

My Lords and Gentlemen, be not deceived, it is vain to expect men to continue for any length of time to do that for which they are not paid. The Poor Law Board, in 1842, cautioned the Guardians on this subject, "that unless the Medical Officer be adequately remunerated, no vigilance on their part will secure proper attendance and medicines to the poor."

You will probably ask, what is an adequate remuneration? In clubs the payments vary; but supposing the moderate subscription of 1d. per week, or 4s. 4d. per annum, be taken as an average payment, it must still be borne in mind, that the class of persons who are in clubs are generally healthy, that being one of the conditions of their admission; hence it follows, few of them require medical assistance, indeed it is computed that only one in eight or ten annually does so; thus at 4s. 4d. annually, each person would actually pay not less than £1 14s. 8d. for each case of illness; or even take some of the lowest paying clubs at 2s. annually, it follows that each of these pay not less than 16s. per case of illness; whereas we only ask a payment which, if taken on an average of the entire kingdom, probably, with the addition of mileage and extras, would not be more than 7s. per case, which is less than that proposed by the Poor Law Commissioners in their minute of June 6, 1839. "With regard to the amount of the remuneration, the Commissioners are disposed to give much weight to the concurrent testimony of the witnesses examined before the Committee of the House of Commons of last Session, in reference to medical relief; and they deduce from that testimony that the fixed remuneration to be paid in rural districts for the permanent list, should be such as to afford to the Practitioner a payment of 6s. or 6s. 6d. per case, on the average number of *bona-fide* cases, subject to be augmented if the district is extensive. The remuneration per case for those not on the pauper list may reasonably be on a somewhat higher scale, but the Board are inclined to think that it will not be found necessary to exceed 10s. per case. In the arrangements which have been indicated it is presumed that the midwifery cases and surgical operations of a serious character will be paid for by a separate fixed charge for each case. The Commissioners entertain no doubt that if the principle of the payment per case be thus adopted, it may be easily modified to suit the special circumstances of the Union, and the further experience of its operation will enable them to ascertain accurately whether the rates above alluded to, which at first will be of a somewhat experimental character, furnish an adequate and not unreasonable remuneration for the services performed."

My Lords and Gentlemen, the Poor Law Medical Officers ask for nothing more than common justice, they simply require that the recommendations of the Poor Law Commissioners of 1839, may be made the law of the land, and in their proposed Bill they have taken the orders and recommendations of that body as their guide, simply amending those that do not advance the interest of the poor, and the Medical Officers. The Bill is founded on the principle of paying a man for what he does, and not, as in the present mode, for what he is expected to do. The payments proposed will be just sufficient to enable the Guardians to obtain and retain the services of efficient medical men, which will be an advantage not only to the poor, but also to the ratepayers. Greater facilities are also given to the poor, to whom it may be thought advisable to grant gratuitous medical assistance; at the same time an efficient check will be in force to prevent imposition upon the medical men and the ratepayers.

To this letter is appended a proposed Act of Parliament, with sections on Vaccination and a Superannuation Allowance, a commentary, the articles of the Poor Law Board, and extracts from their official circulars, in order that the Members of the Legislature may judge for themselves of the necessity of an improvement of the present system. Let the principles of the proposed Bill be fairly carried out, and it will be found that the position of the Poor Law Medical Officers will be improved, the health of the poorer classes better cared for, and, as a consequence, the burden on the ratepayers and country at large actually lessened.

I have the honour to be,

My Lords and Gentlemen,

Your very obedient Servant,

RICHARD GRIFFIN,

CHAIRMAN.

To the Members of the Legislature.

COMMENTARY ON THE DRAFT OF AN ACT OF PARLIAMENT FOR THE BETTER REGULATION OF MEDICAL RELIEF TO THE POORER CLASSES IN ENGLAND & WALES.

"Medical assistance only forms a part of relief to the destitute poor, and the same rules and principles apply to it as those which are applicable to any other kind of relief." (No. 26, p. 34.)*

