer of Health, and who so fit for the duty as the Poor Law Medical Officer?

Mr. Rumsey, in his evidence before the Select Committee of 1854, says:—"the duties of the staff throughout the country ought to be of a sanitary character, and I do not see how the question of public health and that of public sickness can ultimately be separated." Again he writes, "Under improved sanitary regulations, I believe that a moiety of the population who require gratuitous medical aid, in some form or other, might be reduced nearly one-half, and therefore I think it extremely important to prevent the occurrence of such cases by proper sanitary arrangements, rather than to adopt a system of medical relief, which only has reference to the curing of disease."

Is it possible to use more convincing arguments? It may, perhaps, be said that the law has empowered local authorities to appoint Officers of Health, but it is a well known fact, that but few have been elected, and unless the law makes it compulsory, they will not be universally appointed, so strong is the feeling amongst the local Boards of their own sufficiency of knowledge, and their reluctance to pay an annual fixed sum for that which they cannot appreciate the value of—the lives of the poor.

2028-36-70. "That the administration of medical aid be combined with the regulation of the sanitary condition of the labouring population, and be committed to authorities, central and local, to be constituted expressly for the management of this department. The duties of the medical staff throughout the country ought to be of a sanitary character, and I do not see how the question of public health and that of public sickness can ultimately be separated. I would, therefore, recommend an addition to the present Board of Health of a medical section, with adequate powers of superintending medical relief, dispensaries, and various other matters distinctly medical, which are now either neglected, or but imperfectly managed by the present Board of Health. Under improved sanitary regulations, I believe that a moiety of the population who

require gratuitous medical aid, in some form or other, might be reduced nearly one-half, and therefore, I think it extremely important to prevent the occurrence of such cases by proper sanitary arrangements, rather than to adopt a system of medical relief which only has reference to the curing of disease."—*H. W. Rumsey, Esq.*

1578, 1606-12. "A medical officer knows of nuisances better than any man, and it is he who must tell the Inspector in the long run. I think in many cases that the poor pay out of their own pocket for diseases brought upon them by the neglect of others. I have seen many a case of disease which has come on entirely from the bad drainage, or bad building of a cottage. I think the greater part of disease among our labouring poor is preventable disease. If perfect sanitary measures were carried out throughout the country, labouring classes as a body, would be very likely able to pay for their own medical relief, so little disease would there be." *Rev. C. Kingsley.*

1629. "I think the present system is working very inefficiently as regards the poor."—*Dr. J. Griffin.*

COMMENTARY ON CLAUSE 14.

The necessity for a law to compel Boards of Guardians to find water-beds, will be apparent from the following entry in the Relief Book of a Medical Officer:—"James Parsons and Ann Russell have both bed-sores; the proper way to treat them is to put them on water-beds, but unless the Board provides them, this cannot be done. In consequence of the death of the pauper named Gibson, in London, and the blame attached to the surgeon, Mr.——, must place the responsibility on the Board. June 12, 1865." No notice was taken of this remark by the Board, and the result, as predicted, was that the sores extended, and both paupers died. One of the Guardians subsequently remarked to a Medical Officer of the same union, "did you ever hear of such a monstrous thing, he, Mr.——, actually wanted us to find water-beds for paupers, I wonder what next he will require?" With regard to the enema-syringe for the poor, great difficulty is frequently experienced in procuring one in country places, and even in towns too, as the medical officer's is frequently a combination of both enema and stomach pump, hence, he is unwilling to trust it to the poor, for fear of accident, besides which, he ought always to have it at his house, ready at a moment's notice, in case of poisoning.

EXTRACTS FROM THE LETTER

ADDRESSED TO THE POOR LAW BOARD, SHOWING THE FALLACIES
OF SOME OF THE STATEMENTS CONTAINED IN THE REPORT
OF THE SELECT COMMITTEE ON POOR RELIEF
(ENGLAND).

MY LORDS AND GENTLEMEN,

I have the honor to acknowledge the receipt of a copy of the "Report from the Select Committee on Poor Relief," for which I am obliged. I cannot allow this opportunity to pass without expressing to your Hon. Board the deep regret I feel at the general decision arrived at by the Select Committee, and which I perceive from the "several amendments made" on March 11, (p. 50) was not arrived at without considerable discussion; and probably never would have been adopted had the evidence been admitted, which I forwarded to the Select Committee in June, 1863, and again on the re-appointment of the Select Committee this Session,* as it completely proved that portions of the evidence submitted to them by Mr. Cane, an Officer of your Hon. Board, were incorrect, or admitted of a different explanation than that given by him; for instance, at page 15, of the Report is the following:—

"The evidence given before your Committee, particularly by Mr. Cane, shows the increase which has taken place from time to time in the number of medical officers, and the additional facilities otherwise afforded to the poor for obtaining medical relief. It likewise shows the steps which have been taken for improving the *status* of the Medical Officers themselves, and the additional remuneration which they have received for their services. In 1840 there were 2,376 medical officers, whilst in 1861 the number was augmented to 3,479, being an increase of 1,103. During that interval the number of unions had increased only five per cent; whereas the increase in the number of Medical Officers, was 46 per cent. Again, the number of Medical Officers in 1853, the year immediately preceding the appointment of the Select Committee already referred to, was 3151, whilst in 1861 it amounted to 3479; shewing not only that the number of Medical Officers had been considerably increased subsequently to the recommendations of the committee, but also that many of the larger districts had been reduced in extent."

In regard to the first period named by Mr. Cane, I will say nothing, as the time is too distant to get at correct data; but as stress has been laid upon the figures for 1853, (see Report, p. 82, No. 77,) "the number of medical officers in the district, (which indicates a corresponding reduction of the number of districts), increased from 3,151 in 1853 to 3479 in 1861," I will simply state that Mr. Cane has made a great mistake and has most grossly misled the Select Committee. The return moved for by Mr. Abel Smith, 30th April, 1856, and from which Mr. Cane, I presume, quotes, gives the number of district medical officers for the year ended Lady Day, 1853, as 3169, and in order to prove that the officers of the Union Houses were for the most part omitted, there is a note appended to page 3, which says, "it is believed that in some few instances beyond those specified, the salary of the Workhouse Medical Officer is added to that of the district Medical Officer, but in the majority of cases, the salaries of the Workhouse medical officers have been wholly excluded, as the order does not appear to comprehend that class of officers." As far as I can discover, 517 Union Houses are omitted in that Report, and as it is almost certain that the Medical Officers of all these omitted Union Houses did not also hold

HOUSE OF COMMONS, JUNE 6th, 1864.

* SIR,—I have to acknowledge the receipt of a parcel directed as 'Evidence on Medical Relief of the Poor, supported by an extensive series of Tables.' In returning you the above parcel, I am desired by the Select Committee on Poor Relief to inform you, that as the Committee are not prepared to reopen the enquiry respecting Medical Relief, they cannot receive the papers in question as evidence on the subject

R. GRIFFIN, Esq.

I am &c., CHARLES EALES.

districts, it therefore follows that they must be added to the 3169, which would probably increase the number of Medical Officers to nearly the same as in 1861; and here allow me to remark that the Return to the order of the Hon. the House of Commons, dated 10th June, 1861, which professes to be an identical Return with the one dated April, 1856, excepting as to the different dates, contains not only the number of Medical Officers of districts, which the Return was moved to give, but also that of the Medical Officers of all the Union Houses, hence the error which was made by Mr. Cane, and which has so seriously misled the Select Committee, and which, I respectfully submit ought now to be brought before the House of Commons by your Hon. Board.

