PRESENT STATE OF THE IRISH POOR LAW MEDICAL SERVICE.^a

By R. F. TOBIN, F.R.C.S.I.

ON the present occasion it is my duty to give the Address introductory to the approaching Session. At the outset let me thank the many visitors who have honoured us with their presence, welcome the students newly joined, congratulate the prize-winners, and say farewell to those who, being duly qualified, are about to lay their own hands on the rudder which is to guide them through life. The past academic year also claims a few words of recognition. It was brimful of work, and of eminently successful work, as the statistics show, and even our failures, when we look into them, only tell us more bravely to go on. In the first place we all but won the football cup. Some may object to this being classified as work, but really Vincent's men do all that comes across them so heartily and cheerfully that it is hard to say when they are at work and when at play. But, since it is for Mr. Paget O'Brien Butler and not for me to tell the new men the story of last year's matches—our many victories and our one defeat—and to point the moral of the tale, I may pass on to the work done within these walls.

During the past Session 623 medical and 1,045 surgical cases were treated in the wards, and 18,000 cases in the dispensary.

All these cases were most carefully looked after, and in the tending of them a large number of students and nurses gained skill and experience. There is not, believe me, any egotism in these remarks. All that the teachers of St. Vincent's Hospital Medical School claim is that we are happily situated; that we are stimulated by the enthusiasm of the young minds in our classes; and that working with a Sisterhood whose charity is greater than their own needs we are enriched by its overflow.

Thinking of a special subject for this Address, the two that present themselves to me as being uppermost in our minds at present are the state of the weather and that of the Irish Poor Law Medical Service. Both are equally bad; but as the weather is a more difficult and more medical subject, I shall leave it for Dr.

^a An Address introductory to the Medical Session, 1903-1904, delivered at St. Vincent's Hospital, October 6th, 1903.

M'Hugh next year, and consult with the lately qualified students as to whether they should or should not take dispensary appointments under the present conditions.

This subject is not grateful to me. Firstly, it is threadbare. Had I all the eloquence of the Irish Bar, it would not be possible to say of it anything more or in a better way than has been said by others—notably by my colleague Mr. M'Ardle from this very desk five years ago. Secondly, I have to commend to you a line of action which is foreign to us alike as men belonging to a generous race and to a generous profession.

However, this matter is pressing. There is unanimity amongst us that something must be done to improve the position of Irish Poor Law Medical Officers, and, therefore, I think it is the duty of each one of us to bring the subject before the public on every possible occasion, and to continue hurling truisms and commonplace facts into the street till those in authority give active consideration to them.

What is the case of the Poor Law Medical Officers? A price they say was put on our services which, at the time it was fixed, was certainly not too high. Since then the cost of education has doubled, our market value has doubled, yet we are refused any increase either of privileges or pay.

From the *Cornhill Magazine*, in which there lately appeared some interesting articles on "Prospects in the Profession," I take the following extract:—"The popular mind is still so far under the influence of modern Victorian literature that it may not be useless to say that a medical school in the present day, whether conducted by a university, a college, or a metropolitan hospital, is a very serious and highly organised academic institution spending vast sums on its museums, laboratories, and classrooms, and carrying on its work by the help of a large staff of demonstrators, lecturers, tutors, and clinical teachers. The modern student, if he wishes to qualify at all, is one of the hardest worked young men to be found. From lectures to practical observation in the laboratory, from laboratory to clinical study in the wards and out-patients' rooms, thence to class examinations, and home to master his text-books, his days are spent in a ceaseless round of duties, and his vacations are cut shorter and shorter as he goes on. Mr. Robert Sawyer, it may be once for all understood, is as much like a contemporary Vincent's man as the Saracen's Head is like the Shelbourne Hotel. A modern medical

school is no place for an idler, and idlers are sooner or later requested by the authorities to move on . . . After five or six years of such work, the aspirant gains his legally recognised diploma or degree and enters his name on the register."

