

FOUR LETTERS,
ON THE
RELIEF OF THE SICK POOR,
IN IRELAND.

Anatomy Office, Merrion-Square,

MARCH, 1837.

TO

THE RIGHT HON. LORD MORPETH.

MY LORD,

Before the Prospectus of the Poor Law Bill appeared, I had the honor to submit to you a letter detailing some defects, and suggesting certain improvements of our Irish Charities.

As no legislative measures have been proposed since the excellent Bill of Mr. O'Brien, this is surely the moment to incorporate a few practical clauses with the intended Poor Law, so as to make the relief of the Sick, work hand in hand with it.

As disease and want mutually re-produce each other, it is imperative to treat these causes and effects together.

Although my letter was founded upon the experience of thirty years, and also during my official investigations as Inspector of Anatomy, and one of the Members of the Central Board of Health, yet other authorities may be referred to, in order to demonstrate the extent of abuses, and the crying necessity for their removal.

In 1834, Government appointed a Commission of Medical Men, to examine the condition of our Sick Poor Institutions.— Their Report (Appendix B.) is so voluminous that a few extracts may suffice to interest the feelings and interference of the wise and the good.

The truth of the following observations, page 1, is admitted by every man of honesty, humanity or common sense.

“The Government, in selecting medical men to investigate the working of medical charities, the only species of public relief ever afforded to the poor of this country, seems to have justly appreciated the difficulties with which the subject is surrounded. The very materials given to the sick poor as relief at these institutions; the proper mode of purchasing, preparing, and preserving these materials; the professional fitness or unfitness of individuals to be entrusted with the administration of these materials; the very accounting for their expenditure, can be thoroughly understood by medical men alone. It is clear, then, that what is termed *Evidence*, or a mere record of the answers of casual persons, to set questions, however frequently repeated, can give but very inadequate notions indeed of the actual management of such complicated charities, in which technical knowledge might be so easily employed to justify abuse, or cover misrepresentation.”

Nothing would be more simple than to repeal or amend a few clauses of the obnoxious acts, thus leaving “a clear stage and no favor” for the new Poor Law Commissioners, when incorporated with some professional associates, conversant with the whole department, and able and willing to discharge public and national duty.

“The leading defects, in our opinion, in the original construction and present state of the public medical relief system to the sick poor, may be traced to,—

“1st. The total omission on the part of the Legislature, of all provision for an efficient superintendence or control being exercised by properly qualified persons, whether over the working of the whole system, or over that of its subordinate machinery, such as county hospitals, dispensaries, fever hospitals, &c. in the different districts.

“2dly. The authorizing by law a sort of partnership in the charity (unprotected, however, on one side by adequate security) between the public purse and private individuals; thereby placing it within the power of designing persons, under the various Dispensary and Fever Hospital Acts, to impose a permanent tax upon local communities, professedly for the purpose of relieving the sick poor of the district, but in reality for their own or their friends' private advantage.

“3dly. The leaving it discretionary with grand juries, a species of local controlling bodies, which exist only during the presence of the judges of assize, to diminish or annihilate the funds of a charity capable perhaps of

much usefulness; and that merely as a punishment, for abuses, the ordinary offspring of irresponsibility, and want of superintendence.

"4thly. The exclusiveness of the County Infirmaries Act, relatively to the qualifications as well as to the number of physicians and surgeons to be employed in the hospitals, whilst the Dispensary Acts, on the contrary, require no proofs of specific medical qualifications of any kind, from the persons to whose care the sick poor applying at the latter class of institutions are to be consigned.

"Under such an easy system of legislation and a still more lax administration of its enactments, it is not to be wondered at, that abuses arose, nor that these abuses all tended directly, or indirectly, to divert to selfish purposes, a greater or less portion of the means originally destined for the relief of the sick poor." Appendix (B.) pages 2, 3.

I have the honor to be, my lord,

your obedient servant,

J. MURRAY, M.D.

LETTER II.

Anatomy Office, Merrion-square,

MARCH 1837.

MY LORD,

It would be an act of justice and mercy, were you to exert your influence in reforming the abuses detected in our Hospitals and Dispensaries, by Sir David Barry, and the other Medical Commissioners, from whose Report, Poor Inquiry, (Ireland) Appendix B, the following is quoted:—

COUNTY HOSPITALS.*

"1. The chief medical officer becomes the contractor to his own hospital for a particular article of diet, the consumption of which he can himself increase *ad libitum*.