On referring to the Return made to Parliament in 1857, (on the motion of Lord Elcho), it will be seen that although there were 3307 Medical Officers' names, there were but 3037 individuals, as 251 Medical Officers held appointments in two Unions, and 19 in three Unions; and in the evidence forwarded by me to the Select Committee, but rejected, there were in December, 1862, a year later than that named by Mr. Cane, nominally 3362 Medical Officers, but in reality only 3073 officers, as 273 held office in two unions, and 16 in three unions; so in fact the actual increase of officers between the years 1857 and 1861, a year later than that named by Mr. Cane, is only 36, or an increase of 7 annually, and not 41, as Mr. Cane's figures would lead you to believe; and when the additional number of acres added to the unions in that period (in 1854 there were 34,320,161 acres, and in 1861 37,248,026 acres,) and the great increase in the population is considered (in 1854 the population of the unions, parishes, and incorporations was 17,802,662, and in 1861, 19,941,221,) it clearly proves that the increase in the number of Medical Officers has not kept pace with the increase in the size and population of the Unions, and, as a consequence, the Committee have been misled by the evidence, in supposing "that the number of Medical Officers had been considerably increased subsequently to the recommendation of the Committee; the fact is, your Hon. Board has not carried out the recommendation of the Select Committee of 1854; the apparent increase in the number of your Medical Officers is but nominal, take for instance, the Weymouth Union: in your return you count 8 Medical Officers, but there are but 6 individuals, as you have allowed the Guardians to give 4 appointments to two Medical Officers. In the Wisbeach Union you count 13 Medical Officers, but there are but 7 medical men. In the Wirral Union you count 7 Medical Officers, but there are but 4 medical men. That you have not carried out the recommendation of the Select Committee of 1854 is further proved by the fact that in 1857, but 251 medical men held office in two Unions; whereas in 1862, 273 held office in two Unions. By means of adding district to district, the Guardians have increased the salaries of some of their Medical Officers, but it is a great detriment to the poor that the districts should be increased in size.

In the Report it is stated that "The amount of money expended for the medical relief of the poor, either as direct remuneration to the Medical Officers themselves, or for purposes which either immediately diminished their duties, or afforded increased facilities for performing them, has been a constantly increasing charge. In 1838 the expenditure was 136,775 *l.* It continued to increase year by year until 1848, when it reached the sum of 197,954 *l.*, and in 1861 it had attained the amount of 238,233 *l.* If we compare these figures with the population at the different periods named, we find that in 1838, it was 15,155,000,* or 2*d.*2 per head. In 1848 the population was 17,304,000, or 2*d.*7 per head. In 1861 the population was 20,062,000, or 2*d.*8 per head; which shows that the only increase between the years 1838 and 1848 was six-tenths of a penny per head, and between 1848 and 1861 but one-tenth of a penny per head on the population. The number of acres contained in the Unions, Parishes, and Incorporations at the dates specified by Mr. Cane, I am unable to give, but it will be sufficient for my purpose to show that in 1842 there were but 33,689,808 acres, whilst in 1862 there were 37,284,026. Now in 1842 the medical relief cost 153,481 *l.*, or 1*d.*1 per acre; in 1861 it cost 238,233 *l.*, or 1*d.*2 per acre. These figures prove that medical expenditure has but slightly increased as a whole, but so

* Fifteenth Annual Report of the Poor Law Board, p. 8.

far as the salaries of the Medical Officers of most Unions are concerned, they have not increased at all.

The Report next says "Irrespectively of the fixed annual salaries, other payments are made to the Medical Officers. In 1842 additional payments, namely, fees for surgical and other services, were first directed to be made to the Medical Officers. In 1847 those fees were increased in number, and they now approach 40,000*l.* a year." I grant that fees are allowed in some Unions, but in others they are disallowed, and so long as that is the case, a feeling of great dissatisfaction will be felt, it may be said that where they are commuted, an extra amount of salary has been given, but, in consequence of the increase of duties since the commutation took place, the amount is not appreciable; in my own case my salary and commuted extra fees united have only averaged during a period of nine years 1*s.* 11*d.* per patient, the average duration of whose illness is five weeks, three days, nine hours: is this as it ought to be? The casual reader of the Report would imagine that the £40,000 per annum paid for these fees, was an addition to the £238,233, but that is not so, as it is included in the general expenditure for Medical Relief.

The report says "Further remuneration is made to the Medical Officers by special gratuities for extraordinary services rendered during outbreaks of fever, &c., or in consideration of lengthened attendance upon particular cases of accident, or upon protracted illness," which is no doubt correct and perhaps amounts to £100 per annum, which divided among 3000 medical men would not be very much, but even if the sum were £500 still it is included in the amount already stated for medical relief and is not an addition to it.

The Report further says "In 1840 a new class of payments, that of vaccination fees, first arose. These fees range up to 40,000*l.*, and even to 50,000*l.* a year, and a large portion of them are paid to the union Medical Officers."* This is of course correct, but it must be borne in mind that a vast amount of labour is thrown upon the Medical Officers by the imposition of this work, and that if the profession were polled, they would tell you, they were pecuniary losers by the vaccination acts, in so much, as a vast number of persons who are now vaccinated at the public expense, would, were it not for the act, pay the Medical Officer a much higher fee than he now receives; besides this, before the Act of Parliament, medical men were paid for vaccinations, as private patients, therefore to set this up as a boon to the Poor Law Medical Officer is most fallacious.

The Report next says "Lately a new class of payments has sprung up, namely fees for visiting lunatics. Those fees already amount to a considerable sum." But surely this also is a new burden put upon the Medical Officer, and as he only gets 2*s.* 6*d.* for his visit, and report to the Lunacy Commissioners, with the chance of 20*l.* penalty if he forgets to make his quarterly report, I think this need not have been dragged into the Report as a boon.

The Report next states "Generally it should be borne in mind that whilst other charges for relief have fluctuated and diminished in amount, the cost of medical relief has steadily and largely increased from 1834 to the present time. The increase in 1851, as compared with 1841, was 36 per cent. The increase in 1861, as compared with 1851, was 13 per cent.: whereas the number of unions has not been added to in anything like a corresponding degree. It was stated to your Committee that more than one-third of the total amount of the salaries of the union officers is paid exclusively to the medical officers in England and Wales." Now as I have already shown that although an increase in the charge for medical relief has taken place, still a corresponding increase has also taken place in the population and acreage of the places now brought into account. Mr. Cane in his evidence told the Select Committee (3820) "that before the introduction of the new Poor Law in 1834, whole districts and whole counties were entirely without medical relief of any kind." These places are year by year being brought into account, and it is but a short time

* In 1856-7 the vaccination fees paid to the Medical Officers were only £33,847 3*s.* 11*d.* (see Lord Elcho's return) but these fees are entered in the tenth annual Report for 1857, at £41,255 13*s.* 0*d.* showing that the Medical Officers do not receive the whole of them although they have the credit of doing so.

since an Act of Parliament, was passed bringing the extra parochial places into unions. You have brought into account since 1842, upwards of three millions of acres and, nearly seven millions of population, and therefore for the Select Committee to quote the increase in the medical expenditure as so much addition to the payments of the Medical Officers, is most unjust; the fact is, the salaries of the Medical Officers in a vast number of unions are in precisely the same position they were many years since. In some few instances there has been an increase, but in 58 unions the salaries have been decreased; but whether increased or decreased, the great complaint is the inequalities of the payments for work performed. We say, and say truly, pay us all alike, and in proportion to the work we perform, and this can only be done by adopting the principle of payment in proportion to the number of cases we attend (which can readily be calculated by the number of orders we receive) and the distance we have to travel. I respectfully call upon your Hon. Board not to delegate your powers to the Guardians.

The Report says "that whilst other charges for relief have fluctuated and diminished in amount, the cost of medical relief has steadily and largely increased." That no doubt is correct, and therefore I have asked that the Medical Officer should be paid in proportion to the work he performs, that is, the number of cases he attends and the distance he has to travel. If your Hon. Board will adopt this principle, then the charges will "fluctuate," according to the amount of sickness prevalent among the poor, and I am not sure that even although the payment per case should average, higher than at present, the aggregate payment might not diminish, as then the Guardians would investigate the cases, which they will never do, so long as fixed salaries are given, for now the Guardians are generous to the poor at the expense of the Medical Officer.

