hydrocephalus with congenital hydrorachis; but none of them suggest the possible *production* of hydrocephalus, in cases where it does not exist, by the spontaneous or artificial cure of a spina bifida.

Dr. E. Long Fox—in the *Bristol Medico-Chirurgical Journal* for March, 1885—has placed on record a case of spontaneous cure of spina bifida, *followed*, in some months, by hydrocephalus. In Dr. Fox's case, however, the central canal of the spinal cord was imperfectly closed, and the fluid which flowed during the first four months of life came from this central canal, as proved by the accumulation of nine pints in the cerebral ventricles subsequent to the closure of the open canal in the cord. There was a malformation in the lower part of the cord itself in his case, as verified by *post mortem* examination, which interfered with nature's efforts at spontaneous cure—in other words, this case was one of "hydrorachis interna."

As a prognosis is nearly all a surgeon can offer to many spina bifida patients, Dr. Fox's observations may, with advantage, be borne in mind. No symptoms of such a sequel have appeared in my patient up to the present, but, indeed, in this case one would scarcely anticipate such a result. It is now three months since the performance of the operation, and the patient is doing well.

ART. XII.—*The Poor Law Medical Charities System of Ireland.*^a

By ARCHIBALD HAMILTON JACOB, M.D., F.R.C.S.I.; Ophthalmic Surgeon, Richmond Hospital; Professor of Ophthalmic Surgery, Royal College of Surgeons in Ireland.

GENTLEMEN,—This time last year, Dr. John William Moore, whose then position as Chairman of this Sub-section I have the honour to occupy this evening, addressed you on the subject of "Sanitary Organisation in Ireland in its Medical Aspect," and laid before you a lucid narrative of the causes which produced the breakdown of the Public Health System in Ireland, and the disastrous result of that breakdown upon the health and lives of the people, and upon the prosperity of the country. I believe that I can scarcely occupy your time this evening to greater advantage than to supplement Dr. Moore's observations, by submitting to you a sketch of the Poor Law Medical Service of our country, and by offering for your consideration a few suggestions for its improvement in detail. I feel that as I have never held office myself, as

^a An Inaugural Address delivered before the Sub-section of State Medicine of the Academy of Medicine in Ireland, Thursday, February 4, 1886.

either a dispensary or workhouse medical officer, I am more or less open to the complaint that I am intruding as an amateur into the arena more fittingly occupied by those who have acquired personal experience of the working of the Medical Charities System. But I venture to plead that as I have, for the last twenty years, been, in some sense, the depository of the confidences of my brethren who administer that system, I may claim to have thus acquired a knowledge of the minutiae of the system, and of its weak points, which knowledge I may advantageously make use of to inculcate reforms.

The working of the Poor Law Medical Charities System in Ireland, is indeed a subject well deserving of the attention of this Sub-section of the Academy; for it occupies the closest relation to the welfare of the most helpless portion of the population of Ireland, and to the prosperity and producing power of the country, and, moreover, affects the closest interests of the greater number of our own profession throughout the country.

Including in the designation of "Poor Law Medical Charities," the Workhouse Medical Relief System, I find that it affords medical aid annually to over 840,000 persons. or nearly one-fifth of the entire population of the island; of whom over 640,000 may be described as sick when brought within the scope of the system. But in addition to the relief of the indigent sick, which is their special function, the Poor Law Medical Officers of Ireland have the medical charge of the Constabulary, numbering at present 12,938; their families, numbering, on a calculation of two persons to each family, nearly 26,000; and the Coast Guards, numbering about 1,500. Furthermore, the vaccination of 117,484 children and adults, calculating the average of three years, 1881-3, is effected annually by them. And lastly, they examine and certify about 1,200 dangerous lunatics.

So far I have enumerated the medical and curative functions which Poor Law Medical Officers discharge for the public; but they have other duties of scarcely less importance, which, of necessity, bring them into intimate communication with the population, under conditions which enable them to exercise most valuable influences upon the welfare of the people. In the registration of an annual average of 126,014 births, they are brought into contact with the people at the moment when their advice and aid may yield the most valuable result upon the health of the community. In their function of Registrars of the 96,552 deaths which occur in

Ireland in each year, they become directly and immediately cognisant of the perturbations of the public health throughout the country, and the invasions of epidemic and infective disease, and are enabled to grapple with these enemies to public prosperity at the instant when a resistance to such hostile influences may be most effectually undertaken. Lastly, in being called upon to register an annual average of 23,375 marriages, they acquire a personal knowledge of the domestic life of the people, and often are accepted as their confidential advisers, not only in matters of health, but in the other affairs of life.

Their duties as Medical Officers of Health—which have been the subject of the address of my predecessor—would be, if they were permitted by the Local Government Board and by the Union Guardians to perform them efficiently, amongst their most important functions, although they do not permit of being included in the foregoing classification, because, in their capacity of Medical Sanitary Officers, they are responsible for the detection and annihilation of every nidus of disease, and are responsible to advise the people as to the maintenance of their domestic health, and, if necessary, to enforce protective measures.