SECTION I.—The definition of the class of persons entitled to medical relief is of considerable importance not only to the poorer classes, but also to the rate-payers; cases, however, will doubtless arise, which no definition will meet, and which must be left to the discretion of the local authorities. The pauper is clearly destitute of the means to procure medical assistance, but there are many others, a few shades only in advance of him, in a social position, who are quite as unable to pay a doctor's bill. This class the Legislature had probably in view when they passed the 52 sec. of the 4 and 5 Wm. 4 cap. 76, as by it the Poor Law Commissioners are empowered, "by such rules, orders, or regulations as they may think fit, to declare to what extent, and for what period, the relief to be given to able-bodied persons or to their families in any particular Parish or Union, may be administered out of the Workhouse, &c. &c." Upon the authority of this Act, the Poor Law Board issued their Out-Door Relief General Prohibitory Order, and Out-door Relief Regulation Order (p. 26, 27), which declare, "that every able-bodied person requiring relief shall be relieved wholly in a Workhouse," excepting in certain cases, one of which is, "sickness, accident, or bodily or mental infirmity affecting such person, or any of his or her family." These orders have opened the door wider than was contemplated by the statute of Elizabeth, which provides, in section 1, that the Overseers and Churchwardens shall raise "competent sums of money for and towards the necessary relief of the lame, impotent, old, blind and such other among them, being poor and not able to work," and in section 7, "that the father and grandfather, and the mother and grandmother, and the children of every poor, old, blind, lame, and impotent person, or other poor person not able to work, being of sufficient ability, shall, at their own charges, relieve and maintain every such poor person in that manner and according to that rate as by the Justices of the Peace, of that County where such efficient persons dwell, shall be assessed, upon pain that every one of them shall forfeit 20s. for every month which they shall fail them."

The Poor Law Board have left to the Guardians power to grant relief, but it is perfectly notorious that in regard to the granting of medical orders they do not exercise it; that duty being entirely in the hands of the Relieving Officer. He it is who decides whether medical relief shall, or shall not, be granted, hence has arisen continual disputes as to his right to give or withhold medical orders to persons possessed of small properties, or with earnings varying from 9s. to 15s. per week. (Nos. 2, 3, 7, 9, p. 29 & 30.) The replies of the Poor Law Board, when consulted respecting these cases, have been most indefinite, the decision being left to the Boards of Guardians, which decision is rarely exercised where the Medical Officer is paid by a fixed salary; hence has resulted that dwindling down of the stipend which, in 1839, was intended to be from 6s. to 10s. per case (see letter, p. x.), but which is now on an average only 2s. 9³/₄d. Reverse the system of payment, and give a fixed sum per case; a strange revulsion of feeling will then take place, and the Guardians will do their duty and look after the Relieving Officer and see that he does not give more orders than he is actually obliged. It is, therefore, imperative that a certain amount of income should be fixed, below which all poor persons should be entitled to demand an order, and then it would not be left discretionary with the Relieving Officer, who is a very improper person to decide whether to give or withhold an order.

The Statistical Society of London, in their Report on the Medical Charities of the Metropolis, just published, informs us, "that 647,815 sick persons were relieved in the course of a year at the Hospitals and Dispensaries of the

* The numbers between parentheses will be found at page 29 to 56.

Metropolis, which, compared with the population, gives the proportion of more than 1 in 4, or, making allowance for duplicate illnesses and attendance of patients not residing within the limits of the Metropolis, the proportion will not be less than 1 in 5." These figures prove, incontestably, that a large mass of the people do not pay for medical attendance; the presumption is, that the majority of them are utterly unable to do so.

In rural districts, though the same extent of sickness does not prevail as in cities, still the country labourer is far worse off than the town mechanic, as the latter has the Hospital or Dispensary to which he can apply, but the former has none of these advantages. It is, therefore, especially necessary in his case that provision should be made to supply this want. The evidence laid before the Committee of the House of Commons on Medical Relief, in 1854, will enable the Legislature to decide as to the amount of income which ought to entitle a poor person to gratuitous medical assistance. It is as follows:—

No. 84.* "The Poor Law Board are able to lay down no rule as to the amount of a man's wages entitling him to medical relief; the decision rests absolutely with the Guardians."—*R. B. Cane, Esq.*

No. 622. "I think that if medical relief had been given to the independent labourers more profusely than it was, it would have kept many from becoming eventually paupers."—*R. Boyd, Esq., M.D.*

No. 634. "I believe that the labouring classes cannot afford to pay for medical attendance; an exception may occur, now and then, but we must talk of the poor as we find them—and as a rule they cannot; it is true, they do attempt it, run into debt, lose their independence and self-respect, and become dependent parish paupers, if nothing worse."—*R. Boyd, Esq., M.D.*

No. 1023. "A labouring man, with 10s. a-week, could not find medical relief."—*Mr. G. Chick.*

No. 1029. "I am decidedly of opinion that if medical relief were more freely given there would be less pauperism."—*Mr. G. Chick.*