The Report of the Select Committee says "Notwithstanding these changes, in themselves so favourable to the Medical Officers as a body, those officers, in so far as their views were represented by Mr. Griffin, the Chairman of the Poor Law Medical Relief Association, in the statement put in by him, advocated changes in the system of medical relief of a most extensive character. The principal proposals are the following: The right to medical relief, but in some cases by way of loan, of all persons applying for such relief and declaring themselves destitute of the means for obtaining it. The right of the Medical Officer to convert persons so attended by him into his private patients if their income should exceed 20s. a week." The object of this proposition was to render legal the present illegal act of the Guardians, for it is notorious that nearly one-half of our patients have no legal right to medical relief at the cost of the Union, and that the Medical Officer's contracts do not include this class of patients. In 1861-2 I attended 353 patients, 195 of whom were in receipt of general relief, and 158 of medical relief only. A colleague attended 331 patients of whom 227 received general relief, and 104 medical relief only clearly showing that pauperism is no test of a Medical Officers' duties. Mr. Cane himself admits this, and says (3821) "there is no restriction; there is no regulation to prevent any able-bodied person being attended either himself, or any member of his family, by the Medical Officer of the district." An. Hon. member (Mr. Lyall) said (3822) "Without reference to his income at all?" to which Mr. Cane replied, "Yes, without reference to his income."

The Report says, Mr. Griffin's next proposal is "the establishment of stores and stations for the deposit and supply of such articles upon the unrestricted orders of the Medical Officer." Now all we asked was that the Guardians should keep at the Workhouse or Dispensary, a certain amount of wine and spirits, instead of as at present, allowing the relieving officer to send to some public house, where too frequently a deleterious liquor is given, under the name of brandy and wine. The Medical Officer seeks the good of the poor, and only asks for a system of relief which shall be for their benefit, and that of the rate payers. The word "unrestricted" is incorrect, as the supply is only to continue "until ordered to the contrary by the Board of Guardians," and therefore in fact it does not over-ride any power of the Guardians, but is simply compulsory on the relieving officer, but not on the Guardians.

The Report says, Mr. Griffin's next proposal is "The introduction of a new and complicated system of remuneration, and the payment of various additional fees to the Medical Officers." Now I unhesitatingly say the proposition I made is one of the simplest character; there is no "complication" about it, and I have little doubt will ultimately be adopted, as it is founded upon justice and not caprice.

The proposition is, that each Medical Officer be paid in proportion to the average number of patients he has attended during the preceding three years, and the distance of the furthest part of the district from his residence, and in order to carry this out we ask a sum, not less than 5s. per case for the first 300 cases, and 2s. per case for each additional patient attended during the same period, with an extra shilling per case, as mileage, for each mile the furthest part of a district is distant from the residence of the Medical Officer; a proviso being added that where the medicines are found by the Poor Law Board or Guardians that then 1s. per case shall be deducted from the salary of the Medical Officer.

The working of the first proposition is this. We will suppose that a Medical Officer has annually recorded in his Union book, during the last three years, 150 cases of sickness, and that the furthest part of the district is four miles distant from his residence; his salary will then be fixed as follows:—5s. per case for 150 cases 37l. 10s., mileage at 4s. per case 30l., total 67l. 10s., but if the Guardians find the medicines the salary will then be only 60l.

In addition to this we ask that a table of fees for midwifery, certain surgical operations and consultations be drawn up by the Poor Law Board, under the advice of the General Council of Medical Education and Registration of the United Kingdom, and that every Medical Officer, whether of a district or workhouse, or other establishment for the poor, after attending a case included in such Table, shall in addition to his salary, be entitled to his fee accordingly.

The Report says, Mr. Griffin's next proposition is "their exemption (Medical Officers) from turnpike tolls when visiting pauper patients." I certainly did propose the abolition of tolls, as I felt it to be of the utmost importance that every facility should be given for the frequent visits of the Medical Officer to his pauper patients, which would not be the case so long as a positive and immediate expense is incurred by the Medical Officer upon each visit to his patient; the clergy go free, and why should not the Medical Officer?

Mr. Griffin's next proposition is "The compulsory establishment of dispensaries." I admit it; and I have no hesitation in saying, that in all thickly inhabited places it would be the very best plan that could be adopted, both for the Poor and the Rate payers. Common sense must point out the importance of the Guardians or some other public authority finding drugs, for now it is notorious that in many instances the salaries allowed the Medical Officers would not pay the bare cost of drugs omitting the question of remuneration to the Medical Officer; with such a state of things there is great danger that the poor may not get all they require, it is therefore for the sake of the sick poor and not the Medical Officer, that the establishment of Dispensaries is recommended. Their necessity is partly admitted by the recommendation of the Select Committee, that the more "expensive medicines" should be found by the Guardians, I look upon this resolution as the insertion of the thin edge of the wedge to prepare the way for dispensaries.

The Report says Mr. Griffin next proposes "the appointment of a Medical Secretary, which Secretary should adjudicate upon all matters relating to the medical relief of the poor, subject to the confirmation of the Poor Law Board." The Select Committee have not thought fit to adopt my recommendation, and as a result your Hon. Board, must, at this very time, be in a difficulty. How are you to carry out the recommendation of the Select Committee "that in future cod-liver oil, quinine, and other expensive medicines shall be found by the guardians?" Is there any member of your Hon. Board competent to make out a list of the "expensive medicines"? or must you call to your aid some experienced medical man to determine this point? possibly, and after all I think it would be your best plan to refer this question to the

General Council of Medical Education, &c., but even then, you ought to have a Medical Officer at your Board to control the expenditure. Sooner or later you must have him, or make up your mind to have the Medical Department placed under the Board of Health, which is no doubt its proper place, as there they have a Medical Officer.

The Report says "It is evident to your Committee that many of the changes advocated by Mr. Griffin, and the distribution of food, wine, and other articles of nutriment at the unchecked discretion of the Medical Officer, would unquestionably increase the expenditure for the relief of the sick, and diminish to a serious extent the control and responsibility of the Guardians." I will admit that many of the changes advocated by me would unquestionably increase the expenditure for medical relief; for instance the increased payments to the Medical Officers, as it is universally admitted they are, in a majority of instances, underpaid, but as to the distribution of food, wine, and other articles of nutriment "at the unchecked discretion of the Medical Officer" is what we never wished; all we required was that the relieving officers should obey such directions until ordered to the contrary by the Board of Guardians, our proposition was simply, that the custom now observed, and recommended to be carried out by your Hon. Board, should be a law and not a mere recommendation, and in no way does it "diminish to a serious extent the control and responsibility of the Guardians."

The Report next says, "your Committee do not find that, under the existing system, any practical difficulty is experienced in securing the services of competent medical practitioners as union officers; and looking to the large number of medical officers that are now employed to attend the sick poor, the progressive diminution in extent of districts inconveniently large, the care that has been taken to ensure the engagement only of properly qualified medical men, their augmented remuneration, and their improved *status*, arising from their tenure of office, and from other causes, your Committee believe that the system under which medical relief is administered has been greatly improved, and that the poor were never so promptly attended to, or so effectually relieved during sickness, as they are at the present time." I grant there is very little difficulty in obtaining the services of competent medical practitioners, and therefore I regret to see that many persons not qualified in accordance with the regulations of your Hon. Board, are elected to attend the poor in some parishes and incorporations and also occasionally in Unions. As "to looking to the large number of Medical Officers that are employed to attend the sick poor," I have already shown that Mr. Cane's evidence has deceived the Select Committee, and that the increase in the number of individuals between the years 1857 and 1862, a year later than that named by Mr. Cane, is only 36, an increase so small that it has not kept pace with the large addition both of acres and population to the unions, parishes, and incorporations between those periods, and as a matter of course the statement in the Report of the "progressive diminution in extent of districts inconveniently large," has in reality no foundation, although it is quite possible that some few may be diminished, but this has been more than counterbalanced by giving two or more districts to one medical man. As to the "augmented remuneration" I can only say, very few Medical Officers can boast of that; in fact it is universally admitted that in numerous instances the salaries are quite unequal to the expenses: the Select Committee knowing this and feeling that the Medical Officers are unable to provide the more expensive medicines, wisely determined that the Guardians should do so. My Lords and Gentlemen, I tell you plainly, that so long as you delegate your powers to the Guardians, and permit them capriciously to fix the salaries, you will have no peace with your Medical Officers. In 1844, 1854, and now in 1864, Select Committees of the House of Commons have met to investigate the complaints of the Medical Officers, and before ten years are over, they will meet again, unless you will fairly take the matter in hand, discard from your counsel Mr. Cane, and lay down a principle, and upon that principle act; half-starve us if you please, but serve us all alike, and you will have far less complaints than at present; give one officer sixpence, and another officer many shillings for doing the same amount of work, and you will be sure to keep up an amount of irritation amongst your Medical Officers which every right-thinking mind must deeply deplore.