Finally, the examination and certification of young persons employed in factories—though not within their jurisdiction as Poor Law Officers—is, in most instances, performed by them, and is of sufficient public importance.

These figures I may present in a more intelligible form in the following table, which sets forth the numbers of the Irish population ministered to annually by the Poor Law Medical Charities Service:—

Admitted to workhouses, sick	-	-	53,105
Attended on Medical Relief tickets	-	-	588,553
Total sick	-	-	641,658
Healthy when admitted to workhouses	-	-	200,237
Total under Poor Law Medical			
Charity	-	-	841,895
Constabulary and Families, say	-	-	38,814
Coast Guards, say	-	-	1,500
Total population in Medical charge			
of the Poor Law Service	-	-	882,209
Or 17·7 per cent. of the entire population.			

ADDITIONAL DUTIES—

Vaccinations	-	-	-	117,484
Birth Registrations	-	-	-	126,014
Death do.	-	-	-	96,552
Marriage do.	-	-	-	23,375
Certification of Lunatics	-	-	-	1,200
Total	-	-	-	364,625

Thus it appears that the Poor Law Medical Charities Service of Ireland passes through its hands, in its proper medical or curative capacity, in the course of the year, nearly one million persons, or one-fifth of the entire population; and, in addition, is called upon to intervene in 365,000 separate occasions, by which the health, prosperity, and good order of the people is most closely influenced. Thus, allowing for the re-counting of persons who come more than once in the year within the scope of the system, I am entitled to assert the fact, that a million and a half persons, or one in three, of the entire population pass through the hands of the Irish Medical Charities system in the course of each year.

To view the extent and importance of the service, from another point of view, we may regard the amount of public money which is expended for the maintenance of the health and prosperity of Ireland through the agency of the Poor Law Medical Service. In this connection I may shortly recapitulate as follows the items of yearly expenditure for which the dispensary and workhouse medical officers were most directly responsible, in the year 1884 :—

Dispensary and Vaccination Services,	-	£158,363
Registration of Births and Deaths,	-	10,954
Sanitation,	-	58,844
Salaries, &c., of Workhouse Medical Officers,	-	8,935
Medicines, Medical Appliances, and Sick		
Nurses, say	-	10,000
Superannuations,	-	8,364
Total,	-	£255,460

Furthermore, the Poor Law Medical Service is very widely distributed and is numerically very extensive, and forms unquestionably the most important section of our profession in Ireland. Its numerical strength at present is as follows :—

Workhouse Medical Officers and Apothecaries,	-	202
Dispensary Medical Officers and Apothecaries,	-	849
Midwives,	- - - -	296
		<hr/> 1,347

I find, from an examination of the "Irish Medical Directory," that the members of the medical profession resident at any one time in Ireland number about 2,200; but, allowing deductions for those who have retired from practice or who (being connected with the army, naval, or commercial services) are peripatetic, I calculate that the actual working members of the profession do not exceed 1,800. If, therefore, 1,051 of these (as above shown) are connected with the Poor Law Medical Service, I will not be accused of unduly exalting their importance in speaking of them, as I have done, as "unquestionably the most important section of our profession;" and having before me the figures above quoted, I do not hesitate to go further than this in asserting that the Poor Law medical officers of Ireland are incomparably the most important public servants of the community, and that their functions are of immeasurable value as exercising the most direct and lasting influence upon the prosperity and happiness of the Irish people.

I apprehend that these facts are scarcely appreciated either by the people themselves or by our rulers either in Parliament, the Irish Government, the Local Government Board, or the Boards of Guardians; for the enactment of the medical poor law and its administration seem to be conducted in the most haphazard and perfunctory manner. The Poor Law Medical system is liable at any moment to be disturbed by legislative changes and authoritative rules, to which neither Members of Parliament nor any one else give due thought. New duties are thrust upon the service without inquiry or serious thought as to its fitness for the charge; they are expected to perform these duties without any approach to adequate instruction on the subject and without any effort to organise, and they are called upon to discharge these new functions under the guidance and control of Guardians who are themselves absolutely ignorant of their own powers and responsibilities in the matter, and totally uninstructed on the method of carrying the law into effect.

I need only point to the history of the enactment and enforcement of the Labourers Dwellings Act of 1884 as an illustration of my meaning. A Bill, conceived in the last month of the session,

was rushed through both Houses, without even a pretence of revision, at the moment when half the M.P.'s had gone off to the grouse shooting, and the remainder were utterly *blasé* of legislative work. It was to come into operation in the following winter, and three months was given to the Guardians to take action under it; yet, when the winter arrived, the minds of both the Guardians and their officers were an absolute blank on the subject. A condition of chaos, which would be ludicrous if its effects were not so disastrous, was the result—every mistake was committed which ignorance of the business could beget—the clauses of the Act were infringed by every Board of Guardians which attempted to make use of it; and the result has been universal wrangling, costly litigation, the break-down of the Labourers Dwellings system, and numerous past, present, and future attempts to tinker-up the Act.