The Dietary is constructed so as to favor that consumption.

"2. He becomes possessed of, and turns to his own private profit, all the land, sometimes of considerable extent, attached to the charity.

* For examples of each individual abuse see Appendix B. Poor Inquiry (Ireland.)

“ 3. He occupies the best part of the hospital, and its out-buildings with his family, to the manifest prejudice of the sick poor.

“ 4. He establishes a dispensary within the hospital, and receives under that pretext an additional salary for seeing extern patients in the hospital surgery.

“ 5. He charges for additional medicine for his dispensary, but does not keep that medicine apart from the hospital medicine.

“ 6. He keeps no daily diet-table, nor accounts of provisions issued.

“ 7. He is himself the purchaser of all provisions.

“ 8. He builds for his own accommodation on the hospital premises.

“ 9. He takes in such cases as are least entitled to hospital relief, and are likely to be a burthen to the institution.

“ 10. He knows little or nothing of the rate or quality of diet, or of the provisions bought or issued at his own hospital; seldom investigates that particular department, which he leaves chiefly to the care of his purveyor and matron.”

The abuses of our dispensaries are still more fatal, because more numerous. Appendix B. pages 2, 3, 4, 5, &c.

“ A list of subscribers is laid before the grand jury for the alledged relief of the sick poor of a particular district.

“ Several of the subscribers may not be *bonâ fide* payers.

“ Many cease to pay after the first or second year.

“ The names remain, the list is annually laid before the grand jury, and is approved, if there be a patronising member, which is generally, if not always, the case.

“ The medical attendant or his friends advance the sum required for the moment.

“ Annual or half yearly returns are made out, purporting to specify the numbers ‘relieved, cured, died, remaining on the books, &c.’ But many of the returns are not founded on the registry of the patients; some are exaggerated; some purely arbitrary and fictitious, no record of any kind being kept.

“ In one case, where the salary of the medical attendant was the balance of the whole income, the whole charge for medicine for the year, for 800 patients was only £8 15s. for both parent and branch dispensaries.

“ The salary is fixed for the medical attendant at £75, or rather he fixes it so for himself, having the sole management of the funds, and being obliged by contract to furnish all the medicines required. In this case £55 are charged for pills, powders, draughts, &c. for the patients in one year, whilst the remaining £20, with £4 or £5 over, are charged to rent, repairs, sundries, &c.

“ The grand jury grants the usual equivalent; and this flagrantly ill-managed charity goes on as before, neither leger nor any other record is kept to justify the charge.

“ The annual account contains long bills from Dublin druggists, besides large quantities of lard for ointments, spirits for tinctures, leeches, and *sundries*, bought on the spot *to save carriage*. There is, however, no balance, or else a small one, against the charity.

“ A remote parent or branch dispensary is got up, perhaps on a patron's estate, or close to his demesne; many of the subscribers merely nominal.—The medical attendant resides in a distant town, from 4 to 14 miles off. The dispensary house or room is opened once, or at most, twice a week. The whole of the medical materials contained in it are not worth £5; sometimes they are not worth £1; yet in one case of this kind, the charge for their carriage alone, would make their weight *eighty-six hundred* for one year.

“ Salaries vary with the amount of annual income. Dispensary held in surgeon's house. No committee meetings.

Surgeon's salary for 1833, £100	}	-	-	£120	0	0
Apothecary's do. for do. £20		-	-			
Income for 1833	-	-	-	115	18	6
				<hr/>		
Leaving	-	-	-	£4	1	6
				<hr/>		

less than nothing to purchase medicines for the sick poor of the district.”

Page 5 details instances of “ medical attendants having no diploma, or certificate of any kind, collecting the subscriptions, auditing their own accounts, paying to themselves the rent of the dispensary, (their own houses.)—patrons getting up dispensaries to serve young friends, whose education not being completed, unqualified deputies are appointed. Influential persons appointing favorites, who reside ten or twelve miles distant.

“ Apothecaries keeping no record, and selling medicines from the same drawers and bottles used for the poor.”

Page 15, Examples of the dispensary “ being four miles distant from the residence of the attendant, and consisting of an old cupboard, containing three or four bottles, placed in a narrow room, in which there is a bed.”