No. 1389. "The importance of giving to every labourer, every working man, an opportunity of receiving medical advice without any expense on his part, is of the first consideration; because the absence of medical attendance at the very time when it is most needed, frequently results in the individual becoming for a lengthened period ill, and, consequently, a burden upon the parish, or if it terminate fatally, then his family becomes a still more serious burden."—*Rev. C. Oxenden.*

No. 1390. "I should extend to all the working classes gratuitous medical relief up to 25s. a week, inclusive of the whole earnings of the family, also single persons not earning more than 10s. per week."—*Rev. C. Oxenden.*

No. 1392. "I think it most important to extend the system of medical relief beyond the mere poor, so as to prevent persons from becoming poor; the doctor's bill is the bill which breaks down the labouring man."—*Rev. C. Oxenden.*

No. 2076. "A man with 14s. a-week, with a family, would be quite unable to find himself medical relief, worth calling such."—*H. W. Rumsey, Esq.*

No. 2089. "There is no civil disability attaching to the receipt of medical relief in Belgium."—*H. W. Rumsey, Esq.*

No. 2090. "And that should be adopted in this country."—*H. W. Rumsey, Esq.*

No. 2624 & 2740. "The number of paupers made paupers through sickness, constitutes 72 per cent. of all those made paupers through all causes. The 72 per cent. is not a matter of opinion, but matter of fact."—*G. Wallis, Esq., M.D.*

No. 2465. "A man with 15s. a-week, with a family of three or four children doing nothing, I do not think I should refuse him a medical note for either his wife or children."—*Mr. G. Carter.*

No. 2626. "The working classes are estimated by Henry Mayhew at 4,000,000; it is a matter of fact, which, I believe, has been given in evidence before, that you may expect one half of those will be sick every year. If you consider the working classes form the material out of which you make all your paupers, you will see the great importance of protecting that large class, who

* The Numbers at the commencement of a paragraph in this Commentary are quotations from the evidence laid before the Select Committee of the House of Commons, on Medical Relief, in 1854.

are so important to the interests of the country, from pauperism, and letting them remain useful and valuable producers, instead of being a dead weight upon the productive interests of this country; the moment he becomes sick his independence is cut off, it cuts off his power to labour, and, by cutting off his power to labour, destroys his means of independence; support him, by giving him a little medical aid when necessary, and thus prevent him becoming a pauper."—*G. Wallis, Esq., M.D.*

Nos. 3015 & 3016. "The average wages of the poor here are 9s. a week." "It is quite impossible with those wages that they should be able to find medical relief, supposing either themselves or any member of their families become sick."—*W. H. Livett, Esq.*

No. 3020. "Two-thirds of the cases I attend are not paupers before they apply to me; they generally become so afterwards."—*W. H. Livett, Esq.*

The average cost of maintenance of paupers in a Workhouse is 2s. 2d. per week for food only; or for a man, his wife, and four children, 13s. per week.

II.—This section defines the class of persons who shall have the power to grant medical orders. At present this rests with the Relieving Officer, except in "sudden and urgent cases," when the Overseer or Magistrate can do so. By the proposed plan, the poor will have far greater facilities in obtaining medical orders than at present exists, as they have now very frequently to travel many miles before they can reach the house of the Relieving Officer, and even then it is sometimes with difficulty it can be procured, as he is often absent on his rounds visiting the poor in a district too often of many miles in extent, or he is too busy with his multifarious accounts to be disturbed, or does not choose to be incommoded by the poor coming at unseasonable hours, and therefore sends them away to come again next day; and were it not for the Medical Officer frequently attending without an order, the poor would be sadly neglected. But if a per-case payment be adopted, it will be absolutely necessary for a Medical Officer to insist on having an order, as that will be the only voucher of his attendance.

The Overseers and Magistrates have now the power, in "sudden and urgent cases," to grant orders. Why, then, not allow them to do so in all cases? and thus prevent the endless disputes between Guardians, Overseers, and Medical Officers as to the definition of "sudden and urgent" (Nos. 39 & 40), and the appeals to the County Courts. The Overseers and other local authorities, who live on the spot, are surely far better judges of the pecuniary means of a person, not actually a pauper, than the Relieving Officer, who, perhaps, lives miles away; and when the class of person is defined by section 1, little difficulty need be apprehended of orders being improperly given, but should the limit of that section be exceeded, it will be checked by the Guardians, who will take care the power be not extended too far. (Sec. 3.) The evidence laid before the select Committee of the House of Commons, on this question, is as follows:—

No. 2613. "In the per-case payment, there is every inducement on the part of the Relieving Officer to deal out medical orders with a niggardly hand, in order to keep down the pressure upon the rates, whilst at a fixed salary, the inducement is just the contrary."—*J. Ellison, Esq.*