In this paragraph is to be found the explanation of the present discontent. A man after five or six years of arduous study, and after seeing many fall upon the way, completes his course. He takes employment in the Poor Law Medical Service, and he finds himself treated as regards pay and consideration as if he were a Bob Sawyer. The inadequacy of the pay of the dispensary doctor has been set forth in various ways. For instance, it has been shown that, in many districts, if these medical officers were allowed merely the rate of car-hire given to other Government officials and no pay whatever, they would be better off than they are now. To me myself the condition of things was brought home very forcibly in this way. There called upon me some time ago an old school-fellow. We had studied together at Clongowes, and also on the benches on which you now sit. When qualified, he had taken a dispensary in the West of Ireland. I had gone into the army. We had not met for thirty years, and we naturally considered how each had fared. It appeared that, at the time of his visit, I had already been in the enjoyment for nine years of a pension of £365 a year, an annuity paid quarterly, to which every Medical Officer in the army becomes entitled practically by the mere act of living. While earning this pension I had had in one sense a much better time of it than had he. I had always been more highly paid, and I had been given two months leave of absence every year. He, poor fellow, was in broken health, only on one or two occasions had he had a month's leave of absence during his whole thirty years, yet he was still working away day and night with an ardour that shamed me. A little later his health completely gave way, and he was accorded ungraciously, as a matter of grace, a pension of sixty pounds a year. That the contrast of the two services thus set forth is strikingly in favour of the army you will agree, and the cases, remember, are in no way exceptional. But wait awhile. At the time I speak of, when these two cases fairly represented the conditions of the Army Medical Service generally, and of the Poor Law Medical Service in many parts of Ireland, the Army Medical Service was considered such a poor one by the united opinion of Ireland, England and Scotland, that teachers in all schools advised

students not to take appointments, with the result that the conditions of that service have since been greatly improved. But, perhaps, it occurs to someone to say "Dispensary doctors may supplement their salaries by private practice, and therefore these salaries should not be on the scale of the military service." This is, no doubt, true in some districts. But there are others, and unhappily not a few, where the inhabitants are so poor, the doctor attending them is so removed from the public eye that his position is comparable not to that of an army surgeon, but to that of a civil surgeon in an out station in India, and it demands, therefore, the larger pecuniary recognition which the latter receives.

However, away with comparisons. Far be it from me to imply that Medical Officers in any branch of the public service are over paid, further still to urge promising young scientists, whose services are sadly wanted in this slowly developing land of ours, to take their energy and skill elsewhere. Quite different considerations urge me to speak to-day. As long as I have a voice to raise, every word of mine shall go to exalt the medical profession in public estimation, and to impress on students that no land requires the services of every one of her children so much as does Ireland just now.

As regards our profession, it is, believe me, most short-sighted policy for one branch of it, or even for one member of it, to be jealous of another. Our motto rather should be "Help one another." We are all inter-dependent, and what honestly raises one eventually raises all.

Now as regards the cause of the present quarrel—and indeed of all quarrels where the profession demands higher terms than the public are prepared to give—when we look closely into it, we find that it is due to the fact that while we offer to the public certain high-class goods, not low in price, but of excellent value, what they, the men in the street, want from us is a low-class article that would be dear at any price. You who have been recently qualified or are about to be so, have probably uppermost in your minds as regards your profession, ideas such as the following:—You find yourselves anxious to go on adding indefinitely to the knowledge you now possess, to put that knowledge at the service of the public for payment when you can, gratuitously when occasion demands, and whether for payment or no payment, never to give anything but your best. But form what conceptions you may of your *rôle* in life, you will find a

large number of the public—a number daily growing larger—who have made up their minds as to what they will have of you, and you will deny it to them at your peril. In the minds of such men the doctor seldom looms larger than one who prescribes a mixture, a pill or a blister, to which armoury have of late been added Roentgen rays and tabloids. It has been so in the past, it is so to-day, with the cultured as well as with the illiterate.

Let us take cases. We always study here from cases. Now, if I ask you to look back through the last few centuries and to tell me what man stands out pre-eminently as a great block of sense, I have no doubt most of you will answer Dr. Johnson. His wisdom is embodied in our household words. He stands great, because he *was* great, and because Boswell has preserved him for us in a living shape. It is a life one never tires of reading. Every first year student should buy that book, and dividing it into parts, have it bound up with Birmingham's "Anatomy," Kirke's "Physiology," and Tobin's "Synopsis of Surgery." For surely it is not by anatomy and physiology and surgery alone that a man grows wise, no, nor even by a study of Fraser's great work on the topography of the brain, but by keeping himself in touch, as far as he can, with the great men, past and present, in every branch of literature and of art. Well, anyhow, Johnson was a wise man except on the subject of medicine. Having had a "paralytic stroke" he writes to Mrs. Thrale as follows:—"I suppose you may wish to know how my disease is treated by the physicians. They put a blister on my back, and two from my ear to my throat, one on a side. The blister on the back has done little, and those on the throat have not risen. I bullied and bounced (it sticks to our last sand) and compelled the apothecary to make his salve according to the Edinburgh dispensatory, that it might adhere better. I have now two on my own prescription. They also give me salts of hartshorn, which I take with no great confidence. But I am satisfied that what can be done is done for me." Isn't that true to life or rather to sickness? You see it is to the blisters as amended by himself, made according to the "Edinburgh dispensatory," that he pins his faith. These adhering, he feels—oh! thrice blessed phrase—that "what can be done is done." That once said, whatever the result, the physician walks out with his head in the air.