Page 16, A dispensary "conducted without the use of writing materials; no invoices of medicines purchased, and no records of patients, diseases, or treatment." Another dispensary "whose medical officer resides eight miles off, never visits the dispensary oftener than once a week, and sometimes not so often, he is paid £100 yearly, with £30 to the deputy, who never passed any examination, not even for an apothecary's pupil. The pharmacy does not contain the value of £3 Sterling of medicine—no tinctures of any kind—the drawers are without labels or numbers; and contain only rubbish.

"Many of the bottles are empty, and some without labels, or stoppers, contain destructive or poisonous drugs, such as sulphuric acid, and corrosive sublimate. The few medicines in the pharmacy are being spoiled by damp, yet there evidently has not been a fire in the chimney for months past, although 'turf and lard' are charged £6 10s. for last year; as to the lard, there is not a particle of ointment of any kind to be seen.

"The assistant keeps a little shop in another room of the dispensary-house, in which he sells medicines for his own profit."

Page 27, "Dispensaries frequently presenting the most slovenly appearance, Medicines were found spoiling in damp paper, or evaporating from unstopped bottles. Drugs of a powerful kind were seen in bottles not labelled or what is worse, with a *wrong label*. *In more than one instance, no measure, weight or scale could be found on the premises.*" Again, "neither the dispensary drugs, nor the bottles destined to contain them, could be pointed out as distinct from the private stock. In another instance, a large quantity of Glauber salts, and one or two other cheap medicines, were all that could be shown to justify the charge of £60 per annum. In most places, a good supply of medicine, from a well known druggist, was seen at the time of our visit; but this by no means proves that the poor are fairly supplied with the more delicate varieties, for prescriptions are rarely entered, invoices frequently not forthcoming, private apothecaries' shops kept, and no sufficient and effectual control exercised over an individual wishing to make an improper use of his appointment."

Page 50, "Tulsk dispensary exists only in name, as it consists of but a few damp and useless medicines kept in a dilapidated shed by the roadside, presenting a most wretched and inefficient mode of relief for the sick poor; and it appeared to the Assistant Commissioner perfectly useless to enter into a detailed examination of this institution. There is no management of any kind; it appeared that a few gentlemen in the neighbourhood subscribe about £38, the grand jury granting as much more annually, thus making the charity more productive to the person called its medical attendant (his salary being £55 7s. 8d.) than to the poor; on the whole a more inefficient or useless establishment cannot exist, nor one calling more loudly for some regulation. The medical attendant of this is also the attendant of the French-park dispensary, though lately, his son, is said to do the

duty there, a distance from his residence of ten or twelve miles. He goes over two days in the week to see any person having a recommendation, and the dispensary of French park presents similar objects for observation to this of Tulsk. It is most miserably situated, appears to afford no relief to the sick, and is kept in a thatched cabin, at a small rent, from a man who says he is the attendant, and performs a great portion of the medical duty of it; he bleeds, inoculates, prescribes, sets fractures and reduces dislocations, and even performs some of the more capital operations. He shewed one poor woman he has repeatedly tapped for dropsy; and the Assistant Commissioner cannot avoid stating, that at the time of his visit, this person had above forty patients under the influence of small-pock, inoculated by himself; of this he seemed particularly proud, affirming that he was always lucky "having inoculated hundreds upon hundreds," and never lost one; thus keeping the disease continually ripe in the place and neighbourhood. Words sufficiently strong cannot be used to express the disapprobation of the Assistant Commissioner of the whole of this establishment. That at Tulsk is comparatively innocent, though inefficient, but in this place, positive injury must arise to the surrounding poor when an ignorant individual of the lowest grade is permitted to perform all these duties, and even to extend the baneful effects of small-pock, without any attention, on the part of its paid medical officer, to either prevent it or even introduce the cow-pock. There is no management, but there is a treasurer, and the same observations apply here as to the other dispensary (the Tulsk), under the medical care of the same person, that to go into a detailed examination would be perfectly useless. The average subscription for the last four years amounts to about £48, of which one gentleman has, during that period, subscribed £36 18s. 6d. annually; the surgeon's salary is £50 per annum. The two dispensaries under consideration are examples of such bad management, such inefficient regulations, and such a total dereliction of duty on the part of the officers of them, as to preclude the necessity of saying more than that the former is perfectly useless, and the latter calculated to do the most serious injury, not alone to the surrounding poor, but to all ranks in the country. The state of these two dispensaries is so bad as to demonstrate the absolute necessity of some immediate measure to remedy the abuses that exist in this class of institutions, nor can the account of them be concluded without expressing an opinion that they exhibit the system of keeping up such establishments for the benefit of the nominal medical attendants, without reference to the wants, health, or even the lives of the poor, for whose sake they would appear to have been intended.