As to the "improved *status*" of your Medical Officers I can say but little. The Committee of 1854, did well to recommend permanency of office but I sorely regret to see in the Report, page 82, No. 78, that there are still 711 Medical Officers not permanently appointed, proving that the recommendation of the Select Committee of 1854, has been most imperfectly carried out. That your Medical Officers have earned for themselves an improved *status*, I fully admit, as they are now better educated than formerly, but with that improved education they require to be treated in a liberal spirit. "That the poor were never so promptly attended to or so effectually relieved during sickness as they are at the present time," I fully admit, as your medical officers, as a body, do their duty faithfully, regardless of the inadequate payment they receive, but that is no valid reason why they should be inadequately and capriciously paid; their frequent resignations, between 200 and 300 annually, prove that they soon become disgusted with their underpaid offices, and when they can, without endangering their private practice, as in town districts, they soon throw up their appointments, hence the great number of vacancies which annually occur; changes most injurious to the poor.

The Report says "your Committee, however, think the suggestion made by some of the witnesses that the Guardians should provide cod-liver oil and other expensive medicines, is one of considerable importance. Dr. Rogers, one of the medical officers of the Strand Union, recommends that the Guardians should find all the medicines; but his reasons apply with greater force to the more expensive drugs. He says, 'if the Guardians find the medicines, nothing would interfere to prevent the poor having administered to them the best and most appropriate remedies; on the contrary, when the Medical Officer does so, the temptation is put in his way of using cheap drugs, especially where the salary is small and the duties large; again, it would remove the suspicion sometimes entertained that the Medical Officer would abuse his power by ordering wines and other *stimuli* found by the Guardians, in lieu of expensive drugs found by himself.' Mr. Griffin suggested that the following articles should be omitted from the medical contracts: leeches, cod-liver oil, cotton wool, ingredients for poultices, quinine, and sarsaparilla. He says, 'Cod-liver oil is often necessary to use in cases of consumption for many months at a time, but its expense is a bar to its general use by Medical Officers.' Dr. Robert Fowler, district Medical Officer of the East London Union, was of opinion that it would be to the interest of the poor and the ratepayers that Guardians generally should supply cod-liver oil at the cost of the union. Your Committee find that in some unions the Guardians, with the concurrence of the Poor Law Board, provide such medicines as cod-liver oil and quinine."

As the Committee subsequently recommended "that in future cod-liver oil, quinine and other expensive medicines, shall be provided at the expense of the Guardians, subject to the Orders and Regulations of the Poor Law Board," I need not say, much on this head, excepting to make a quotation from a leader in the *Lancet* of June 18, 1864, on this subject, "If carried out in a liberal spirit by the Poor Law Board, they will confer important benefits on Union Medical Officers, but far more on the necessitous poor. There has been no greater evil connected with the administration of medical relief than the utter impossibility of paupers having the advantage of expensive remedies supplied to them except at the cost and loss of their medical attendant."

From the proceedings of the Select Committee it is evident that considerable discussion took place as to the Report to be presented to Parliament. There were "several amendments made" showing that the opinions of the Committee, were divided, and ultimately it was resolved to add the word *materially* to the original proposition showing that there are sufficient grounds for interfering with the present system of medical relief, although not for 'materially' interfering. I therefore respectfully implore your Hon. Board to go fairly into the matter and at once to lay down a rule by which all salaries shall be fixed and to insist upon that rule been carried out; bear in mind that your officers of the present day are for the most part educated men, and that Guardians, and your Hon. Board too, must give up the idea of treating them as

inferior officers ; treat them as gentlemen, and you will find them faithful officers, but treat them otherwise, and you will make them rebellious subjects. I sincerely trust this may be the last time I shall have the painful honor to address your Hon. Board on this subject : but be it so or not, I respectfully trust you will bear in mind the words of The Right Hon. T. Sotherton Estcourt, when President of your Hon. Board, "*The matter ought not to continue in its present state.*"

I have the honor to be, my Lords and Gentlemen,

Your obedient Servant,

12, Royal Terrace, Weymouth.

June 25th, 1864

RICHARD GRIFFIN.

SOUTHAMPTON BOARD OF GUARDIANS.*

The following letter was read :—

Southampton, February 5th, 1866.

Mr. President and Gentlemen,

We wish to direct your attention to the classes of persons who now receive as paupers orders for medical relief from your Incorporation, not only in the hope that in our arduous duties we may be able to look to you for protection from imposition, but also that our needlessly high poor rates may be lessened, and worst of all, that the steadily increasing pauperisation of the town may be stopped.

Of late years but few or no people have been refused medical orders, for an increase in the number of orders involved injury to the medical officer only, and that was thought of little importance, but now, we must remind you, each order granted entails an increase of the rates, both by the cost of the medicines prescribed,† and the meat, wine, and other necessaries that we have frequently to give; for we have lately learnt that we are bound to regard as paupers those sick persons for whom we receive orders to attend, and allow them such necessaries as they may require, although we may be of opinion that they can afford to procure them at their own expense. Last year your medical officers attended 6,006, or one to every seven persons in the Incorporation; while nine years ago, the proportion was only one to ten. In Romsey, where it was incorrectly stated at your last meeting that the Medical Officers were much worse paid than here, the proportion is one to fourteen. In the south-eastern district of the Poor Law, comprising part of Surrey, Berks, Sussex, Kent, and Hants, it is one to eleven. In the whole of England it is one to fourteen persons.

The following table will show the facts correctly.

Place.	Corrected population.	Paupers attended.	Ratio of sick paupers to population.
Southampton Incorporation, 1865.	46,988	6,006	1 to 7·8
Southampton Incorporation, 1856.	37,639	3,598	1 to 10·2
Romsey Union	11,275	770	1 to 14·6
South Eastern District	1,811,150	166,638	1 to 11·5
England	19,207,008	1,349,452	1 to 14·3

It follows, then, that supposing the same rate of granting orders were adopted here as was in use nine years back, there would have been last year 1,414 orders less; or, if the same rate as is now in use at Romsey, there would have been last year 2,791 orders less; or, if the same rate as in the South-Eastern Division of England, there would have been 1,933 orders less; or, if the average rate for all England, there would have been 2,732 orders less. Again, the ratio of sick paupers and paupers relieved, as the following table shows, is far higher in Southampton than it ought to be.

	Paupers relieved.	Paupers attended.	Ratio.
Southampton Incorporation, 1865	12,189	6,006	1 to 2·
Southampton Incorporation, 1856	9,294	3,598	1 to 2·5
Romsey	3,172	770	1 to 4·1
England	3,780,068	1,349,456	1 to 2·8

* E tract from the *Hampshire Independent*, Wednesday, February 7, 1866.

† The Board of Guardians now find the Medicines.

Consequently by Romsey we had 3,000 too many patients, by Southampton in 1856, 750 too many, and by England 1,200. From these facts and deductions one of three things is evident—1st, that Southampton must be an exceedingly unhealthy place; or secondly, an exceedingly poor one (it is neither); or thirdly, that orders are granted much too freely.

This last is the real state of affairs, for the Poor Law returns show that for many years pauperism has annually diminished, not only relatively to the increased population, but absolutely. In 1849 the number of persons relieved in England and Wales in one day was 1,088,659; in 1860 it was 844,633, or a gradual decrease from 6 per cent. to 4 per cent. of the population; since 1860 it has steadily diminished to something over 3 per cent. In Southampton on one day last year, 2,325 persons were relieved, or just 5 per cent. of the population.

It is thus clear that the indiscriminate and unchecked manner of administering outdoor relief, and especially medical relief, is steadily and surely pauperising the town. We find that those classes which in other places are independent, and would scorn to ask relief from and so rob the rates, here have lost all self respect, and consider themselves grossly injured if they do not obtain immediate relief to all their wishes. Several attempts have been made, with but a limited success, to get up sick clubs for women and children, but we have known members of clubs refuse to enter their wives and children, because they stated they could get an order for the parish surgeon with ease, and he did as well as having one of their own; here we often meet with well to do people, who have their legally supportable relatives, in receipt of parish relief; here it is a very common practice to meet with the sick wife or child of a mechanic or artizan in full employment, with good wages, obtaining an order for medical attendance; here many of the artizans and smaller tradesmen look upon the rates as a kind of club into which they have paid a good deal, and out of which they insist on getting back as much as they can; here, indeed, we find that generation after generation is being bred in pauperism, paupers marry and receive relief, have children at the parish expense, employ the parish to rear and attend to those children, who frequently live off the parish, and finally get buried by the parish.