That is case one. Now for case two. Once upon a time a young fellow just married bought a practice in a manufacturing district

in England where I was quartered. He gave for it one thousand pounds, the fortune he got with his wife—being at the rate of one year's purchase. He was probably a Vincent's man, for he knew his work well and was full of enthusiasm and the highest ideals. At the end of fifteen months he moved away with his wife, but without her fortune. Asking the people amongst whom he practised the cause of his failure, I was told that he was a humbug, that he knew nothing. "Why," it was said, "he would sometimes take a quarter of an hour to examine you, whereas the man he bought the practice from could see his job the moment he looked in your face." To be looked in the face and get a bottle was all they wanted from their medical attendant.

The third case is more up-to-date. It presented itself while I was sitting a few days ago in a railway carriage, in the shape of one of our leading citizens who occupied himself during the first part of a short journey in prescribing for people present and people not present. For instance, he told a lady who said she had a child at home with a sore throat, to give him a tabloid, which she could get at any chemist's, of five grains of phenacetin, and to repeat the tabloid in three hours, when she would find all the symptoms relieved. After this he read for a time his evening paper, and struck by something in it, he turned to me and said, "Now, doctor, how do you account for the high mortality of Dublin?" Seeing me trying to hide a smile behind my book, he added, "It is no laughing matter, my dear fellow."

Now, gentlemen, if the Irish poor are to be treated simply with blisters that will stick, or with mixtures after they have been looked in the face, or with tabloids after they have described the nature of their disease, we are, I think, all agreed, that the present pay of the dispensary doctor is sufficient for the occasion. But is this, then, the Practice of Medicine? It is not the practice of medicine as it was generally known in Ireland till we became infected with ideas from across the water. We are continually being told how they manage things better in England, and how our system of medical relief pauperises the people. The facts are that unhappily a large number of our people *are* paupers, or so poor that no decent man would expect a fee from them, but it was not the medical profession which made them so. Secondly, in no land does the medical profession stand higher or conduct its practice better than in Ireland. At a time when in England a medical practitioner had to take his way through the back

door of his wealthy patients, his fellows in Ireland were associating on terms of perfect equality with everyone in this land. Why is this? Simply because we have always treated, and the public have always encouraged us in treating, our rôle in life as a profession, and not as a trade.

Now, what is the difference? Well, you will find one in the resolution, which I took for granted just now was in the minds of each of our newly qualified men—viz., that whether for large fees or small fees or no fees at all, he would never give anyone he prescribed for anything but his best. Now, this requires in most cases a full examination of your patient and a careful consideration of his case. There is a sum of money, it may be two guineas, or one guinea, or five shillings, which, taking into account your position, your necessary expenditure and other things, fairly represents what has been done. If you take less, you are inclined to scamp your work. I speak not absolutely, but with the relativity which applies to all things human. Well, so, working always at your best, you establish a habit; there is but one class of article in your shop, and if a poor person comes along, you give him either that article or nothing at all. The well-to-do public, at least the more enlightened of them, join with us in taking this view of the question. They see that they must suffer from any deterioration in our profession, that they are often benefited by the skill gained by those who practice amongst the poor; and this, combined with less selfish motives, make them satisfied to pay fees not based on purely mercantile considerations. So there comes to be between the well-to-do, the poor, and the doctors a mutual helpfulness, the interchange of which constitutes the salt that saves us from putrefaction.

I am not one of those who object to counter practice in a chemist's shop. The chemist is a mere vendor of medicine. In Ireland the prescribing and selling of medicines have, I am glad to say, been kept as much as possible apart. If a man feels weak in the street, why should he not be as free to go into a chemist for a drachm of spirits of hartshorn (Johnson's remedy) as into the next public house for a glass of whisky? But I would object to the chemist, because he happened to hold a diploma in medicine, looking the customer in the face and charging fifty times the value of the drug dispensed.

Now that motor cars are about, a better idea of things may become prevalent. When a man has spent three hours on his

back, looking up into the works of his car, taking it to pieces, and putting it together again, and then walks sadly to the nearest railway station, the complexity of some machines, amongst which he may rank the human body, may dawn upon him, and with it may come an inkling that the human body cannot be properly attended to when out of order for a sum that a mechanic would refuse for almost any job.