No. 1030. "Medical relief should be given in the onset of the illness."—*Mr. G. Chick.*

No. 1246. "I think the system of medical relief altogether deficient. I find there are great impediments in the way of obtaining orders for relief."—*M. B. Garrett, Esq.*

No. 1347. "I felt, as a Medical Officer, that I could not do justice or my duty to the poor, in consequence of the opposition I met with from the Relieving Officer."—*M. B. Garrett, Esq.*

No. 1380. "Pauperism is very largely increased by the want of proper medical aid."—*Rev. C. Oxenden.*

No. 2186. "The poor object to apply to the Relieving Officer for medical relief, on the ground of the disgrace, also the difficulty they have in finding the Relieving Officer at home, and the uncertainty of obtaining an order."—*H. W. Rumsey, Esq.*

No. 2245. "The artisan residing in a town, and the common labourer residing in the country, are placed in very different positions relative to medical relief; infirmaries and dispensaries being mostly situated in towns, whereas in country

parishes, a long distance from the doctor, they have great difficulty, first, in getting orders, and then in obtaining the attendance of the medical men."—*J. Leigh, Esq.*

No. 2729. "I consider the necessity of getting an order from the Relieving Officer is a serious detriment to the present system, because it creates such a loss of time. Mr. Charles Buller thought that in medical cases very little ought to be left to the discretion of the Relieving Officer. He ought not to be allowed to be the judge of whether a pauper was sick or not, that was a matter in which he was wholly incompetent to give an opinion, and I perfectly concur with him. I think he possessed almost intuitive knowledge."—*G. Wallis, Esq., M.D.*

No. 3023. "The Relieving Officer considers it his duty to make the order for relief difficult to be obtained."—*W. H. Livett, Esq.*

No. 3024. "The Relieving Officer refuses an order in many instances."—*W. H. Livett, Esq.*

No. 3030. "I think the intervention of the Relieving Officer is a course which leads to aggravated sickness."—*W. H. Livett, Esq.*

No. 2045. "I consider it a very serious objection that the sick have to apply for orders for medical relief, it stands in the way of prompt treatment of disease."—*H. W. Rumsey, Esq.*

Nos. 2061 & 2062. "I object to every intervening authority between the sick man and the person appointed to take charge of his health, because in going for an order or ticket the poor may be driven from one source of medical relief to another, and they may find great difficulty in getting an order; precious time is thus being lost in the treatment of disease."—*H. W. Rumsey, Esq.*

No. 2030. "If medical relief had been promptly administered, in all probability the illness would have been of slight duration, and they would have been in the situation of independent labourers, instead of coming upon the poor rates."—*H. W. Rumsey, Esq.*

III.—This section gives the power to the Guardians to decide on the course to be pursued if section 1 has been exceeded, and is a check upon orders being improperly given by the parties named in section 2; it leaves the entire control of medical relief, subject to the provisions in section 1, in the hands of the Guardians, whose duty it will be to examine the books of the Medical Officers each Board-day, and inquire into the circumstances of the persons recorded therein; and should it appear to the Board that the parties are not legitimately entitled to medical relief at the expense of the ratepayers, they will declare the relief already granted, or hereafter to be granted, to be a loan (Nos. 23, 24, 25, 26, 27), which of itself will be a great boon to persons just above the grade laid down by section 1, as they will know the exact sum they have to pay; or the Guardians will strike the patient's name off the books and pay the medical man for his past services, as in the Wayland Union (No. 125), an additional remuneration, however, being fixed for severe surgical cases or midwifery, for which services the Guardians can reimburse themselves by declaring the past to be a loan. The Poor Law Board in their minute, dated April 1840, say, "If the system of giving medical relief by way of loan be gradually adopted, those who find that they will ultimately have to pay for the relief which they obtain from the poor rates, will find it to be so obviously their interest to have recourse to Medical Clubs or Friendly Societies, or other similar institutions, that the Commissioners look forward with confidence to an increase and prosperity of institutions of this nature, and the consequent growth of forethought and frugality amongst the labouring classes."

IV.—This section defines the class of persons who shall be on the "permanent list," and is a transcript of articles 75 & 76 of the Poor Law Board. This regulation is very imperfectly acted on at the present time, some Unions carrying it out and others the reverse, which ought not to be permitted, as uniformity of system is most desirable. (Nos. 4 & 87.)