It has been publicly stated, and that not once only, that the poor of Southampton are more shamefully and cruelly neglected than any other in the kingdom. If the ratepayers be the poor it may be true, but if it means those who receive relief it is totally untrue, for nowhere in England is relief given so lavishly, nor are the sick poor so well supplied with necessities and luxuries as they are in this town, and it is right that the really poor should have these necessities and luxuries, as they are grateful for them, but it is the classes above paupers who sponge upon the rates, who are ever grumbling and finding fault, who will obey no regulations, and expect everything to be done their own way, and constantly complain of their ill treatment. Relief given to this class has been prolific of untold evils; it is from this class originate the false reports of the treatment the poor of Southampton receive at the hands of your officials, this class too has been pauperised in mind and body solely through negligence, a foolishly injurious kind of generosity, and a supply of relieving officers too scanty to investigate their claims, relieving officers whose responsibility is so great that owing to the outcry raised against them by the false liberality of mistaken philanthropists, they will not refuse an order to any one.

These circumstances have not arisen recently, for by reference to our medical book you will find they have frequently been commented upon, though finding no notice was taken of them our protests ceased to be entered as often as they should have been.

We wish to remind you gentlemen, that there is no hardship in refusing orders to the wives and children of persons in full employment with average wages; as, in addition to the power they have of entering them in clubs, there are the Infirmary and Dispensary, which were instituted chiefly for persons above the class of paupers; for midwifery especially there is a club, through which a woman can obtain for six shillings the services of a surgeon and lying-in necessities.

We should be glad if your Board were to consider the advisability of granting relief by way of loan, especially in midwifery cases. The Commissioners of the Poor Law particularly recommended this course to Boards of Guardians, and we are desirous

of quoting a minute of the Poor Law Board, which says "If the system of granting relief by way of loan be generally adopted, those who find that they will ultimately have to pay for the relief which they obtain from the poor rates will find it so obviously their interest to have recourse to medical clubs or Friendly Societies, or other similar institutions, that the Commissioners look forward with confidence to an increase and prosperity of institutions of this nature, and the consequent growth of forethought and frugality amongst the labouring classes."

We trust gentlemen, you will seriously take these matters into your consideration, and share with your officials some of the responsibility of administering the Poor Law.

We are, Mr. President and Gentlemen,

Your obedient servants.

G. CHEESMAN.

HENRY BENCRAFT.

R. W. WAUDBY GRIFFIN.

LEON A. LAWRENCE.

To the President and Gentlemen of the
Southampton Incorporation.

Mr. Larbalestier thought the letter a most seasonable remonstrance, and said that he could bear out the assertions of the medical gentlemen with reference especially to persons whose husbands were in constant work, getting these orders.—The Deputy-President thought the communication so important, that they ought to have a special committee meeting to consider it, for unless something were done he felt convinced that pauperism would increase in the town to an enormous extent (hear, hear). With only their present two relieving officers there was too much work for them really to do their duty in visiting every case asking for relief. Only yesterday he signed an enormous quantity of mutton orders—more than ever he had signed at one time before. People went to the medical men, and they immediately gave them these orders—a good deal of which was, he believed, attributable to persons in the town saying what was not correct respecting those applying for relief who were really treated too generously when the position of many of the poor rate payers was considered. He did not wish to prevent the deserving poor and the really destitute from being properly treated and cared for, but those who were really above this position ought not to be relieved (hear, hear) at the cost of the ratepayers. There were many instances, he believed, where the man earned £1 or 25s. a week, and yet the parish doctor attended the family. Persons of this class went to Mr. Palk and similar gentlemen and cried out against the guardians and their officers as hard hearted men, which led to Mr. Palk saying some tolerably hard words respecting them.—Mr. Aslatt agreed that additional aid was required in the relieving officers' department, and thought that the amount so expended would be more than saved by the increased vigilance which could then be exercised.—Mr. Tepper then proposed, and Mr. Bailey seconded a proposition calling a committee for Friday evening next, to consider the letter and report to the Board, which was carried.

BOARDS OF GUARDIANS AND THEIR MEDICAL OFFICERS.*

SIR,—For several weeks past letters have appeared in your paper respecting the illiberal payment made to Union Surgeons by Boards of Guardians. I am told by medical men that they are powerless, they cannot help themselves; *they are compelled* in rural districts to hold these appointments in *self-defence*, they dare not throw them up, because some young medical man who wishes to establish a practice would take it, in the hope that he should also get a share of the private practice in the district. The Guardians appear to be fully cognizant of this, and they act upon it too; *but is it fair, is it just, is it honest* upon their part thus to put the screw upon men, who are barely able to make ends meet? If it were not for this fear they would throw up the appointments, and tell the Guardians to attend to and physic the poor themselves.

Yours truly, ANON.

CAMBRIDGE BOARD OF GUARDIANS AND DR. RANSOM.

SIR,—It would appear from your report of the Meeting of the Board of Guardians on the 7th inst., that some of the members of that Board thought that I had been the means of prejudicing the minds of the candidates for the appointment which I have recently

* Extract from the *Cambridge Independent Press*, February 17, 1866.

resigned, and that the grounds of such belief were that I had been seen with Dr. Taylor. By what species of mental logic they came to that conclusion I am at a loss to determine, but it is more particularly to the remarks of the vice-chairman that I wish to call attention. "The vice-chairman said he was of opinion that the salary was not sufficient, but he was sorry to find that such a fierce opposition was raised against the Board; they had lately raised one officer £ 20, another £ 10, and because the latter was not equally raised with the former, he took a strange—he might almost say an *indecent*—course. The vice-chairman had hoped that Dr. Ransom would have refrained from interfering in the manner he had. Had it not been for Dr. Ransom, there would have been no occasion to advertise in the *Lancet* or *Times*, but they might have had a gentleman out of Cambridge." Now I will take the last assertion first, if it means that the statement in my former letter relative to the remuneration received for services rendered was the cause of their not being able to "obtain a gentleman out of Cambridge," by which, I suppose, he means "in Cambridge." If the publication of the facts above alluded to is the cause of something more approaching to adequate remuneration being given for services, which I have shewn are so very badly paid for, I shall only be too glad in having in any way contributed to bringing about such a desirable result, and it would appear that I have done so, as is proved by the fact that the vice-chairman having come to the conclusion that the salary was not sufficient! and must confess I cannot see the consistency of him or any other Guardian in blaming me for having called attention to those facts; but possibly he is referring to something said by me to a medical man in Cambridge. The facts are simply these—Mr. Roper, surgeon, of Cambridge, on hearing that I was likely to send in my resignation as Medical Officer of the Second District, called on me to make inquiries as to the various duties, which I told him, and then referred him to my books, which he carefully perused, he expressing himself to the effect that he would have nothing whatever to do with it; in fact, not for £100 per annum. He also came to the conclusion and stated that the amount of work was treble that of the Third District, which he attended to in the absence of Dr. Green. So much for the Medical Officer "out of Cambridge;" and now as to the prejudicing the minds of the other candidates. On the morning of Wednesday, the 7th instant, as I was entering the Union at my usual time for visiting my patients in the Union-house, I was addressed by a person who said—I am a candidate for the vacant appointment of medical officer for the second district, asking me as to the nature and amount of the duties, extras, &c., which I told him. at the same time expressing my regret that he did not come earlier, when he could have satisfied himself by examining all books, &c.; and this is all I know of the matter. I have no doubt the real cause of his not going on with the matter was from the inquiries he made relative to the extra surgical remuneration, and in answer to his question as to the amount paid under that head, I informed him it came to *one pound only during the past year*, and that was to be accounted for by the fact that the Board had directed their Relieving Officers to give no orders in cases of accident, but to send all such cases to Addenbrooke's Hospital. "This, then, is the head and front of my offending;" and if it be wrong to tell the truth when a question by a brother professional is put, giving him information which to him may be of the greatest importance then I *have* done so; and I would ask by what standard of morality any men, be they Guardians or not, would or could wish me to do otherwise?