But as all have not motor cars, would it not be well if the profession were to formulate what it considers the province of a dispensary doctor to be, and held up this definition before the public on every occasion ? It is, however, no easy task to do so in a clear and simple way. In place of defining its limits it is easier to ask, Whither do they extend ? What is it which does not influence our health ? The air we breathe, the water and food we consume, the work we do, the sights we see, the games we play, everything which acts upon us, comes within the doctor's scope. This is no vague generalisation, but a hard practical fact. The cultured and well-to-do are, it is true, becoming educated in domestic hygiene, but it is not so with the poor. To limit the treatment of their ailments to a bottle of medicine is a mockery and a crime. The part, therefore, that the dispensary doctor has to play is a very large one. He is many specialists in one. There is practically no limit to the good he can do if he is a man of sense, ability, and skill. It is his to guard against the occurrence of disease, to limit its spread, to help those attacked in their struggle with it, to raise the physique, and forward in every way the comfort and well-being of those committed to his care. This is no mean task, and surely the man who is called upon to undertake it may put forward the three demands of the Irish Medical Association—viz., 1st, a competence (£200 a year while he works); 2nd a moderate pension when he is no longer able to do so ; and 3rd a month's leave of absence every year in which to recuperate his health or to attend a post-graduate course so as to keep himself *au courant* with the advance of science.

At the outset of this Address I remarked that the necessity to remedy the present condition of things is urgent. There is however, another reason for pressing on with energy just now. It is that we have in office a Chief Secretary and an Under-Secretary possessing, as we believe, the will and the ability to help us. Their records fill us with hope. How can we best lay our case before them ? If only you, Mr. Chairman, could take them for a drive

in a motor car through the scenes of your early labours ! It would be a pleasant tour, for it would be through many beautiful places ; but it would also be a sad one, for at every turn there would be something speaking to thoughtful minds of present misery and neglected opportunities. The ruined cabins on the hillsides must awaken thoughts of the brave men born and reared in them, and so of battles fought and battles yet to be, of a chain of emigration, of so much gone over the ship's side that one stands in dismay lest the whole should follow. With these thoughts uppermost you would naturally turn to see what was being done to preserve the remaining few. In the houses you enter there is not much of all that the Twentieth Century is proud of. On every side you see signs of disease spreading unchecked. The young maimed or dying of tuberculous disease, the old of cancer ; lunacy on the increase, typhoid and typhus calling forth heroism and striking down those who display it. Perhaps in some cottage you may come across a dispensary doctor doing what he can to cope with the difficulties. It may be a sore throat which, if not isolated at once, would spread diphtheria or scarlatina far and wide, one which my friend of the railway carriage would treat with five grains of phenacetin ; or it may be a crippled child for whom a Thomas's splint is necessary. If the latter, the doctor will be trying to collect twenty-five shillings, the price of the splint. No doubt the Chief Secretary will give a pound. Perhaps when you get outside he may ask, "Where will the other five shillings come from ?" Be sure you tell him the custom of the country, "The doctor will give that himself," and do not fail to add "and well he may out of his fine salary."

A dispensary doctor—what a quantity, what a vast, unmeasurable quantity, of grand unselfish work is covered by that name. Here and there, it is true, are to be found a few careless and intemperate in many ways. The casual observer is impressed by them ; he goes his way ignoring the hundred others who day and night are expending their best energies in the service of the poor. Some pathetic incident gives the general public a glance at this everyday life, and they forthwith stand amazed at the heroism therein displayed. It does not detract from the honour of those who wear the Victoria Cross to say that thousands who have shown an equal bravery are going unregarded through life. Could we but resuscitate and have amongst us for this occasion the late Dr. William Smyth, of Burtonport, how his manly heart

would respond and glow with pride to my saying that the work he died in doing is being done in the same heroic way by practically every dispensary doctor in Ireland whenever occasion demands. To how many a one could not we who know them apply the words of Browning inscribed on a tablet erected in Templecrone Church in memory of Dr. Smyth :

One who never turned his back but marched breast forward,
Never doubted clouds would break,
Never dreamed, though right were worsted, wrong would triumph.
Held we fall to rise, are baffled to fight better,
Sleep to wake.