V.—This section fixes the time a medical order is to continue in force. When a patient is once on the books of a Medical Officer he may continue there for years, and the medical man is bound to give his attendance so long as an

ache or a pain is declared to exist. An inquiry into these cases would lead to most of them being struck off the books, and a great saving of meat in consequence, as it is for that object they too frequently continue their complaints. Should, however, the case be of a serious character, and require a longer attendance, it is but fair the Medical Officer should be remunerated accordingly. At present the average duration of an illness is 28 days 1 hour, therefore the quarterly arrangement, with the certainty of not less than a month's attendance, is fair. This plan, minus the month's attendance, is adopted in the Wayland Union. (No. 125.) Those cases where extra fees are claimed will continue on the books for six months, unless previously discharged in the usual way.

VI.—This section facilitates the obtaining of medical assistance in sudden and urgent cases. By the present rules of the Poor Law Board a medical man is not bound to attend any one without an order, but if he should do so, he is compelled to continue his attendance (No. 59) until the Board of Guardians sanction the reverse, which, perhaps, may not be until after a lengthened correspondence, the patient getting cured, or dying, before its termination. A medical man is, therefore, apt to decline rendering his services without an order, which sometimes leads to serious suffering on the part of the poor. Reverse the system, and the medical man will go readily, knowing that if the patient should not be of the class entitled to gratuitous medical assistance, he has simply to refuse further attendance, and the case will terminate, the sick person in the meantime having the benefit of his advice, which every man willingly accords. Should the case be of the class entitled to his aid, he will be remunerated, instead of being told, as is now too frequently the case, "You had no order, and therefore we will not pay you." (No. 88.)

By this clause a person, if taken in labour, during an illness, will be entitled to the assistance of her medical attendant, as the perils of childbirth superadded to illness, make the case the more dangerous; now the order is often refused. (No. 88.)

VII & VIII.—These sections, for the appointment of Medical Officers, are merely a transcript of articles 155, 156, & 157, the "local newspapers" being introduced instead "of some public paper," in order to prevent the Guardians publishing the vacancies in papers unknown in their own localities, and where it is improbable the medical men of the neighbourhood will ever see the advertisement. (No. 42.)

IX.—This section, on the qualification of the Medical Officer, is a transcript of article 168, excepting that a Scotch or Irish degree is made equal to that of an English one, the exclusion hitherto existing being unfair to a body of men who are as well educated as their English brethren. I am aware that in allowing them to hold these appointments certain rights of the College of Physicians and Apothecaries Company may be infringed, but as they rarely exercise the powers, and the law will shortly, most probably, be altered, and as the Guardians in some Unions find their own medicines, it is but right the Poor Law Board should permit these gentlemen to be eligible for office.

No. 3 might now be omitted, as a man to be appointed under it must be at least 63 years of age, a time of life almost too late to commence the laborious duties of a Union practice.

If a double qualification be considered essential, then let it be adopted in every instance where practicable, if not practicable, then let the appointment in future be only from year to year, as, in this enlightened age, there is no excuse for a young man not possessing the double qualification, which is declared to be essential by the law of the land, and which is the only test a man can show of his ability to practice. (Nos. 43, 44, 45, 46, 47, 48, & 49.)

X.—This section makes the appointment of the present Medical Officers permanent, provided they do not reside farther than two miles from their districts, which is not the case as the law at present stands, the Poor Law Board insisting on residence; hence it has resulted that, in a vast number of instances (146 out of 500, and, no doubt, it is in the same proportion with all) the officers are not

permanently appointed, and are still subject to annual election; if not annually elected, the rod is held over them *in terrorem*. It arises this way, medical men generally reside in a town, which forms of itself a district, consequently, only one so residing can be permanent, though, perhaps, the adjoining district may not be fifty yards off; in some instances the street or a river has formed a boundary-line of the district, hence the man on the opposite side of the way is not permanently appointed.

If residence constitutes the *sine qua non* for permanency of appointment, why should the Medical Officer of a Workhouse be permanent and not the District Officer, when it is known that some of the former live farther from their patients by miles than the latter? It may be well for the Poor Law Board to say "some line must be drawn," but I respectfully submit this line should carry with it common sense. Make all Medical Officers permanent, whether resident or not, provided they reside not farther than two miles from the district, and encourage the reduction of the size of the latter as much as possible, and do not compel the poor to go from nine to fifteen miles for a Surgeon when they have one living within a short distance of them.