The Irish Poor Law Medical Officer is presumably a gentleman of culture and competent skill, for not only must he possess the diplomas in Medicine and Surgery which are required for the Army and Naval Services, but he must also be specially qualified in Midwifery, and these imply an amount of general education and culture which pass muster. He is appointed—if a Workhouse Officer—by the Guardians, under the 31st section of the Poor Relief Act of 1838 (1 and 2 Vict., cap. 56); if a Dispensary Officer—by the Dispensary Committee, under the 8th section of the Medical Charities Act of 1851 (14 and 15 Vict., cap. 68). In the case of the Workhouse Officer the Local Government Board is required by the first quoted section to “direct the mode of the appointment, and determine the continuance in office or dismissal of such officer,” and by their own rule (Art. 39), made under authority of that section, they order that—“Every Officer appointed to or holding any office . . . shall, . . . subject to the provisions of Article 40, continue to hold the same until he die, resign, or be removed by the Local Government Board.” This power of removal of Officers by the Local Government Board is defined by the 33rd section of the Poor Relief Act, which says:—“The Commissioners may . . . either upon or without any suggestion or complaint in that behalf from the Guardians, . . . remove any paid officer appointed under the provisions of this Act whom they shall deem unfit for or incompetent to discharge the duties of any such office, or who shall at any time refuse or neglect to obey and carry into effect any of the orders of the Commissioners.”

The Dispensary Medical Officer holds his office subject to the one brief proviso in the 8th section of the "Medical Charities Act," that "it shall be lawful for the said Commissioners to remove any such medical officer on sufficient grounds." No further provision exists.

The question of the appointment and tenure of Poor Law Officers raises the great question of their status as public servants, and is worthy of the deepest consideration. From the law as I have quoted it above it is obvious that the original intention was that while the local authorities, being the paymasters, ought to please themselves as to the officer whom they might select to serve them; that officer, when appointed, should be essentially a civil servant, holding his position during good behaviour and independently of the local authority.

It seems to have been fully understood by the law-makers of that day that the residents of a district, who were taxed for the maintenance of the doctor, had every just right to select the officer who was to serve them as long as that officer was fully competent for his duties; but it was also fully understood that such officer could not efficiently discharge his onerous and often invidious functions unless he were placed under the immediate protection of a central authority and in a position of safety and independence as regards his tenure of office.

I regret to say that these wise principles and opinions have to a great extent fallen into disuse, and that the service is in danger of becoming the menial servant of the local authorities, wholly dependent on their caprices for daily bread, unprotected in the discharge of its duties, and therefore necessarily subservient and inefficient in all matters in which those duties touch the personal interests of Guardians and Committee-men. In the first place, the power of appointing the officers, which is confided to the local authorities, is, in very many instances, so exercised that the most competent officer is not necessarily selected, for it is notorious that in almost all parts of Ireland politico-religious qualifications rule the elections, while scientific attainments, experience, personal qualities, or social culture, weigh but little in the selection of a candidate.

It is, no doubt, reasonable that the taxpayers of a district should lean towards a competitor with whose religion and politics they are in sympathy, but that consideration should never be allowed to overshadow the interests of the sick poor, or to cause an officer of inferior capacity to be placed in charge of them; and yet it

is notorious, that frequently the professional merit of the candidate is put completely out of sight, and political influence is substituted to such an extent, that it is not very unusual to see elections conducted in the presence of riotous political mobs, under the loaded rifles of the police, and amidst all the intimidation of a contested parliamentary election. Such a state of things cannot fail to react disastrously, and I think it has so reacted, upon the status of the Poor Law Medical Service, and against the interest of the sick poor, and yet it is difficult to suggest a remedy. It has frequently been suggested that the entry to the service should be by competition, and that officers should be promoted from one district to another by their seniority as a *roster*, but I cannot look upon such a proposition as just, even in theory, inasmuch as it would deprive the residents of a district of all voice in the selection of their medical attendant, while it is obvious that the tide of public opinion at present is directly against such a centralising scheme, and in favour of concentrating in the local authority an almost uncontrolled discretion as to the administration of its district.

While, however, I recognise the unwisdom of any undue interference with that discretion—even though it may be somewhat abused—I regret to observe that the Local Government Board has displayed in the matter of Poor Law appointments the same indifference and the same desire to escape responsibility by which its administrative policy has always been characterised, for I have never known of an instance in which its influence has been exercised to secure fairness of election or appointment by professional merit. It would have been open to that Board, I think, to put a stop to political intimidation, when that intimidation went the length of obstructing and coercing the voters and maltreating the unpopular candidate; and, I think, they would have been quite justified in refusing their sanction to elections so conducted, but on no single occasion have they ventured even to advise the electors, still less to protect the voters, or secure the freedom of their choice.