Whilst this condition of things is tolerated, can we wonder that paupers are increasing, and that the numbers of poor widows and orphans are multiplied?

Last year, the late High Sheriff of this County sent a written order to his own dispensary for a "*Rhubarb Mixture*," The

deputy, a *locum tenens*, supplied a corrosive liquid, which was taken undiluted. I fortunately reached the agonised patient in time to neutralize the poison, and by active measures the subsequent inflammation of the stomach was subdued, and the life preserved.

SOME ABUSES OF FEVER HOSPITALS.

“ A practising apothecary pretends to be an M.D. and is appointed sole physician. There is no active committee ; no accounts, nor records even of deaths kept. There are seldom more than two patients in the house ; often not more than one, and that one is kept in the house and on the books for *six consecutive years* at the expense of the charity.” Appendix B. page 5.

Page 20, “ The fever hospital has existed since 1828, as a public charity supported by the county. In that year the grand jury granted, and the treasurer received £198, being double the amount of the subscription sworn to, viz : £99, which gave a fund of £297 at once for its maintenance.

“ There are, at present, three patients in the house, viz : 1, a woman who has been living in the house on the funds of the hospital, now *six years*, with an interval of five or six months, when she was sent to the sea coast at the *expense of the fund*. She labours under a cutaneous disease, suspected to have been syphylitic, aggravated by an improper use of mercury.

“ 2, A youth labouring under *dropsy* ; he has been in the house about five or six weeks.

“ 3, A man said to be in a low fever.

“ There is no written evidence, either in the shape of register, prescription, diet roll or memorandum of any kind, that any other than the three patients just enumerated, had ever been admitted into, or treated in this hospital ; nor, indeed, is there any written record to be found connected with these individuals as patients. The medical officer, upon being asked how many persons he thought, or could *guess*, had been treated in this hospital during the last twelve months, stated, after a great deal of vague conjecture, that forty persons at least had been admitted. But upon examining the account book kept by the nurse, of the milk and bread purchased for the use of the patients, by her, it appeared, and was admitted by the medical officer, that for the last two years, she never had more than

three, seldom more than two patients, of which number the syphilitic woman was always one, and that this woman was sometimes the only patient. The nurse also stated that each patient remained in the hospital about six weeks."

The Commissioners might have added, a fatal abuse of many *Irish Charities*, that *mere* physicians, or *mere* surgeons, were appointed to dispense medicines, without having had any opportunity of knowing the qualities or composition of drugs or chemicals.

ABUSES OF LUNATIC ASYLUMS.

"From ten to twenty acres of farm or garden ground belong to an asylum, and are within its inclosure. Gardeners and labourers are hired at high wages; the patients do all or the chief part of the work required.

"Independently of charges for seed, potatoes, wheat, barley, farming implements, &c., garden implements alone are charged between £20 and £30.

"The produce has been considerable, and may have saved to the public its value in feeding the lunatics; but the only credit given in the accounts of the institution amounts to a few shillings for 'vegetables sold.' In short, there is only a debtor side to the farm and garden account.

"From six to twelve, or more large pigs, besides geese, turkeys, fowls, &c. are kept in the asylum. They are tended by the patients, fattened upon the produce of the farm and garden, or upon the purchased provisions, but are sold for the private benefit of the manager."

Although Insanity is a *disease*, or the *result* of some disorder, yet two *military majors* are the only authorized Inspectors in Ireland, to investigate the DIETARY, TREATMENT, and CONDITION of unhappy beings who might be possibly restored to reason, if treated upon the true principles of Physiology.— Wretched country! every thing seems to have been done to thin your population, or drive your people mad, and when mad to keep them so!!*

* See supplement to Appendix B. Part II.

LETTER III.

MEDICAL REFORM.

