

of such beverages is largely recommended or sanctioned, we have endeavoured to give authentic information as to the mode of manufacture, and as to chemical constituents, other than ethyl alcohol, of the spirit now so largely sold under the name of whisky in England, in India, and in the Colonies.

It appears, first, that when whisky began to come into extensive use it was made from malted barley, and that such reputation as it possesses for relative wholesomeness was founded on this malt whisky. Secondly, we now learn that this type has been replaced as to two-thirds of the total consumption by a spirit made from different materials by a different process, and that the by-products it contains are, as might have been anticipated, different. Thirdly, it appears that knowledge of the chemical nature of these by-products, though it has increased in recent years, is still very imperfect, and that practically nothing is known as to their physiological action; and, lastly, that nevertheless this new spirit is sold as whisky both at home and in the Colonies, and is used for blending with malt whisky, the blend being in some instances so labelled as to give the purchaser the impression that it is malt whisky. These are facts which the medical profession ought, we submit, to know and to weigh.

There is another aspect of the matter to which the profession, as the natural advisers of the public, ought to take into consideration. It is believed, or rather, perhaps, we ought to say it is known in the trade, that much of the so-called whisky most carelessly made from the cheapest materials is exported to West Africa and other tropical colonies, where it is sold under Government sanction to native races.

THE IRISH POOR-LAW MEDICAL SERVICE: THE CASE FOR INQUIRY.

By W. R. MACDERMOTT, M.B.

IN view of the attempts made to settle the issue between the local authorities and the Poor-law medical officers by local conferences and by consolidation of dispensary districts, I desire to point out here that no permanent settlement can be effected by these means. The medical officers, I submit, in their own interests and in the public interest, should adopt the policy of the present Government, and insist that a case for inquiry and study has arisen, and having taken up the position allow nothing to turn them from it.

The first point I would direct attention to is that the public health service of the country is administered in spirit and letter under Medical Charities Acts passed half a century ago. The original intention of these Acts was simply to meet the personal case of the sick pauper as a matter of charity, and therefore at a minimum of expense and trouble. But at that time nine-tenths of the Irish population were, if not exactly paupers, unable to contribute materially to the support of an adequate medical staff, and the result of the system as it developed was to force the Poor-law medical officers to undertake the charge of virtually the entire population under the false pretence of having to attend only a limited number of paupers.

The primary matter for inquiry is, I submit, whether the medical wants of the population are adequately met now, discarding the principle of meeting them as a matter of charity as false in principle.

These wants are met, of course, by the whole body of medical practitioners in the country, and inquiry should be directed to their ratio to population both generally and locally. Inquiry would show that while population has decreased so has the number of medical practitioners, and that since the work of the last is determined more by area than by numbers their work has not decreased correspondingly with decrease in population. The average area of an Irish dispensary district being 27,000 acres, the medical officer has always to reckon on twenty to thirty patients scattered over it as little affected by any change that may occur in its population. But his work must be greatly increased if other medical men disappear from the scene; and as the reason for their disappearance must be that they cannot earn a living, the new work thrown on him is such that he not merely does not covet but is unable to discharge it.

Inquiry would show that the decrease in the number of medical practitioners in Ireland, particularly in rural districts, requires prompt attention as an evil which by overworking the medical man is rapidly making country practice unpopular, and discouraging entry into the profession as a vocation.

In 1881 the number given in the census report under the heading "medical profession" was 5,891—males 4,170, females 1,721. In 1901 the corresponding number was 5,933—males 3,840, females 2,093. In 1881 the number of physicians and surgeons was 2,470, all males. In 1901 the number was 2,221, of which 20 were females and 133 over 65 years of age. As there was a considerable increase in some city centres, the serious decrease of from 10 to 30 per cent. must have occurred in rural areas.

But the decrease is being rapidly accentuated. In 1891 the number of medical students was 1,646; in 1901 the number had fallen to 1,285. Thus, in the short period of ten years the number in preparation for the profession had fallen by nearly 20 per cent.—a fact, of course, represented in the present number of medical men under the condition that the call on the number for the army, navy, and Colonial service has increased.

The preference given to Roman Catholic members of the profession by the majority of the local Boards under the new system might lead to the supposition that this section would increase in response to the favour; but such is not the case. In 1881 the Roman Catholic physicians and surgeons were 968, in 1901 only 948; and as the students of the denomination were 649 in 1891 and only 575 in 1901, the number in the profession must be decreasing.

The Roman Catholic element of population contributing to professional life gives its youth to the Church and Bar. The clerical profession, 16,165 in 1891 was 18,407 in 1901, an increase altogether Roman Catholic. The clergy of the denomination, 3,363 in 1881, was 3,711 in 1901, and monks rose from 866 to 1,130. In the ten years 1891-1901 Roman Catholic barristers and solicitors increased from 848 to 975. The medical profession is distinctly unpopular among Roman Catholics able to give members to the professions.

This gives the general case for inquiry. The number of medical men in Ireland available for work has fallen and is falling to a figure which does not meet the wants of the rural population, even though these wants are legally matter of charity. The talk about rings and combines in the profession is beside the question; the combination merely expresses the fact that the decay of the profession compels ill-paid and over-tasked medical men to act in self-defence and enables them to do so with reasonable prospect of success. The ill-judged attempts of the authorities to meet "combination" simply show that they do not understand and take no pains to understand the true nature of the case.

In no respect is inquiry more necessary than as to the competition which no doubt occurs for some places when vacant. In general any competition that exists is due to total absence of selection on grounds of competence. I got a Poor-law appointment when I had not six months' experience, and was not even a registered medical practitioner. Of course in the particular case no mistake was made, but if a rule existed requiring for responsible posts from one to three years' standing in the profession, where would the competition be that satisfies the official mind? The absence of the rule shows the way the public health is muddled up in that mind with pauperism, Poor Laws, and public charity. But there is selection on grounds of politics and religion by the public Boards. I am to be understood here as making this statement impartially in respect of every sect and party. Without taking space to enforce the view, I am convinced that honest inquiry would show that this has done more to bring about the present state of things than combination on the part of medical men; and that if not promptly and effectively remedied, will leave the country very soon with an altogether inadequate staff of medical men.

In the army the medical officers had to insist on being accorded military rank for reasons which need not be stated here. The Irish medical officers are forced to assert their social status for like reasons. While allowing the gentlemen who sit on Irish Local Boards to be on the whole discreet and courteous there are many individuals among them who assert in coarse and vulgar language that they are the "masters" of the medical officers. No service over which these men claim and exert mastery can be otherwise than intensely disagreeable and unpopular.

A profession the instrument and victim of a false principle of public charity, ill-paid, over-worked and exposed every day to vulgar insolence has the answer which even common labourers make under the circumstances and the case for inquiry is that the answer is being made now to the injury of the public interest.