The remuneration of the Poor Law Medical Officer must, I think, always be governed, in the greatest degree, by the ordinary principles of demand and supply, for though I am aware that Guardians and Dispensary Committee-men are often impelled under pressure of the local taxpayers to select their officer from the “cheap and nasty” grade of the profession, yet I do not think that, on the whole, the interests of the sick poor have been materially prejudiced by this very natural leaning towards economy.

In fact, in most districts the amount of the official emoluments is not the chief factor which decides the class of doctor to whom the district is to be entrusted; much more important considerations are the extent and value of the private practice obtainable, the nature and geographical position of the district, and the chance of agreeable social intercourse therein. A poor district, sparsely inhabited by indigent tenant-farmers, and far distant from a large town or from a railway station, must be content with the ministrations of such a medical officer as will be content to live in it, and who will compensate for the absence of practice by a little farming; and it would be neither possible nor desirable to urge the local authorities to pay their doctor anything more than the minimum for which a duly qualified practitioner can be obtained; nor would the addition of a few pounds to his salary purchase the services of any medical officer whose attainments and tastes enabled him to live elsewhere.

I have, therefore, always discouraged agitations for the raising of salaries; and I recognise the fact that neither the Local Government Board nor any other supervising authority ought to dictate to the Guardians on this question. But it is, nevertheless, clearly the duty of that Board—and I am glad to say they have hitherto been firm on the subject—to protect the officer against capricious and malicious reductions in his salary when once fixed; for if it were permitted to the Guardians to deprive him of a portion of his means of livelihood whenever the economic shoe pinched them, or whenever they saw fit to punish him for some offence against duty or political creed, it is obvious that the emoluments of the Poor Law Medical Officer would come to be so precarious, that appointments would cease to be an object of competition.

But, as I have said, the value of a Poor Law medical appointment, and the quality of the doctor who seeks it, are dependent chiefly on the value of the private practice obtainable in the district; and this brings me to the discussion of the cause which influences that value in different localities. As you are all aware, the dispensary doctor is required by the 9th section of the Medical Charities Act, and by the 21st article of the Regulations made thereunder, to “duly and punctually attend, either at the dispensary during the appointed hours for attendance thereat, or at the house of the party on whose behalf application is made, or elsewhere, as the case may require, and supply all requisite medical and surgical advice and assistance to every *poor* person in the district or division of a district under his charge, whom he shall be required to attend as medical officer,

by a ticket, signed by a member of the committee of management of the dispensary district, or by a relieving officer or warden, acting for any electoral division included in such district; and shall continue his attendance until such attendance is no longer required, or until the ticket be cancelled."

This law was made in the year 1851, shortly after the famine, and at a time when it was peremptorily necessary to provide for the medical care of the poor in the widest sense; but within the thirty-four years which have since passed, though the condition of the Irish people has completely changed, the law has remained unaltered either by the voice of Parliament or by the authority of the Local Government Board. That Board has steadily refused to define the word "poor;" has permitted (I might almost say encouraged) the irregular issue of medical relief tickets to persons who could not pretend to be poor in any true sense; and has, in every way, lent its official toleration to the wholesale abuse of the system. As a natural consequence, the Poor Law medical relief system of Ireland has become wholly demoralised—a large section of the population, who in any other country in the world would never dream of seeking medical charity, have quartered themselves upon the taxpayer, and, unblushingly, demand gratuitous medical advice and medicine. To such an extent has this demoralisation extended in Ireland that in many districts the small farmer, petty shopkeeper, or well-to-do artisan, stands aghast at any suggestion that he should pay for doctors or medicine; and in some districts, which are by no means amongst the poorest, practically the entire population claim to be regarded as paupers *quâ* medical attendance.

I need scarcely remind you that such a malversation of medical charity does not exist in any country under the sun. In England, Wales, and Scotland, no one is entitled to medical poor relief unless he is a pauper; and it is the duty of the relieving officer—who alone is authorised to issue medical relief tickets—to satisfy himself that the recipient is actually destitute before he issues it. No artisan who is well enough to work is regarded as a poor person. In Ireland, on the other hand, medical relief tickets may be issued by any one of, say, ten committee-men and wardens, and very generally no inquiry is made as to the capacity of the recipient to pay. If any consideration at all is given to that question, the issuer proceeds on the principle that no one should be called upon to pay for medical advice and medicine unless he has loose money for the purpose over and above all his other requirements; and, in fact, if

it seems that an applicant spends his daily earnings on either necessities or luxuries, he is granted a medical poor relief ticket as a matter of course. It is no uncommon proceeding for the committeeman to sponge his own family on medical charity; and, in doing so, it never occurs to him that there is anything unlawful or opprobrious in doing so, for, by long experience, he has been taught to believe that the services of the dispensary doctor are included in his taxes, and that he is as much entitled to use those services as to use the roads which he helps to pay for.