Reason and humanity call aloud for a practical reform, calculated to save the lives, and relieve the diseases of our fellow creatures. But to do this effectually medical men must be trained when young at the public Institutions. Mere surgeons, and mere physicians, are excellent as such, but they cannot learn pharmacy by *inspiration*, by reading books, nor by college lectures. It is cruel to appoint them to dispense medicine for the poor, without knowing the nature, qualities, or composition of remedies. Pharmacy is an *art* which their *science* does not relish or embrace.

The advantages of senior pupils at hospitals is beyond belief,—acquiring true and useful experience, and seeing that nurses and servants administer the medicines in the absence of the physicians; they inspire confidence, and take care that the poor patients shall have the consolation of fair play.

Thousands of proofs of this double blessing might be adduced, but the Report of the Commissioners is conclusive.

Page 25, “Most of the county hospitals which we visited are admirably calculated for affording good surgical and medical instruction; this is but rarely given; we cannot help, however, particularizing one instance. A system has been established at Maryborough, which appears admirably calculated to produce the desired effects.

Page 29, “As the medical officer generally has a private apothecary’s shop near at hand, and employs the same wholesale druggist as the charity, and orders for both establishments, it is not difficult to understand how errors, to use no harsher term, may not unfrequently arise.

Page 33, “No medical instruction, with the marked and excellent exception at Maryborough, is attempted at these institutions, although they afford admirable opportunities for the study of the treatment of the insane. The attendance of pupils, under proper rules and regulations, could be allowed

without detriment to any party, and it appears to us that no medical officer (and none but medical men ought to be appointed) should be placed at the head of a district lunatic asylum, who cannot produce testimonials of a diligent attendance at a large lunatic asylum for a definite length of time.— An address by Dr. Conolly to the Provincial Medical and Surgical Association, which met at Birmingham in 1834, has been lately published, and we cannot refrain from making the following quotation, as it is in entire accordance with our observation:—‘In the chemical study of mental disorders no advance can be reported; it is yet entirely overlooked in English medical education. Hospitals for lunatics are closed for the students, and the knowledge of mental affections makes little or no progress. As a consequence of this, not a year passes without some notorious case of insanity being brought before the public in a manner reflecting little credit on the conflicting medical authorities, whilst instances of injudicious or improper confinement of patients are not unfrequent. To the same negligence of the whole subject it must be attributed that we have so few aids to a knowledge of the condition of the brain in the various forms of insanity, that the pathology of insanity is so uncertain and incomplete, and the treatment so generally empirical. Our larger lunatic institutions have contributed little or nothing to our knowledge. When the public establishments are, as under proper regulations they might be, schools of instruction, we shall learn how much our practice in these distressing disorders may be improved.’”

Page 355, “There is but one medical officer attached to the Queen’s County Infirmary, who is at the same time physician and apothecary to the institution, which is remarkable for the very superior tone of professional care devoted to the sick. Two of the surgeon’s apprentices perform the duties of apothecary together, and each of the apprentices in turn, when of a certain standing, acts as physician’s clerk, and writes at full length the prescriptions of the day, dictated, and afterwards revised, by the physician. Each of the apprentices is also charged with a certain number of patients, and every patient is in charge of some pupil who attends to, and records his case. There is one pupil always on guard, who does not leave the hospital.

Page 356, “This hospital is very remarkable for the high grade and striking importance of the medical instruction which it is made to afford under the direction of the attending surgeon. It is the only county infirmary in which the Assistant Commissioners have met with any organized system of education; and certainly the arrangements which have been here made reflect the highest credit on their author, and must tend to produce some practical surgeons and physicians. It is much to be lamented that more extensive advantage is not taken of the educational facilities provided by the provincial hospitals throughout Ireland, by admitting a greater number, both of pupils and professors. For however zealous and scientific one man may be, it is the division of labour which multiplies produce, as well in the moral as in the physical world. In the Queen’s County Infirmary

there are nine pupils, all indented apprentices of the surgeon, and who have the appearance of being well educated, gentlemanlike young men. Mention has been already made of the manner in which they participate in the the medical superintendence of the patients. Their number is not limited, and they have access to the practice of the gaol and of the District Lunatic Asylum, of both of which the medical attendant of the present institution is also physician. Two subjects have been dissected in the anatomical theatre or dead-house of the Infirmary, under the provisions of the late Anatomy Bill.

