

# THE POOR-LAW MEDICAL SERVICE OF GREAT BRITAIN AND IRELAND.

## METROPOLITAN POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

THE quarterly meeting was held on January 31st, at the Ship Hotel, Charing Cross; Dr. Joseph Rogers in the chair. The report of the council stated that a circular had been issued by the Poor-Law Board in reference to the practice of taking pauper lunatics before police magistrates for examination, in which the guardians were urged to provide that some justice, or, if that were impossible, the clergyman of the parish and the relieving officer should attend at the place where the lunatic might be living, to hear and investigate the case, and make the proper order for removal. The council expressed their regret that considerable misunderstanding appeared to exist as to the proper interpretation of clause 3 of section 69 of the Metropolitan Poor Act, which enacts that after the 29th day of September, 1867, expenses incurred "for all medicines and medical and surgical appliances supplied to the poor in receipt of relief by guardians under this Act or any of the Poor-Law acts," shall be repaid out of the common poor fund. In some unions and parishes the guardians had compensated their medical officers for the stock of medicines on hand, and provided all medicines, etc., since Michaelmas-day last; and this without, in any case, it was believed, diminishing the salaries of the medical officers—liberality which it would be ungracious not to acknowledge as it deserved. Other boards, contending that the Act did not compel, and that it was optional with them to provide the medicines, had held their medical officers to the strict letter of their contracts, which require them to provide the medicines. The council believed that Mr. Hardy and the legislature intended the clause in question to be interpreted literally, and that all medicines and appliances both for the in-door and the out-door poor of the metropolis should be supplied by the guardians at the cost of the common poor fund. Recently the decision of the Poor-Law Board on this point had been given to the guardians of the East London union as follows:—"That in the opinion of the board section 69 of the Metropolitan Poor Act, 1867, does not interfere with the existing contracts, and that so long as such contracts continue their terms must be complied with. Hence, where a medical officer has contracted with the guardians to find drugs and medicines, he must continue to do so until his contract has been determined."

The appointment of dispensers and the regulation of dietaries were referred to. Dr. Rogers spoke at some length on the equalisation of the salaries of the medical officers, and stated that the council would at once deliberate and report on that question. With regard to the permanence of salaries, Dr. Rogers believed the Poor-Law Board would act fairly in this matter, and felt that no man could do his duty unless his appointment were permanent. Passing on to notice the recent decision of the Poor-Law Board in regard to the supply of drugs, he believed that it must be intended as a temporary one, since the very principle of Mr. Hardy's bill was opposed to it. After the bill was passed, it was clearly understood that the drugs were to be provided at the cost of the guardians out of the common fund in the metropolis. The following resolutions were unanimously carried:—"That the association desires to express the disappointment with which it has learnt the opinion of the board, and, believing it to have been the intention of the legislature that all medicines, etc., supplied to the sick poor in receipt of relief by guardians in the metropolis on and after September 29, 1867, should be paid for out of the common poor fund, requests the council to memorialise the board that they would be pleased to exercise the powers vested in them by the Act, and to vary the existing contracts so as to give effect to the intentions of the legislature. That, in the opinion of this meeting the appointment of dispensers to the workhouse infirmaries would be true economy; and that, by the use of diet and prescription-cards (on which all necessary particulars of each case should be entered by the medical officer, to be copied thence into the workhouse medical relief-book by a clerk or a dispenser), the ends served by the present irksome and laborious system would be attained, and the medical officer be thus enabled to devote the whole of his time to his medical duties."

## DUNFANAGHY UNION.

THE abuses of Farnham are rivalled by those alleged by Dr. Francis Clarke, M.A., M.B. T.C.D., to have occurred at Dunfanaghy Union. Some of them he sets forth as follows.

"The matron, Mrs. Coll (the master's wife), being insane, there was no responsible person in that situation. Persons in the infirmary not patients; patient removed from the infirmary, and from under the care of the medical officer, without his orders; persons not under treatment put into the infirmary without his orders, and kept there contrary to his wishes. Food, as ordered, not given to the patients, but other diet substituted; extras, such as stimulants (actually required for the immediate treatment of the case) not given the day ordered, sometimes not given at all; vermin in the beds, and on the persons of the patients; broken windows; patients under treatment, and at the time actually taking mercury, put to work outside in the snow and wet; no shoes or stockings supplied to any of the paupers, not even to the young children, aged, or sick, although the floors were flagged; an epileptic young man kept sleeping in the ward with females; food brought into the infirmary, not rations, and cooked there and used by the patients under treatment, though very unfit for them. Patients left days without medical advice after Dr. Clarke's resignation, although his services were tendered; one patient during that time complained on Saturday, is not visited by a medical man until Wednesday, dies on Thursday. This patient having frequently, during the time Dr. C. was medical officer, applied to him for treatment, which being promptly afforded, he soon threw off the attack. An epileptic patient who should not have been allowed out without supervision, which Dr. C. directed he should have when he was medical officer, put to work at or near a cesspool, in which he is afterwards found dead."

On his at length calling attention of the medical authorities to these allegations, of which he declares himself able to produce abundant proof, he was assailed by the coarsest abuse by the master, and, not receiving any protection, has been compelled to resign. This is a case in which Dr. Clarke is certainly entitled to the public inquiry which he demands, and, if necessary, attention must be directed to it in Parliament.

## SUPERANNUATION OF POOR-LAW MEDICAL OFFICERS IN IRELAND.

The medical officers of dispensaries and workhouses of Ireland are pressing their claim for superannuation; and a numerously attended meeting for the purpose was held in the Sligo District on Feb. 5th, at which an appropriate memorial was approved for submission to the Earl of Mayo. The calls upon their time are so heavy, and their private practice so insignificant, that they have even stronger claims than their brethren in England. They receive only one shilling for each successful vaccination, and no gratuities. Medical officers of county jails and of lunatic asylums in Ireland are justly allowed superannuation, and we think the claim of the Poor-law medical officers even stronger. They are called upon to report all matters of state medicine. We strongly support that claim; and, if it comes before Parliament, shall hope to give effectual aid.

## REMUNERATION OF POOR-LAW MEDICAL OFFICERS.

SIR,—The subject of remuneration for the Poor-law medical officers is, indeed, a most difficult problem, and very little has been gained towards its elucidation. Either of the methods ordinarily discussed would prove faulty in operation; for, under a per case payment, the poor would suffer, as the medical officers have suffered under the system of contracts. It seems that the only effectual remedy would be to constitute a separate service for the care of the sick poor, to require the whole time and attention of the officer, and to remunerate him accordingly. This would secure a good status to the officer, and would effectually prevent any recurrence of shop-like underselling, so justly complained of in your article. I am, etc., A WORKHOUSE MEDICAL OFFICER.

WILL you be kind enough to inform me in the columns of your valuable JOURNAL what is the duty of a medical practitioner, when, upon being summoned to see a pauper patient, he finds, upon his arrival (which has not been delayed), that the patient has died some hours previously, suddenly, and without any medical attendance.

J. B. G.  
\* \* \* To call for an inquest, and await a coroner's order for a *post mortem* examination.

L. Y. (Crewkerne).—We have received from several correspondents particulars of the case of Robert Gale, on whom Mr. E. S. Garland of Yeovil very properly held an inquest. The treatment which Gale received from the parish officials was such as to call for inquiry and to deserve reprobation. We hope that the moral of this case will be seen by the guardians, and that a more careful and humane treatment of the sick poor of the Chard Union will result.