I am, sir, yours truly,

Jesus Lane, Cambridge, Feb. 15th, 1866.

ROBERT RANSOM, M.D.

CAMBRIDGE BOARD OF GUARDIANS AND DR. RANSOM.

It will be remembered that last week was the time appointed for filling up the vacancy of Medical Officer for the Second District, caused by the resignation of Dr. Ransom, when, out of three candidates, only one appeared before the Board, (Mr. Smith, of Harston); Dr. Taylor, of Camberwell, one of the other candidates, came up to the Union, but absented himself at the commencement of the business, under extraordinary circumstances. The Board, therefore, did not appoint a Medical Officer that day, but referred the whole matter to the Finance Committee for them to report thereon.

The Clerk read the report, of which the following is the substance:—The Finance Committee, having had referred to them the peculiar and unprecedented circumstances

expressed by the Board of Guardians with reference to the appointment of a Medical Officer of the Second District, report that the vacancy was caused by Dr. Ransom's resignation, he alleging as reasons not only the insufficiency of the remuneration paid, (which was in excess of that received for several years previously), but partly in consequence of the remuneration awarded to the Medical Officer of the First District, whose services Mr. Ransom considered less onerous. That at various periods Mr. Ransom has made unsuccessful attempts to obtain an increase of remuneration for his services, and notwithstanding his allegations that Medical Officers are insufficiently paid, he applied for and obtained in November last the office of Medical Officer for the Workhouse. The report goes on to refer to the office becoming vacant, consequent upon Dr. Ransom's resignation, and proceeds to state that the fact of there being no applicant for the office after the insertion of advertisements in the local papers was attributable (in the Guardians' opinion,) to information of an unfavourable description as to the extent of services in comparison with remuneration for their performance, or in other words that indirect efforts were brought into exercise to compel the Guardians to increase the salary of a Medical Officer contrary to their previously expressed determination not to do so. The circumstances regarding the means used for obtaining a Medical Officer were next referred to, including the fact of the absence at the last Board meeting of Mr. Arthur Taylor, of Camberwell, one of the candidates, when called for. The Committee, having investigated facts, find that Mr. Taylor attended the Union and sought information from the master regarding the duties, and left with the intention of going to see Mr. Shedd, the Relieving Officer. On his way he met Dr. Ransom, when communications took place, the result of which was that Mr. Taylor did not call upon Mr. Shedd, but quitted Cambridge without instituting any inquiry as to the truth of the statements he had heard, or offering any explanation to the Guardians for such an unusual course of proceeding. The Committee had, therefore, reasons to believe that the nature of the communications were that the Medical Officer was insufficiently paid, and under that impression did not hesitate to express their strong condemnation of such interference, and that such a course of action on the part of a Medical Officer was highly indecorous towards the Board, who at the time had assembled in the discharge of their duties, and tended to bring their functions into contempt and disrespect. The Committee further state that, Mr. Ransom knowing this, it was his duty to have abstained from such interference, and that he ought to have referred the applicant to the Board for information, which they would have furnished, and doubtless the unprecedented position in which they found themselves avoided. The Committee have not deemed it their duty to require from Mr. Ransom any explanation, or to hold any communication with him upon the subject, they being satisfied as to the accuracy of the statements mentioned. The Committee believe that Mr. Ransom's assertion as to the Medical Officers of the Union being insufficiently paid is not based upon truth, when such remuneration is contrasted with the salaries paid to Medical Officers of other Unions of similar size and population. If Mr. Ransom considered his increase insufficient, he ought not to have executed a renewal of his contract. The Committee, upon inspection of the Union books, find that the Medical Officers have received for their services upon an average during the five years preceding Michaelmas, 1865, a sum exceeding £359 per annum (now increased from Christmas last to about £400 per annum), and which is thus sub-divided:—

District.	Average.	Proximate Population.
	£ s. d.	
1st	103 13 5	8,108
2nd	99 16 6	6,663
3rd	99 19 6	11,861
Workhouse	60 0 0	200
	<hr/>	<hr/>
	£354 9 5	26,832

The Committee therefore concluded, after calculations, that the labours of the Medical Officer of the Third District were nearly equal to those of the Second. Dr. Green will perform the duties until the medical arrangements are completed, and the Committee recommend that he should continue his services, when the Board will, after a short time, be better able to say whether there is any just ground for Mr. Ransom's assertions. In conclusion, the Committee state that Mr. Ransom's interference deserves, in their opinion, censure, and that the Poor Law Board should be furnished with a copy of this report, as the reply of the Board of Guardians to Mr. Ransom's letter of the 10th ult.

The Chairman trusted the report would meet the approval of the Board. He would just observe that no dissatisfaction was expressed by the other two Medical Officers of the Board. He had heard that Mr. Knowles was more attentive, and as to Dr. Green they knew how assiduous he was. The Chairman quoted figures to show that the salaries were not inadequate to the duties performed, and thought that the Board was free from the charge of under-paying their officers. He proposed the adoption of the report.

Mr. Young seconded the adoption of the report.

The Vice-chairman said he was of opinion that the salary was not sufficient, but he was sorry to find that such a fierce opposition had been raised against the Board. They had raised one Officer £ 20, and another £ 10, and because the latter was not equally raised with the former, he took offence, and had taken a strange, he might almost say, an indecent course. Had it not been for Dr. Ransom there would have been no occasion to advertise in the *Lancet*, or *Times*.

Mr. French said after advertising in papers which circulated all over the kingdom, they had but three candidates, and only one of them had made his appearance. That he took as ample proof that the salary was not sufficient. He still considered the salaries of the Officers inadequate throughout the Unions of the country. He thought it a great mistake to under-pay officers, because by it the rates would be higher. He was sure they gained nothing by insufficiently paying medical men; he, however, was quite content to let things remain as they were for a time.

CAMBRIDGE BOARD OF GUARDIANS.

Sir,—In your last impression was a report of a meeting of the Cambridge Board of Guardians, at which it was stated a letter had been received from Dr. Ransom, but with which they had nothing to do. Now, in justice to the public as well as myself, may I request your insertion of a brief outline of the facts of the case. On or about the 15th of December, 1865, I directed the attention of the Board to the case of two persons whom I was attending as parish doctor, and whom I considered, I may say knew, were in a position in life to pay for medical advice, and I was corroborated in that opinion by Mr. Gray, one of the Guardians, and the employer of one of the persons alluded to. The Board then decided that they were not paupers, and that I was to discontinue my attendance. I then requested them to tell me to whom I was to look for payment, as I had attended on the order of their own officer. Mr. Fetch writes to me by order of the Board, to the effect that I have no claim on them, as I had already been paid for all services rendered; how that can be reconciled with the decision that the parties were not paupers, I am at a loss to understand; but it was suggested by one of the Guardians that it was simply a mistake of their Relieving Officer; it may have been, but to show that such mistakes are not unrequent, I would call your attention to the following facts, which I laid before the Finance Committee on the 21st of December last:—That in the 13th week ending December 19th, there were 144 cases on the weekly book, 26 of which were new cases, and that during the week I had paid 292 visits to the patients at their own homes; there were 71 attendances by patients or their friends at the surgery, and 158 medicines, &c., &c., supplied: making a total of medicines and other attendances supplied, of 521. If these attendances and medicines be reduced to figures, it will be proved that I receive one halfpenny and 59-520ths fraction of a farthing per week for each patient. I really cannot think that any member of the Committee will say that I am over-paid. I think it would be more satisfactory that we should be paid per case; there would then be no misunderstanding between Guardians and Medical Officers. Payment is made in this manner in many Unions; and of one thing I am certain, that the amount of orders given would be far less than at present.

But Mr. Fetch says, "it is unfortunate that Dr. Ransom does not understand what a pauper is." I have held my appointment as Medical Officer of the Second District 22 years, and ought to know something of the matter; one thing I do know, that it would be to the interest of both ratepayers and paupers to remunerate their Medical Officers more liberally, to say nothing of the mistakes of Relieving Officers, such as I have reverted to.