Page 448, "The Cork-street Fever Hospital is one of the largest fever hospitals perhaps in Europe, and if under a more liberal direction might, with the greatest advantage to the objects of the institution, be made a most effective school for medical and surgical instruction. The extensive wretchedness and poverty of the district in which the hospital is situated always furnishes to its wards an abundant supply of every prevailing epidemic.— Few are the cases which would not afford abundant subject matter for a clinical lecture ; and I may add, that very many are the cases to be met with in that hospital for which a more watchful and intelligent attendant than the common hospital nurse-tender must be required ; nor would the advantage to the immediate objects of the institution by the admission of students stop even here ; for it is my conviction that the pupils would give to the physicians, as in the Meath, Stephens' Mercers' and Sir Patrick Dunn's Hospitals, very much more than an equivalent for the salaries they now receive ; and thus a very important saving would be effected, or in other words, a new fund would be created for extending the benefits of the institution. Lectures are not given, neither were dissections or *post-mortem* examinations permitted before the Anatomy Bill in 1834, not even in cases in which the friends of the deceased have anxiously desired such examination, and where it might have afforded the most important assistance to the cause of science and humanity. There is no provision for admitting medical men to witness surgical operations. As a matter of favour, the surgeon might, perhaps, bring a few friends. However, in this institution the greater surgical operations are of rare occurrence.

"In most if not all of the hospitals, except the Cork-street, dissections and *post-mortem* examinations were always allowed in such cases as call for such dissection or examination, provided always that the friends of the deceased did not object. I do not believe that such allowance has deterred the working classes from availing themselves of the benefits of these institutions."

LETTER IV.

MY LORD,

I visited and examined almost every Charity in Great Britain and Ireland, and published their diet tables in 1828.* During these investigations I became conversant with the economy of numerous institutions, and ascertained from various data, that the *Blind*, the *Lame*, the *Aged*, and the *Infirm* could be well supported, and the *Strong* employed, for a smaller amount than is now extorted or contributed under the mistaken name of Charity; an amount which only fosters the condition of misery intended to be relieved. The following observations by the Poor Inquiry Commissioners, (Appendix B. p. 9, 10.) confirm the results at which I had arrived, and prove, that on a large scale, the support of the destitute is not so expensive as most people suppose.

“ In every instance we found the health of the inmates of the gaols excellent, and had the most positive assurances that the flesh and whole appearance of the prisoners are often improved after their committal, more especially after committal for slight offences; nor is this to be wondered at, when we know that the constant food of a large portion of the labouring poor and of their families, more particularly in the South West of Ireland, is a scanty allowance of the worst kind of potatoe, the ‘Lumper,’ with a little salt; their clothing, rags, both by day and night; their lodging, a hut, seldom water-tight; their bed, a little loose straw on the bare earth; whilst with all these privations they are exposed to sudden changes of temperature, to wet and damp, and to the baneful effects of intoxication by whiskey.

“ It is a proof either that prisons have ceased to be places of adequate punishment in Ireland, or that the labouring poor must be miserably destitute, or perhaps of both, when the pittance and the cell of the gaol, with all their bitter restraint, are sought after as a source of relief, as we have reason to believe they are, in some cases. The remedy would be, to make things worse for the felon, and better for the honest, the impotent, and the destitute labourer.

* See Medical Essays, by J. Murray, M.D.; Renshaw, London; and Hodges and Smith, Dublin.

“ In regulating the dietary and clothing of any class of institutions for the relief of the poor, two objects should be kept constantly in view :

“ 1st. To preserve or improve the health of the inmates.

“ 2d. To relieve the greatest number that the means of the institution will permit, and therefore to avoid or reduce all unnecessary expense.

“ The following examples show what may be done to attain these objects, by strict economy and vigilant prevention of abuse.

“ In the gaols of Cavan, Monaghan, Dundalk, and in many other gaols in Ireland, the prisoners in the full vigour of life, working on the treadmill and in the stone-yard, are not only kept in health, but are improved in flesh and in appearance, as already stated, on the mixed diet, at a daily expense for each prisoner of from 2¼d. to 3d. ; say 2½d., or 1s. 5¼d. per week, or £3 16s. 0½d. per annum.