No. 1594. "All elections should be permanent, as the profession is exceedingly over-stocked, and very young men try to struggle into a district to get the work out of the hands of the older and more established and better medical men; and if they can get hold of midwifery cases, and so introduce themselves amongst the farmers' wives and so on, they get a hold and set up in the parish, taking the Union work at a dead loss, simply to get into midwifery practice. I think that any order for Medical Officers to be permanent would put a stop to that bad system of over-competition by those young men, which is the case now."—*Rev. C. Kingsley.*

No. 2002. "Competition as regards medical relief of the poor is decidedly bad."—*Rev. E. J. Howman.*

No. 2637. "An annual election would drive respectable men away from taking any part in it, that they would not be at the trouble of an annual election, and would not have a rod held over them *in terrorem* by Boards of Guardians."—*G. Wallis, Esq., M.D.*

XI.—This section enables the Guardians, with the consent of the Poor Law Board, to make changes in the extent of a district, or appoint additional Medical Officers when and as often as they may deem it of advantage to the poor.

XII.—This section is the present law of the Poor Law Board.

XIII.—This section defines the size of a district. Hitherto, acreage and population have been the guide, excepting in Wales where mileage has been taken, but it is now universally known that the former offers no true criterion of the labours to be performed, as some districts are densely populated, whilst others are the reverse. In framing this section the interests of the poor have been solely considered. It is notorious that parts of many medical districts are situated at great distances from the residence of the Medical Officer. Fancy—but alas! it is no fancy, but a dreadful reality—that a man after his day's labour is over has, too frequently, to trudge on foot nine, aye, and in some instances, even more miles for a bottle of medicine, and the same distance back again. I have often heard it remarked, "it is no use my visiting ———, he won't send for his medicine;" but how is it possible to be done? It is monstrous for the Boards of Guardians to make such districts—it is still more monstrous for the Poor Law Board to sanction it—it is false economy. It is better to pay a little more to the Medical Officers, and make it worth while for Surgeons, living near, to take part of these appointments, than allow the poor to linger on in sickness when prompt medical aid would have cured them. Let the Poor Law Board take a map and mark out on it the residence of every medical man residing in a Union, or an adjoining one, and then it will soon be discovered how a district may be divided; and if a fair payment be offered there will be no difficulty in obtaining the services of Medical Officers. The districts cannot well be too small if you wish the work efficiently performed.

The select Committee of the House of Commons were alive to this circumstance, and in their second resolution "recommended that the Poor Law Board should continue to direct their attention to the extent of the medical districts; to the reduction of the area when they are found to be inconveniently large; and to the appointment of additional Medical Officers in such cases."

I am glad to record that the Poor Law Board have directed their attention to this matter, and that 65 more Medical Officers are now on the list than there were in 1856. Still there is much to be done if the good of the poor is really to be consulted.

No. 1630. "I think the poor have a great deal too far to send for medical attendance; very frequently the districts are too large, and not sufficiently supplied with medical men for the interests of the poor."—*Dr. J. Griffin.*

XIV., XV., XVI., & XVII.—These are sections which need no comment, as they are merely transcripts of articles of the Poor Law Board, with a few verbal alterations.

XVIII.—This section, and the one immediately following, fixing the amount of payment, will probably receive more attention than any other, as interested motives are, I regret to say, too frequently in antagonism with human life.

For years past it has been the subject of grievous complaint with the great body of the Union Medical Officers that their salaries have been quite inadequate to the duties they are required to perform; that in very many cases the payments have been so miserably low that it has been utterly impossible for them to find drugs, &c., out of the scanty pittance, and that their time and talents have been entirely unrewarded. To the Guardians frequent appeals have been made; to the Poor Law Board private remonstrances and public memorials have been sent, and to the House of Commons numerous petitions have been presented, but no heed has been paid to them by the Poor Law Board.