If such person hesitates at all about issuing a ticket, he does so because of personal friendship for the doctor and a desire to spare him trouble.

I do not appeal against these abuses in the interest of the doctors, for, in the long run, it does not make much difference to the profession at large how the system is worked. It is manifest that some one must pay them for their services, and that the sum they receive must be enough to live on. If they derive a considerable income from private practice they can afford to accept a lower salary from the Guardians, but if they are excluded from private practice by the operation of these abuses they must either insist upon a larger salary or else seek their fortune in a more lucrative locality. Thus in districts where these abuses are rampant, the taxpayers have to pay inordinately high salaries, and find the greatest difficulty in obtaining or retaining efficient officers, and I have in my mind's eye certain places in which, for this reason, no medical officer remains for more than a few months. Furthermore, the taxpayer is called upon to pay for the medicines and medical appliances supplied to well-to-do people, and, as a result, the expenditure on these items throughout Ireland is out of all proportion to the amounts paid in other countries for a similar population.

The abuse of Poor Law medical relief has been fostered by one or two flaws in the law, and, as I have said, by the indifference of the central authority—the Local Government Board. I have already complained that no attempt has been made to define a “poor” person, such definition being the more necessary because the medical officer cannot be permitted to make such a definition for himself. I fully concur in the view that the dispensary doctor should be divested of all discretion in the matter, and that he should be, as he is, bound to attend on the ticket no matter by whom it is presented, but I look upon it as monstrous that the supervising authority should tolerate the indiscriminate issue of tickets as they do. Under

their *regime* the book of dispensary tickets has, in many districts, come to be an important part of the stock-in-trade of the local shop-keeper, who, in order to be in a position to oblige his customers, obtains appointment as a committee-man or warden, and, having obtained his book of tickets, signs his name at the bottom of each and hands them over to his shop-assistant for issue to every customer who desires one. The order of the Local Government Board is that "the ticket and counterpart are both to be filled up by the person authorised to issue" it, the purpose of such direction being obviously that the issuer may satisfy himself that the recipient is deserving; but the Local Government Board has allowed this rule to become a dead letter, and has even, when called upon to give an opinion upon this system, refused to discourage it in any way. It is a question open to legal dispute whether a ticket, not filled up by the issuer, is binding on the medical officer; but, practically, that officer is obliged to honour it because of the difficulty of proving that it was issued by deputy, and because of the risk of censure or dismissal if he refused to comply with the order.

These abuses of Poor Law medical relief are also facilitated and encouraged by the fact that the remedy which the law places at the disposal of the medical officer is, in all respects, unsatisfactory. If he should feel aggrieved by the improper issue of a ticket, his only redress is to seek to have it cancelled, for which purpose he must resort to the dispensary committee—where he is confronted with the member who is in fault and by his friends—it may be, perhaps, several weeks before the meeting of the committee takes place, and, meanwhile, he must continue attendance on the patient whose case, probably, will be disposed of long before the redress sought for can be achieved. If he thinks it worth his while to press for the cancelling of the ticket, the committee, desiring not to condemn their fellow-member, may probably decide that the ticket was rightfully issued; but, if favourable, they may cancel it, in which case the committee-man who issued it may revenge himself by at once issuing another ticket for the same patient, upon which the medical officer is still bound to attend. Thus great injustice and hardship may be inflicted on the medical officer even by inadvertence, but those hardships are multiplied tenfold where the wholesale issue of tickets is—as it often is—made use of by a malicious member of the committee to persecute a medical officer to whom, for political, religious, or personal reasons, he may be hostile. It is quite open to him in such case—and the instances are not rare in which it has been done—to

render the doctor's life miserable and to destroy his professional prospects by maliciously serving him with visiting tickets. I have known cases, and I have one under notice at the present time, in which the hostile committee-man has hunted the country for persons to whom to issue tickets, has designedly kept the presentation of those tickets back until a time when it is most harassing on the doctor to attend on them, and has made it a rule to give visiting tickets for long journeys to patients suffering from the most insignificant maladies.

To remedy these abuses and counteract these faults in the law, the Irish Medical Association has done much. In the first place, it has taught the committee-men that if they negligently or wilfully issue tickets to persons who have no right to them, they may themselves be sued for the doctor's fees, and made to pay; secondly, it has taught the person who asks for a ticket, without being entitled to it, that he may be punished for the false pretence by being compelled to pay. Upon these points the Association has obtained legal decisions, and has thus put the weapon of defence into the hands of the medical officer, but it is not yet clearly established whether the cancelling of the ticket is a necessary preliminary to the suit, and, as it has been assumed to be so, the medical officer remains, in most instances, helpless until some means is found of speedily cancelling improperly issued tickets. A method of doing this, which seems both reasonable and practical, was embodied some years ago by the Irish Medical Association in a bill introduced on their behalf by Mr. Meldon, then M.P. It proposed to give to the magistrates at petty sessions a power to cancel tickets on good cause shown, while still reserving the same power to the dispensary committee. This clause has not been pressed, nor do the present circumstances encourage the Association to submit it again for the approval of Parliament, but I think it an admirable proposal. As the petty sessions meet, as a rule, once or twice weekly, an appeal to the magistrates might be taken at the beginning of one attendance, and the appeal tribunal would be quite independent in its judgment, while it would be in a position to adjudicate upon the merits of the dispute with a certain amount of personal knowledge.