“ In the Borough Compter in London, where, of 4,000 persons committed in three years, only two deaths occurred, for 2¾d. per day, or 1s. 7¼d. per week, for each prisoner.

“ In Manchester, Salford Prison, where in 1831, the committals were 4,042, the deaths 6, for 2½d. per head per day, or 1s. 5½d. per week.

“ In the workhouse of Southwell, in Nottinghamshire, the inmates are fed ‘ on the best provisions’ for 2s. per week, or 3½d. per day, and clothed for 3d. per week.

“ In the House of Industry and Mendicity in Ennis, in the county of Clare, the inmates are fed and kept in as good health as their age and infirmities will allow, on a mixed diet, at the cost per day of 1⅔d., or 1s. 1d. per week per head.

“ In the workhouse of the parish of St. Cuthbert’s, Edinburgh, the cost of diet per head per day, for all the inmates (460 in number), including the sick and lunatics, is 1¾d., or 1s. 0¼d per week.

“ Colthes and washing for each, including stays to the old } £. 0 18 11
women, and pocket handkerchiefs to all, per annum. - }

“ Food per annum per head - - - - - 2 13 1

Total, 3 12 0

This system, if extended to Poor Houses, would effect an immense saving, *positively*, in diminishing the average support of paupers, and *negatively*, in preventing their diseases, which result from nakedness, coldness, intemperance, and want.

But, at all events, the period is at hand, when our pauper polity must be changed. Centuries of misrule must be atoned for, and speedy reparation rendered. Hitherto our ill-fated land had for a Poor Law, only the law of the Lion and the Lamb;—for *Guardians*, but the *Middlemen* and *Jobbers*; for *Overseers*, the *Army*, and the *Proctors*. Thanks to our enlightened rulers, a better order of things is springing up, and the time is come when reason and religion demand that the land shall provide employment for the *able*, sustenance for the *infirm*, and adequate relief for the *diseased*.

Yes, the day is not distant, when provision must be made by the rich, in proportion to their wealth; heretofore the destitute, depended only on the needy, and the benevolent. The moment is arrived when the state of our Charities must be redressed, and when the injuries inflicted upon the morals of our servants, and peasantry, by wandering mendicants, can no longer be endured.

With respect to the working of the intended Poor Law, it cannot progress in Ireland, except in conjunction with due provisions for the *Sick poor*. It is manifest that *one or two non-medical Commissioners*, could not correct the endless abuses of our Dispensaries and Hospitals; nor could they have the time, or the experience, requisite to regenerate these Institutions, or prevent such complaints as prevail in England respecting the medical treatment of the parishes.

Since the passing of the Anatomy Act, the Colleges and Schools of Dublin, present advantages to medical students, superior, almost, to those afforded in any other part of the world. For this reason the exclusive clauses, 7, 8, Geo. III. are no longer politic or necessary. This monopoly statute ought to be repealed, and the other *Acts* set forth in Mr. Phelan's valuable work, (page 21, to 32,) should be revised or amended.

The existing county surgeons should have their full salary secured to them, during their incumbency, regardless of any

* See *Lancet*, 14th March, 1835, and 18th February, 1837-

other additional officers who may be added to the future machinery of large hospitals.

If the Law were amended, the question would no longer be, *where* the medical candidate had studied? but *how* he studied? and whether he had previously served an apprenticeship at a similar institution, in order to qualify him to become a useful working officer.

SUGGESTIONS :

1st.—It is essential, that every County Infirmary should have a proper Dispensary, and a *resident qualified* Apothecary.

2d.—This establishment to form the *centre* of a *circle*, embracing five or six miles, in every direction.

3d.—The districts beyond these circles, should be supplied by small Baronial Hospitals, furnished with efficient Dispensaries, extending their benefits to the distance of three or four miles on each side.

When the intended Poor-houses shall be established, one of these district Hospitals to be annexed, for the purposes of that Institution, as well as of the circle five or six miles around.

4th—That for the encouragement of emulation among medical men, and for the efficient attendance of each district, there ought to be appointed, *two physicians*, and *two additional surgeons*, at moderate salaries, to each of the existing Hospitals; and that the present surgeon's apartments be opened as wards of the Infirmary, for the use of the patients only.