I am dear Sir yours truly,

ROBERT RANSOM, M.D.,

Fellow of the Royal College of Surgeons of England,
Licentiate of Apothecaries Hall, and Licentiate
of Midwifery.

5, Jesus Lane, Cambridge, Jan. 25, 1866.

Are Union Medical Officers underpaid, or are they not? We are inclined to think that they are underpaid, and that, considering the nature of their employment and the onerous nature of their duties, they are deserving of a more liberal stipend, so that the poor might be properly attended to, and not put off with the fleeting presence of a medical man once a week, who has not a moment's time to spare to listen to their statement, much less to advise or condole with the afflicted. It is a singular fact that although advertisements have been inserted in the local and medical journals, by the Cambridge Board, and notwithstanding the liberal offer of £70 per annum to attend and find medicines for a large district, no duly qualified person has yet offered his services. This fact speaks volumes.—*Cambridge Independent Press*.

TAUNTON COUNTY COURT, FEBRUARY 20, 1866.

(Before C. SAUNDERS, Esq., Judge.)

DR. CORDWENT v. THE TAUNTON GUARDIANS.—

The plaintiff, a medical man of this town, sought to recover £1 from the defendants, under the following circumstances, which were stated by Mr. F. Trenchard:—On the 27th of October last, a man named John Ferris, living in Pitminster, and who had previously received relief, walked into Taunton to the house of Dr. Cordwent, with his arm broken, Dr. Cordwent set the limb, and attended him for four or five weeks after, during which Ferris received relief from the Guardians, Dr. Cordwent having reported the case to the Board on the day following Ferris's coming. At Christmas plaintiff sent in his bill to the Guardians, charging £1, according to the terms of the contract for extra medical attendance which he had with them as the medical officer of the Board. The payment of the bill was refused, because no order had been given for plaintiff's attendance by the relieving officer.—Mr. Trenchard contended that plaintiff was justified in what he did without an order. A second question was, whether Ferris was a poor man at the time. The charge made by plaintiff was not only for setting the fracture, but for treatment afterwards for several weeks, during which the man received relief on the report of the plaintiff.—Ferris was called, and it was elicited by Mr. H. Trenchard that his arm was fractured seven days before he went to plaintiff; he did not go before because he was not aware the bone was broken.—Mr. F. Trenchard said he had looked in vain into the Act of Parliament and the orders of the Poor Law Board, for a clause requiring his client to obtain an order.—Mr. H. Trenchard, on the part of the Guardians said the Guardians were perfectly willing to pay gentlemen for their services, provided they were entitled to remuneration; and as to special cases they had power under the Consolidated Orders in any case of accident, where there was not time to get an order, to remunerate a medical officer for his services, with the sanction of the Poor Law Commissioners. By the Consolidated Order, page 89, article 172, they had the power to remunerate Dr. Cordwent, even though he might be debarred from recovering under the contract. In the next place he (Mr. Trenchard) contended that the contract did not enable plaintiff to recover the £1, for it only provided for special remuneration for special services to any out-door pauper. Now the man Ferris was not such, he was a labouring man in the receipt of wages. According to the contract, the plaintiff, finding him sick when he became a pauper, was bound to attend him. The word treatment in the contract must allude to the reduction of the fracture, for it was idle to suppose that a medical man was to get the fee for attending a man whose arm was broken, and who was ill in consequence. He urged that it was perfectly understood between the medical officers and the Board that an order was necessary. In order to show that, he produced the plaintiff's bill, at the bottom of which were these words "medical order mislaid." This bill was submitted to the Board who required the order to be produced; but to obviate any difficulty he (Mr. Trenchard) informed the plaintiff that if he produced a certificate from the person who gave the order, to the effect that it had been given, the Board would not take advantage of the order being mislaid. No answer to this was received from the plaintiff. In sending in quarterly bills it was the invariable custom for the medical officers to annex their orders in the case of extra medical services. In the cases of women in their confinement, if no order was produced, the medical officers were only paid when it was shown that there were circumstances of peculiar urgency. That led him to the last point, which was that there was no urgent necessity in the case in question, and that was why the Board had considered it their duty to resist the demand. Cases of emergency were laid down in Lumley's book and in the Consolidated Orders of the Commissioners to include only such as could not be sent to a public hospital with safety or propriety. The Guardians contributed £60 a year to the Taunton hospital, which was within 150 yards of Dr. Cordwent's house, and to that they contended the man ought to have been sent.—Mr. Shepherd, relieving officer, said it was the custom of the Board, in cases of accident and midwifery, to require the production of an order from the churchwarden, the overseers, or the relieving-officer. In cases of emergency the Board used their judgment even though there was no order. In this case of Ferris he (witness) refused to give an order, as he did not consider it a proper case for one. If the man had come to him he should have sent him to the hospital as a matter of course.—Cross-examined: I believe Dr. Cordwent does the work without orders in

ordinary cases. I refused the order because the fracture had been reduced, and no order was required.—Mr. F. Trenchard said the 172nd section quoted applied to something beyond the contract, which was entered into under the 177th article. He contended that Ferris became a pauper by reason of the fracture, and that the whole treatment was within the contract.—Mr. H. Trenchard quoted the 206th article as defining the duties of a district Medical Officer, and which showed, strictly speaking, that he was not bound to attend to a case without an order.—Mr. F. Trenchard answered, that it is not therefore to be argued that a medical man must get an order before he attended to a case. Medical men were not instructed to send persons to the hospital. As to the note to the bill which had been referred to, the plaintiff particularly wished him to explain that it was put there in mistake. It showed not that plaintiff was bound to get an order, but that if one had been received it would have been sent in.—His Honor took time to consider his decision.

Wingham, Kent, Feb. 20th, 1866.

Dear Sir,

I enclose post office order for ten shillings as my contribution towards the expenses of Poor Law Medical Reform.

At the same time my opinion is that we should attempt to reduce the number of paupers rather than increase the expense of pauper medical attendance. Every able-bodied man *ought* to provide medical attendance for his family, and not go to the relieving officer directly one of them is taken ill; this he can only do by a species of medical insurance, but as long as he can have medical attendance for asking, he will not do it. I enclose you the report of the Barham Downs' Medical Provident Society,* that has been established in this neighbourhood 30 years, and the greater part of the members are agricultural labourers, whose wages are about 13s. a week. 704 of them contributed last year the sum of £391, the average payment for each family being about a week's income, *paid in advance*.

Men who belong to this Society and to a Benefit Club also are quite independent of the parish. I have now an old man laid up with a broken thigh, his wages were 12s. a week; his Benefit Club allows him 10s. a week, and his Medical Club finds him medical attendance, so he has not had to apply to the parish.

Knowing the great amount of your correspondence, I will not ask for a reply, but shall be happy to answer any inquiries you may wish to make.

Yours very truly,

R. Griffin, Esq.

FREDERICK H. SANKEY.

LETTER FROM DENIS PHELAN, M. R. C. S. L.

Secretary to the Board of Superintendence of Dublin Hospital, late Assistant Poor Law Commissioner and Poor Law Inspector.

3, Shangana Terrace, Killiney, Co. Dublin, 16th Feb., 1866.

My dear Sir,

Many thanks for your prompt attention to my letter. I will carefully read the papers you have sent me, and will inform you of the impression they make on me. I send you the Act of Parliament under which our Dispensaries are conducted. It provides Dispensary medical attendance over *every part of Ireland*. Under the Commissioners' orders, two classes of tickets are given by the members of

* By the Report forwarded it appears this Society paid its Medical Officers in 1864 the following sums: Dr. Kersey, £161 0s. 10d.; Mr. Long, £15 12s. 6d.; Mr. Sankey, £211 13s. 4d.; Mr. Sicard, £37 1s. 8d. On an average of seven years, 711 cards were issued to heads of families containing 2304 persons entitled to medical attendance, of these cards 550 were used, and as the Medical Officers received £422 8s. 4d., it follows that each family paid on an average of 7 years, for medical attendance, 11s. 10d. If the loan system were adopted, Clubs similar to these would soon spring up throughout the kingdom, to the great relief of the Poor's Rate and benefit to the medical men, besides which it would conduce materially to the self respect of the labouring classes.