On June 6, 1839, the Poor Law Commissioners issued the following minute:—
"Of the modes of remuneration which combine both a fixed salary and a payment per case, that which appears to the Commissioners to unite the advantages and to avoid the disadvantages of both these systems, is the following: that for the medical care of the paupers a fixed sum should be paid, and that the Medical Officers should attend these paupers, when sick, without any specific order, except a list at the commencement of each parochial year. And that as respects all other persons to whom medical relief shall be ordered, during the current parochial year, the Medical Officer shall receive a fixed sum per case. * * *
As regards the able-bodied labourers, whilst there will be no temptation to the Guardians to administer (as under the system of remuneration by a gross fixed salary) relief to individuals of this class, indiscriminately, at the expense of the Medical Officer, there will at the same time be no inducement to refuse it when really necessary, inasmuch as the system of payment per case admits of medical relief being granted by way of loan, an arrangement which inevitably operates to encourage the labourer to provide himself with medical aid on easier terms, by subscribing beforehand to a Sick Club or Friendly Society. With regard to the amount of remuneration, the Commissioners are disposed to give much weight to the concurrent testimony of the witnesses examined before the Committee of the House of Commons of last Session, in reference to medical relief; and they deduce from that testimony that the fixed remuneration to be paid in rural districts, for the permanent list, should be such as to afford to the practitioner a payment of 6s. or 6s. 6d. per case, on the average number of *bona-fide* cases, subject to be augmented if the district is extensive. The remuneration per case for those not on the pauper list may reasonably be on a somewhat higher scale, but the Board are inclined to think it will not be found necessary to exceed 10s. per case. In the arrangements that have been indicated, it is presumed that *midwifery cases and surgical operations of a serious character will be paid for by a separate fixed charge for each case.* The Commissioners entertain no doubt that if the principle of the payment per case be adopted, it may be easily modified to suit the special circumstances of the Union, and the further experience of its operation will enable them to ascertain accurately whether the rates above alluded to, which at first will be of a somewhat experimental character, furnish an adequate and not unreasonable remuneration for the services performed."

The opinions expressed by the Poor Law Commissioners are so entirely in unison with the feeling of the great majority of the Poor Law Medical Officers, that they have adopted them for their guidance, and have simply modified them in order to suit the special circumstances attending the residences of the patients and their Medical Officers. Those cases on the permanent list are now set at a somewhat higher rate than was named by the Commissioners in 1839, as in 1845 (No. 87) they decided "that tickets should only be given to the aged and infirm, or persons permanently sick or disabled," as such, that sum must be considered very low, and I cannot help feeling that the 6s. or 6s. 6d. named was in reality intended for all persons on the permanent list. In the Wayland and Bedford Unions all on the list are paid for. (No. 125.)

For the cases not on the permanent list the Commissioners have named 10s. as the highest payment.

To meet this view the Medical Officers have framed a graduated scale, fixing not less than 5s. as the ordinary payment, and a lower sum in densely-populated districts. In rural districts mileage has been added in order to equalize the payments in proportion to the labour and expense attending a country practice. There are, however, many districts so thinly peopled, especially in Wales, that neither a 5s. payment, nor a 1s. mileage, would be an adequate remuneration, and therefore an allowance should be made for a horse, in addition, or such extra payment as would meet the justice of the case.

Should this scale of payments be adopted, I believe the average sum per case will, in reality, be less than that proposed by the Poor Law Commissioners, as the greatest proportion of the patients will be found in close proximity to the residence of the Medical Officer.

No. 2 of this section is so arranged as to meet the peculiar circumstances of different Workhouses, some of which are merely receptacles for aged people, whilst others are used as Hospitals for the cure of the sick poor, as well as a refuge for the aged and the destitute. Under these varying circumstances it is difficult to define the payment that should be made in all cases, hence the necessity for the scale laid down.

No. 3 of this section is important, as in many Unions it is the custom for the Guardians to find their own medicines, dispenser, and dispensary, and no doubt with the best possible effect, it is therefore necessary to provide that the salaries of the Medical Officers shall be in accordance with the duties they are required to perform. Power is also given the Guardians to establish dispensaries under certain limitations, as it would be cruel to compel the poor to travel farther than six miles for their medicines, hence that distance has been named as the limit.

It has been the custom in some Unions for the sake of cheapness, to employ one medical man to attend solely to the duties of the poor, and too frequently to give him a district so large that it is utterly out of his power to visit the patients as frequently as required. The Poor Law Board limited the size of the districts to 15,000 acres, and yet there are instances of four and five times that number being assigned to one man. Fixing the salary in proportion to the work to be performed, will, it is hoped, have the effect of preventing that system of adding district to district, which is so contrary to the second recommendation of the select Committee of the House of Commons, in regard "to the reduction of the area and to the appointment of additional Medical Officers, where the districts are found inconveniently large." The good of the poor will be best consulted by not allowing one or two men to monopolize a large Union, for however zealous they may be, they cannot do impossibilities; the poor must therefore, to a certain extent, be neglected, and many a life endangered, if not lost; besides, an illness from want of prompt and frequent attendance may be prolonged, and the ratepayers as well as the poor suffer. The Guardians should be prohibited from contracting for the supply of medicines. Some years since I was the Honorary Surgeon, and, subsequently, Guardian to a large Incorporation, where the system of contracting for drugs was pursued. The impression left on my mind is that such a system ought not to be permitted, as it is next to impossible, without the aid of the microscope, and great chemical research, to detect a genuine from an adulterated article. Let the Guardians buy their drugs of respectable houses, or it would be preferable that the Poor Law Board should find them for the Guardians, in the same manner as the Army and Navy Boards

do for their respective departments, and then the poor might hope to get genuine articles supplied them; the cost could be deducted from the grant now annually made by Parliament towards the salaries of the Medical Officers.