5th—That at least, *one* physician and *one* surgeon should be elected for the smaller Hospitals and Dispensaries, and that resident qualified apothecaries, capable of acting as house surgeons be permanently attached, and restricted from private practice.

This division of labor will cause the work to be properly performed by persons conversant with each department; some one of the medical officers must be always within reach of call. One practitioner will be a stimulus to the exertions of another; knowledge, experience, and a share of patronage, and emolument, will thus be diffused among many, instead of few; and there will then be an inducement for medical men to study, and ascend in station and utility.

But whatever system of general establishments shall be adopted, they will all sink into apathy and abuse, if there be not instituted a *strict and searching superintendance*, by *zealous, active, and capable Inspectors*, of character and standing. One such officer, for each province, would keep the machinery in progressive motion; concentrate statistical data, compare the practice of each Institution, report their comparative progress and utility, and thus elevate the attainments and station of the profession.

These important objects have been hitherto neglected for want of some proper tribunal to estimate the comparative merits of medical officers, and recommend them to public consideration accordingly.

We have Inspectors for Roads, Police, Gaols, Military Hospitals, &c. but no Inspectors to guard our afflicted countrymen from bad medicine, or bad advice. It should be explicitly enacted that every medical Inspector must be a physician and a surgeon of *some University*, and also produce testimonials of qualification in Pharmacy, from the Apothecaries' Hall of England or Ireland, otherwise his decisions will obtain no confidence, in any department, which he has not *practically and bonâ fide* studied.

The necessity of this intimate knowledge, can only be credited by those who are aware that, almost every drug and chemical, and all powders and liquids, are now imitated so closely, that

practical chemists alone are competent to detect such fraudulent substitutions of one article for another.

As the preservation of health is a prevention of poverty, two Medical Commissioners (Licentiates of three departments), residing in Dublin, but not practising, should be incorporated with the English Commissioners, to superintend and reform our sick-poor Institutions, and examine the qualifications of their professional officers, to receive and organize the provincial reports, present a digest of them quarterly to government, audit the accounts, select new or curious cases for publication, register all discoveries and improvements, record the progress of *Seminaries* for medical instruction, recommend public grants, form new establishments, and define the boundaries of the different Hospital Circuits. The Commissioners should be competent to purchase medicines, *genuine* and *reasonable*, for supplying *all* the public charities in Ireland, by which means the *quantity* and *quality* of drugs could be positively determined, and uniform checks and control established.

MY LORD,

I have not the vanity to suppose that the *letter* of these suggestions shall be adopted, but their *spirit* ought to be engrafted as the basis of some speedy legislative measures.— You will find the plans recommended by the Medical Commissioners, by Mr. Phelan, and by all impartial observers, to agree in principle, with the general improvements here proposed.

Parliament should not now wait to settle the interminable *Theory* of Medical Reform, which must be tedious and difficult, because the interests of the three estates of the Realm of medicine are so interwoven and undefined—but let a *prudential*, *practical* Reform commence, and I can speak from experience, of every branch of the profession, that its individual members have been ever ready to adopt any improvement calculated to

advance the general good ; and that I have often observed private interest relinquished, in order to support the honor and welfare of a liberal and enlightened, but ill-requited class of gentlemen.

To conclude, my Lord, I beg to assure you, that a liberal system of Poor-laws, embracing Medical Charities, would annually save thousands of lives to their families ; and would elevate the character, hopes, and prospects of a profession at present nearly destitute of any posts of honor or emolument, to which industry and talent might reasonably aspire.

I have the honor to be,

my Lord,

your obedient servant,

JAMES MURRAY, M.D.

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 of the general good; and that I have often observed private
 interests sacrificed to the public good.

To conclude my Lord, I beg to assure you that a liberal
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 present nearly languishing in any point of honor or emolument, to
 which industry and talent might reasonably aspire.

I have the honor to be,
 Your obedient servant,
 JAMES MURRAY, M.D.

My Lord,
 I have the honor to acknowledge the receipt of your letter of the 14th inst. in relation to the proposed bill for the relief of the Medical Charities. I have the honor to inform you that the bill has been read a second time in the House of Commons, and that it is now in the hands of the Committee of the Whole House, who are to report on it at the next meeting of the House.

I have the honor to be,
 Your obedient servant,
 JAMES MURRAY, M.D.

Houses of the Orphan Asylum