It seems to me that if such a check were placed upon the committee-man, warden, and patient, very few of the existing abuses would survive, and the interests of the sick poor and of the taxpayer would be greatly served.

The outcry of the Poor Law medical officers against these abuses

has been met by the statement that there is no abuse; that the tenant farmers, petty shopkeepers, and artisans, if not actually "poor" persons are relatively "poor," because they are quite unable to pay the guinea which is the recognised doctor's fee; that it is, therefore, the medical officers' own fault if, by keeping their fees above a practicable amount, they force the committee-men to issue a ticket to every one who cannot afford to pay the guinea. This answer to our complaint is enforced by pointing out that in England, Wales, and Scotland, none but the destitute are beyond the reach of private medical advice and medicine, which may be obtained from fully qualified and reputable practitioners through the agency of clubs and provident dispensaries for a payment of a few pence weekly or a few shillings a visit.

The Irish Poor Law medical officers are told to "go and do likewise."

Now, in the first place, it is quite untrue that the Irish Poor Law medical officer either demands or receives a guinea a visit, or that his ministrations are, on the whole, anything more costly than those of his Saxon brother. It is true that some of the seniors in the service adhere to the symmetrical guinea as their recognised *honorarium*, payable at a first attendance on the patient, but the repetition of that fee is entirely dependent on the monetary capacity of the payer. Having, as they consider, preserved their self-respect by receiving the fee which recognises their status as gentlemen and educated physicians, they are quite willing to give any quantity of gratuitous attendance which the patient has any right to expect, and I believe I am correct in saying that the whole amount which they receive for each private patient is much less than that which the same patient, if resident in England, would have to pay either in club subscriptions or private fees for the same services. I assert, without fear of contradiction, that in any case which requires several visits the Irish patient is enabled, without resorting to the relief ticket, to obtain medical advice upon much easier terms than in England, even though he may have, at the first visit, to pay his guinea to the doctor.

But then there are the patients who could pay a few pence weekly (if they would) or a half-crown at each visit, but who are so indigent or improvident as not to possess a guinea at the moment when the doctor's services are required, and it cannot be denied that these are left unprovided for by the guinea-fee system, and are, of necessity, thrown upon the medical charity as "so-called poor

persons," and I think, therefore, that some relaxation of the recognised *honorarium* ought to be made.

It is obvious that to attempt by etiquette or understanding to impose strictly on the practitioner any fee or scale of fees would be not only unbusiness-like and impracticable but unwise and unreasonable, and therefore the attempts occasionally made by Boards of Guardians to pledge the medical officer to accept a fixed small fee are the stupid outcome of ignorance of the ordinary principles of political economy. Not only the necessities of the patient and his capacity to pay the doctor vary in all degrees, but the value of the doctor's skill and time are equally unfixable. Many Poor Law medical officers are well worth their guinea fee, and are so over-employed that their time would be underpaid by any smaller sum; while others, perhaps, would be considered by their patients to be dear at half-a-crown. It is, therefore, impossible to fix a minimal fee; but, on the other hand, it is time, I think, that the attempt to fix a maximum by any rule of medical etiquette should be abandoned. I hold that every practitioner should be permitted to assess the value of his own services without being banned thereby as having fallen from medical virtue.

As a matter of fact, I believe a majority of the Poor Law medical officers of Ireland have taken the matter into their own hands, and, while they maintain the theory that their proper fee is a guinea, they are quite prepared to accept half or quarter that sum without saying anything about it; but there are many others who feel themselves bound by medical propriety to adhere to the fee which their ancestors required, and I think it fair and reasonable, in the interests of the sick poor and of the profession, that those practitioners who wish to adjust their fees to the needs of their clients should be by some means released from this supposed obligation. With this object I suggest that the Irish Medical Association, or some other professional organisation of equal influence, should adopt and formally promulgate a resolution to the effect that a medical practitioner receiving such fee as the circumstances of his patient enabled him to pay should not be considered to have infringed professional propriety.

But though I contend for the right and propriety under the circumstances of each practitioner fixing his own fee, I recognise the necessity for establishing, as far as possible, a uniformity of action in the matter amongst Poor Law medical officers, and with this view I think it would be very desirable if a scale of fees could be suggested. Such scale should be clearly defined to be a minimum,

inasmuch as the right of the practitioner to exceed it to any extent he pleased ought to be fully declared; and I do not see any fairer basis upon which such a scale could be constructed than the valuation of the patient's residence. Such a tariff of fees has been in use for years in many parts of England, and it has, I believe, been found to work satisfactorily, but it may be that in the construction of such a scale for the Irish provinces the distance travelled by the doctor in his visit to the patient should be taken into account.