R. GRIFFIN.

the Dispensary Committee—one for advice and medicine at the Dispensary Depot, the other, for visiting the patient at home, when unable to go to the Depot. This is a *red* ticket, and hence these visiting tickets are called “red tickets.” The Committee can give tickets to whom they please, and as there is no defined class for medical relief, they often give them to persons that could afford to pay for medical attendance. At the ordinary meetings of the Committee they can cancel these tickets, so as to prevent unfit parties from obtaining further attendance; but as the attendance has been usually completed before that is done, the Medical Officer gets no remuneration for his attendance on these comparatively wealthy persons, and of course complains. Still this Dispensary system works well, under it 888,835 persons were attended in the past year, 197,797 of these were visited at home, being red ticket cases, and of these only 1,369 were cancelled.

There are 716 of these Dispensaries, the population and area of several are small—of others moderate, and of some, very large—too large—the total salaries of the Medical Officers (about 750,) were last year £ 69,005, or about an average of £ 92 each, some got £ 50—some as much as £ 120. Vaccination Fees, and Registration of Births and Deaths somewhat increase the salaries of the Medical Officers. You will perceive that the expenditure is provided for by Poor Rates.

Our other means of providing sick relief is in Hospitals. Each of our Poor Law Unions (163) has a Fever Hospital and an Infirmary, *quite ample* for the wants of the unions. Into each all poor are admissible. Under an Act passed in 1862, any person, though not poor, can be admitted into a Workhouse Infirmary, and may be charged moderately for the cost. Up to that period (1862,) *poor* persons affected with fever or other contagious diseases were admissible into the Workhouse Fever Hospitals, now, a person affected with any disease, though not contagious, is admissible into the Workhouse Infirmary. This gives 163 additional Hospitals for a class above paupers. Thus, no person in moderate circumstances can want Hospital relief if he or she apply for it.

Under this Hospital system, which is supported by Poor Rate, 1,597 cases of Fever were under treatment at the commencement of last year, and 24,507 were admitted, 14,327 Medical and Surgical (not contagious diseases) remained, at the commencement, and 85,246 (all not as paupers, but as sick persons,) were admitted in the year. The mortality of all was 12,765.† The Dispensary Medical Officers have great facilities of providing Hospital attendance for such of their patients as require it. When a fever case occurs, it is immediately sent to the Union Fever Hospital.

I do not think any better system of Hospital relief exists than ours. Independently of the above, we have an Infirmary in each county, supported by grand jury cess, all on the occupiers. These infirmaries, 32 in number, are useful institutions. You will perceive that subscriptions are not required for the support of any of our medical institutions *

Yours very faithfully,

DENIS PHELAN.

Richard Griffin, Esq.

* In the Eighth Annual Report of Dublin Hospitals, it is recorded that there are 9 Hospitals which receive grants from Parliament. Would it not be well to have Hospitals in London and other large towns, and thus relieve the workhouses of the sick and incurable patients? In the same Report tables are given of the number of patients, their diseases, duration of illness, deaths, &c., &c. Surely a Report of this kind ought to be annually made in England and Wales by the Poor Law Board, and then attention would be drawn to the preventible diseases.

R. GRIFFIN.

† This mortality is not that of the sick merely; but of the aged, &c., &c., in the Hospitals, as well as in the Infirm Wards of the Workhouses.

MEDICAL CHARITIES ACT (IRELAND).

14 & 15 VICTORIÆ, CAP. 68.

I. That it shall and may be lawful for Her Majesty the Queen, by warrant under her sign manual, from time to time to appoint two persons (one of whom shall be a physician or surgeon of not less than ten years standing, and shall have the title of Medical Commissioner,) who, together with the Commissioners appointed under the provision of the aforesaid Act of the eleventh year of Her Majesty, shall, from the time of the publication hereinafter directed to be made in the *Dublin Gazette*, be "the Commissioners for administering the laws for relief of the poor in *Ireland*," &c., &c.

II. Notice of the appointment of such two persons by Her Majesty shall be published in the *Dublin Gazette*, and on the day after the publication of the first appointment of such persons all the powers and authorities given by this Act to the said Commissioners for administering the laws for relief of the poor in *Ireland* shall take effect and shall be exercised by them in like manner as the powers and authorities given to the Commissioners appointed under the said Act of the eleventh year of Her present Majesty: provided always, that any Order for the formation or alteration of any Dispensary District or Districts under this Act, as herein-after mentioned, or for framing or establishing any General Rules or Regulations relating thereto, or altering or revoking the same, shall be signed by not less than two of the said Commissioners.

III. The said Commissioners may from time to time appoint so many fit persons as the Commissioners of Her Majesty's Treasury shall sanction, being practising physicians or surgeons of not less than seven years standing, to be Inspectors to assist in carrying out the provisions of this Act, and may remove all or any of the said Inspectors, and appoint others in their place.

IV. There shall be paid to the said Two Commissioners to be appointed under the provisions of this Act, and also to the said Inspectors, such salaries as shall be from time to time appointed by the Commissioners of Her Majesty's Treasury, out of any monies which may from time to time be provided by Parliament for that purpose.

V. Neither the Medical Commissioner nor any such Inspector as aforesaid shall, while he continues in such respective office, practise as a physician or surgeon or in any other professional capacity.

VIII. The Guardians of the Unions shall, as soon after receipt of the said Order as conveniently may be, provide a house, building, room or rooms, to be used as a Dispensary or office for the Medical Officer of each such District, and for the meetings of the committee of management, and shall provide such medicines and medical appliances as may be necessary for the medical relief of the poor in the said district, &c., &c.

IX. Every member of such Dispensary Committee, and every relieving officer and warden acting for an Electoral Division included in such Dispensary district, shall have power to afford medical relief by the issue of a ticket for medicine and advice, or a ticket, in such form as the said Commissioners shall prescribe, addressed to the Medical Officer of the district directing him to afford medicine and advice to or attend any poor person resident therein; and it shall be the duty of the Medical Officer to afford medicine and advice, or to attend such poor person, as thereby directed: provided always, that if any person who shall obtain a ticket for medical attendance from any relieving officer or warden, or from any member of the Committee shall at the next or subsequent meeting of the Committee after the

issue of the ticket, be declared by a majority of the members then present not to be a fit object for dispensary relief, the ticket shall be cancelled, and the holder thereof disentitled to further relief.

XII. The said Commissioners shall and may, and they are hereby directed, with all reasonable dispatch after the first appointment of Commissioners under the provisions of this Act, to frame general rules and regulations for the government of each Dispensary District, and for the guidance and control of the Guardians, the Committees of Management, and the several officers to be appointed in connexion therewith respectively, and shall be empowered to alter or revoke such rules and regulations, and make such new rules and regulations, from time to time, as they may think fit.

XVIII. Every Inspector acting in execution of this Act shall be entitled to enter at all times into and to inspect every dispensary or building used for the purposes of this Act, and to attend the meetings of every Board of Guardians or Dispensary Committee, on all business arising in the execution of this Act, and to take part in the proceedings, but not to vote at such meeting; and the said Commissioners, or an Inspector, by their order in writing, shall be empowered (when they deem it expedient) to enter, inspect, and report upon any infirmary, hospital, or medical institution supported in the whole or in part by any public funds, rates, or assessments.

XIX. The said Commissioners shall be the Commissioners for executing in Ireland the powers and purposes of "The Nuisances Removal and Diseases Prevention Act, 1848," and an Act of the following Session of Parliament amending the same; and all Committees, Inspectors, Medical Officers, and other persons appointed or employed under the powers of this Act shall and they are hereby required, within their respective districts, to aid the Guardians of the poor, and such officers or persons as they shall appoint or employ, in the superintendence and execution of any directions and regulations which may at any time be issued by the said Commissioners for the time being, under the authority and by virtue of the said Nuisances Removal and Diseases Prevention Act, and the said Act, amending the same. or under or by virtue of the provisions hereof in relation thereto; and all expenses which shall be incurred on account or in execution of the said last-mentioned Act or Acts, and chargeable upon the poor rates, shall hereafter be charged on the poor rates of the respective electoral division situate within such district, in like manner, and be ascertained, paid, and audited, in all respects as directed for the expenditure under the provisions and for the purposes of this Act.