In saying this I am not indulging in mere verbosity. I am simply stating matters of fact. From the *Londonderry Sentinel*, of August 25, I learn that at least Dr. Brendan MacCarthy, a man of whom we at Vincent's are justly proud, and who worked with Dr. Smyth on the memorable occasion two years ago, is still marching, as he has always marched, "breast forward." I read from that paper :—

"Dr. MacCarthy, addressing the Guardians, said, as they were aware, typhus had reappeared in Arranmore. He was on the island last week, and visited not only the houses in which the outbreak occurred, but the houses upon which he had occasion last year to report unfavourably, and he did not find any real improvement. Typhus fever was essentially a disease of dirt and overcrowding. It was the scourge of gaols and armies before the importance of cleanliness and air space was understood. Typhus was disappearing from the face of the globe because it could not stand for a moment before sunlight, fresh air, and soap and water. But in different parts of Ireland the houses were of an unhealthy description. The windows were not of a proper or sufficient size to let in God's pure sunshine, the floors were of clay, the roof defective, and the walls damp. The family was huddled and crowded in the house, and lay in unhealthy box-beds, with which they were all familiar. Those were the conditions for breeding typhus, and naturally they had outbreaks in such a house, for every cause for such was there, and very plain to be seen. Then, again, when there was such a loathsome and infectious disease as typhus in the house, the priest or the doctor who went into that house did so at the imminent risk of his life. But that same case could be visited and nursed with comparative safety if the fresh air and sunlight were allowed to come freely into the house and dilute the poison."

On resuming your journey, you will pass many a pleasant-looking coastguard, with spyglass, scanning the horizon for smugglers, pirates, and hostile fleets, and it may occur to you to contrast this continual outlook for foes, rare and easily recognisable with the fact that never a glass is turned on the myriads of microscopic enemies which carry devastation over the country—to compare the preparedness of the country for possible enemies at sea, with its attitude towards ever-present enemies on land. To drive this lesson home, halt at the first dispensary you meet, and after talking of the recurring courses of instruction that naval officers have to go through, and the eagerness of the State to snap up every new instrument of destruction, introduce them to the whitewashed room, without one vestige of equipment, and, if he is there, to the Medical Officer of Health, a man who, perhaps, took honours in his time, but at a time when the word bacillus was unknown, and to whom there has not been given even one month for a post-graduate study in any laboratory since he took up his appointment.

But it is impertinent of me, Mr. Chairman, suggesting to you what you should say or what you should do. If you get the chance you will bring things to a successful issue. Yet one word more.

For myself I never can put in contrast these two things—the attention given by the State to the munitions of war, the neglect of the individual man—without wonderment possessing me. The lesson that is presented to us at every turn, especially in our games, seems to go unheeded. Perhaps it comes from too much reading. Every man should “pause at times from letters and be wise.” Anyhow there is not a football man here who could not tell our rulers that it is not in the make and quality of the boots of the players that victory is to be found between the posts, but in the quickness, the strength, the grit, of the individual members of the team. It is so in every manly game; it is so in the great game of war. Is it not on record that in it a strong man has won with no weapon but the jawbone of an ass?

There is a terrible to do just now over the report of the Commission on the South African War, but little attention is being paid to a paper which seems to me to contain the explanation of many of our shortcomings—namely, a communication from the Director-General, Army Medical Department, on the degeneration in physique of our population as shown by recruiting returns. Should England lose her foremost place amongst nations it will

not be for want of cordite, but from a deterioration affecting the individual man, and therefore the arts of war as well as the arts of peace. It will be because she will not listen to a voice which issues from all things as they decay—a voice that is seldom silent in this unhappy land.

'Tis life of which our veins are scant,
'Tis life, not death, for which we pant,
More life and better that we want.

Let us seek our strength in that better life and we need fear no one. Should the man of tabloids ask you how that is to be done tell him the abstruse fact that, as far at least as the physical side of things goes, it is with men as with horses and other animals. Strong, brave, and clever men tend to produce others strong, brave, and clever, and they are matured and made stronger and cleverer, not by the consumption of tabloids, but by education and by obedience to laws which are known to all who take out the Diploma of Public Health.

Gentlemen, this is one of the commonplace facts that, as I said at the opening of my Address, we must continue hurling into the street till we awaken the public to its importance. Once it is practically grasped, forthwith will come a recognition of the true *rôle* of that composite individual, an Irish Dispensary Medical Officer, and a redress of his grievances. In and out of season the profession has tried to force it on the attention of the Government, but in vain. The all-importance of the issue and the lethargy of our rulers necessitate and constitute the justification of the attitude of the profession towards the Irish Poor Law Medical Service.

Not in the interest of the individual—though his lot, however inadequately set forth by me, is hard indeed—not in the interest of the profession, but in that of the public weal do I say to you : join the Irish Medical Association and, for the present at least, leave the Poor Law Medical Service alone.