It seems to me the voluntary adoption of such a tariff in any district would do much to neutralise the abuse of medical charity relief therein without any change in the existing law. It would be open to the medical officer to supply to the committee-men or wardens a book of "recommendations," which would serve not as an *order* to the doctor, but as a recommendation to him to give the holder the benefit of the reduced scale of fees. It would be thus open to the committee-man, when importuned for a medical relief ticket by an undeserving applicant, to afford him that relief without burthening the doctor with gratuitous work or mulcting the rate-payers for cost of medicines, and I think it would be found to be the interest of the medical officer to encourage the committee-man to substitute these recommendations for the official medical relief ticket by allowing the issuer a considerable discretion as to their issue.

THE POWER TO DISMISS THE POOR LAW MEDICAL OFFICERS.

The question which now most fiercely burns in the Poor Law medical world is the tenure of office of the workhouse and dispensary medical officer. In the case of the dispensary officer, as I have already pointed out, the only law on the subject which exists is that which enables the Local Government Board to dismiss an officer "on sufficient cause." Heretofore that power has been exercised rarely and in cases where there was obviously good reason, so that no occasion has arisen to take a legal decision as to what constitutes "sufficient cause;" but I think it may be taken as the law that a dispensary medical officer holds his appointment until some circumstances arise which a jury would consider to justify the Local Government Board in dismissing him. It is possible that the question may come to be discussed whether the hostility of a majority of the dispensary committee, either on political, religious, or personal grounds, could be regarded by the Local Government Board as "sufficient cause," and if such dispute arises I have no doubt that the Irish Medical Association will see the propriety of asserting,

on the part of the dispensary officers, the principle that, as long as they are competent and willing for the efficient discharge of their duties, their tenure of office is permanent.

In the case of the workhouse medical officer the question of tenure of office is now ripe for settlement, and will be actually under argument in the High Court of Justice within a day or two. The right of the guardians to dismiss an officer was first broached in 1881, in the case of Dr. O'Reilly, of Lismore, whom the Local Government Board encouraged the Guardians to dismiss. They were met by the Irish Medical Association with the challenge that if the Guardians took any such course an action would be at once instituted by them on Dr. O'Reilly's behalf, because, by law, the dismissal power is vested in the Local Government Board, and cannot be transferred to the Guardians by any other means than a new Act of Parliament. When the case was ripe for contest, Dr. O'Reilly, against the advice of the Association, threw up the sponge and resigned his office, and since then the Association has been watching for the opportunity which now presents itself to settle the dispute.

In 1881 both the law and their own regulations were clearly against the Local Government Board in their effort to shift the dismissal responsibility to Guardians, but, with the view of mending the law, and to give legal effect to their views, that Board promulgated, on the 18th of December, 1882, a new general order for the administration of unions. By the pre-existing rule the Guardians might "suspend" an officer pending the approval of the Local Government Board. If that Board did *not* approve, they might restore the officer to office, otherwise they must take the responsibility of dismissing him themselves. By the new rule the Board try to relieve themselves of this responsibility, for they decree that, if they do not remove the suspension, then the Guardians may dismiss him. There is, fortunately for the Poor Law officers, one flaw in this nice little scheme to throw them on the tender mercies of local political agitators. The Local Government Board has no more power to make such rules than to dictate orders to the Lord Chancellor. The Act of Parliament distinctly invalidates any or every attempt to shift the responsibility of dismissal of its officers from that Board to any person or body whatever. There is but one Act of Parliament which governs the matter; it runs thus:—

"It shall be lawful for the Commissioners . . . to direct the Guardians . . . to appoint such paid officers as the Commissioners shall think necessary . . . and the Commissioners

may . . . *direct the mode of the appointment and determine the continuance in office or the dismissal of such officers*, and the amount and nature of the security, &c. . . .”

It will be noted that under this section the Commissioners, and no one else, are to “*determine the continuance in office or the dismissal of such officers.*” These words of themselves might be considered sufficiently explicit, but they are confirmed by the phraseology of the 33rd section, and by the Order originally made by the Commissioners themselves, and now, with singular inconsistency, reiterated. The 33rd section says:—

“The Commissioners may, *either upon or without any suggestion or complaint on that behalf from the Guardians of any Union to remove any paid officer . . . whom they shall deem unfit for or incompetent to discharge the duties of any such office.*”

It is here set down, one would think, sufficiently clearly that the Local Government Board are the persons to dismiss, and that the Guardians have no power in the matter save to offer “*suggestions or complaint,*” to which the Board may or may not give effect; and it is to be noted that the officer is liable to dismissal only upon incompetency or unfitness, or for refusal to obey *the orders of the Commissioners*—it being clearly the intent of Parliament that the officer should not be open to removal because of declining to fulfil the Guardians’ orders, or to conform to their personal caprice, and that he should be, to that extent, independent in the discharge of his duties.

Neither in this clause, nor in any other part of any Act of Parliament that I can find, is there any power whatever given to the Board to delegate dismissal powers to any person or body; and, indeed, such delegation is contrary to the whole spirit of Irish Poor Law legislation. The Local Government Board themselves interpreted the law in this sense, for, acting upon the authority of the law which we have quoted, they have made the following rule:—

“ARTICLE 39.—Every officer . . . holding any office under this Order shall . . . continue to hold the same until he die, or resign, *or be removed by the Local Government Board*, and every porter or assistant may be dismissed by the Board of Guardians without the consent of the Local Government Board.”

It will be noted that herein a marked distinction is drawn between those menial servants which the Guardians might dismiss, and those higher officers which the Local Government Board alone was entitled to deal with; and nothing can be clearer than that that Board, and they alone, have power to remove the higher officers.

The Irish Medical Association has taken the highest legal advice on the point, and has received from Mr. Purcell, Q.C., the advice—"That the Local Government Board have no power to delegate to Boards of Guardians any authority to dismiss or suspend the medical officer of the Union, and that the general orders to this effect in the Articles 39 and 40 of their recent circular are *ultra vires* and illegal."

The Irish Local Government Board has been referred to the sections of the Act of Parliament, as above quoted, and it seeks refuge in the third section of the same Act, which says that—

"The Commissioners are authorised . . . to make and issue orders for the government of workhouses . . . and for the guidance and control, appointment and removal of the officers thereof, and for guidance and control, *according to the intentions of this Act*, of all guardians, wardens, and other officers."

The Board appears to hold the opinion that this section gives them power to authorise Boards of Guardians to dismiss officers, in which view not only I, but much higher legal authority, entirely disagree. The Board may, under this clause, make any rules it pleases, "according to the intentions of the Act;" but it has no power to make any decree which goes in the smallest tittle against or beyond the words of the law.

The only legal precedents bearing upon the question are the cases of Dr. Kenny, of the North Dublin Union, and of one M'Gwiggan, an assistant schoolmaster. Dr. Kenny, it may be recollected, was dismissed by the Local Government Board for a political offence, and he sought to compel them to reinstate him, on the ground that that Board had no authority to "deem" him "unfit" unless for some cause conversant with the discharge of his medical duties. The case was argued in the Rolls Court, but before the judgment was delivered the Local Government Board submitted and reinstated him in office. In this case, therefore, no question arose as to the power of the Guardians to dismiss, and the only question which did arise—*i.e.*, the limits within which the Local Government Board had dismissal power, was not decided.

More recently, the right of the Guardians, under the new rules, to dismiss was raised in the case of an assistant schoolmaster at Belfast, named M'Gwiggan. The cause of dismissal was not in dispute, but the right of the Guardians; and, in order to prevent the establishment of an adverse legal precedent, which might afterwards operate against the medical officers, the Irish Medical Association thought it necessary to intervene.

The case was argued in December, 1885, in the Queen's Bench, on behalf of the Association by Mr. John Gibson, Q.C., afterwards Solicitor-General for Ireland, and Mr. Monroe, Q.C., who was then Solicitor-General, and is now the Judge of the Land Court.

The judgment delivered by Judge O'Brien, on behalf of Chief Justice May, and Mr. Justice Johnston, would be incomprehensible to most of our readers, but I quote the important phrases:—

"As to certain principal officers, such as masters and doctors, the Local Government Board have an absolute power of dismissal on any grounds that they consider sufficient, so that, as to them, there can be no contract implied." . . . The common sense of the matter would seem to be to regard Boards of Guardians as a kind of artificial body for carrying out public functions governed and controlled in all their functions by the rules made concerning them.

"They are to appoint officers, but subject to the approval of the Commissioners. The latter are to make rules for the guidance, control, and removal of officers. Under section 31 they may direct the mode of appointment and determine the continuance in office and removal of such officers. Under section 33 they may themselves remove any officer whom they deem unfit or incompetent.

"The Guardians may suspend certain officers, but they are to report the cause of the suspension. They have absolutely no power of dismissal except as to the porter and assistants (to whom are added, in the English rule, nurse and servants—additions which indicate still more decidedly the precarious nature of the employment)."

ART. XIII.—*Goître in the Himalayas.* By BRIGADE-SURGEON
WILLIAM CURRAN, A.M.S., Retired.

THE existence of goître on the higher table-lands of Central Asia was first made known to us by Marco Polo. Describing the "Province of Yarcán," he says that "a large proportion (of its inhabitants) have swollen legs and great crops at the throat, which arises from some quality in their drinking water." Mir Izzat Ullah and Mr. Shaw confirm this; and he and other members of the expeditions that accompanied or followed him were overwhelmed with applications for remedies containing iodine by sufferers from this disorder. Mr. Schuyler adds, that goître also