No. 160. "The Poor Law Board recommend a fixed annual salary should be allowed for the infirm placed upon the permanent Pauper list, and cases not on that list to be paid for by a per-case payment."—*R. B. Cane, Esq.*

No. 167. "The Poor Law Board did not recommend a per-case payment should be adopted without reference to any other payment, it was to be combined with a salary for attending such poor persons as are permanently sick and disabled, and that a higher rate ought to be allowed for other cases which would require closer attention, medicine, and visits, than those merely suffering from age and bodily infirmity, in a chronic state."—*R. B. Cane, Esq.*

No. 12. "The Boards of Guardians, in the first instance, fix that salary, subject to the approbation of the Poor Law Board, and when that salary is approved of by the Poor Law Board, is it in the power of the Board of Guardians to alter that without leave? The law has confided in the Poor Law Board the absolute power of fixing the amount of salary irrespectively of the Board of Guardians, and if they please, they can exercise that authority without reference to the Guardians; but the general mode is to consult the Guardians, to inquire what they deem to be a proper salary, and having considered their answer, and their views, then to determine what shall be the salary assigned to the office."—*R. B. Cane, Esq.*

No. 2688. "At the present moment there is no principle operating upon which they are to calculate the amount of payment, it is a mere arbitrary arrangement between the parties."—*G. Wallis, Esq., M.D.*

No. 985. "South Staffordshire General Hospital average duration of illness, a fraction less than 30 days. Birmingham, a fraction less than 28 days."—*R. Kettle, Esq.*

Of the 500 returns already calculated, the average payment by salary is 2s. 3d. per case, extras, 6 $\frac{3}{4}$ d. or 2s. 9 $\frac{3}{4}$ d. on the whole.

No. 166. *Mr. Cane*, of the Poor Law Board, says—"My impression is that, taking the whole kingdom together, the payment per case to a Medical Officer does not average more than 3s."

No. 986. "Cost of each out-patient in the South Staffordshire General Hospital, 2s. 11 $\frac{3}{4}$ d."—*R. Kettle, Esq.*

No. 169. "I think there is a statement that the average expense of drugs alone in the principal Hospitals in London, exceeded 2s. 6d. per case."—*R. B. Cane, Esq.*

No. 3269. "Whereas the average cost of drugs alone, for a single case, required in the practice of Surgeons at Dispensaries, where they relieve the same class of persons as the Medical Officers of Unions, amounts to 2s. 1 $\frac{1}{2}$ d., and in Hospitals, to 4s. 4 $\frac{1}{2}$ d."—*C. J. F. Lord, Esq.*

In the Great Yarmouth Hospital it is 3s. 8d.—Reading Dispensary, 6s. 5d.—Bury, 8s. 4 $\frac{1}{2}$ d.—Spalding, 7s. 11 $\frac{1}{2}$ d.—Leeds, 4s. 5d.—Ludlow, 7s. 4 $\frac{1}{2}$ d.

No. 2035. "The average expense of the Gloucester Dispensary for ten years was about 5s. 6d. per case, including all expenses."—*R. W. Rumsey, Esq.*

No. 140. "I believe it is found advantageous that the drugs should be supplied by the Guardians, in certain Unions, where they can be readily obtained by the poor. I assume that it is advantageous, because where the Guardians have adopted that arrangement they generally adhere to it. I do not remember an instance where a Board of Guardians, having agreed to provide drugs, have abandoned it after a trial."—*R. B. Cane, Esq.*

No. 142. "In a Union where the population is widely scattered, it would be necessary not only to provide drugs, but a house and dispenser, which would occasion considerable expense, and is the chief obstacle to its being carried out."—*R. B. Cane, Esq.*

No. 2051. "I think that in towns of a certain population, the medicines should not be provided by the Medical Officers, but in remote rural districts the present system, with some modification, must be continued."—*H. W. Rumsey, Esq.*

No. 471. "I think, upon the whole, balancing the advantages and disadvantages, it is better that the medical man should find the drugs, than that the Boards of Guardians should do so."—*R. Weale, Esq.*

No. 693. "I consider the system of finding drugs, and paying the Medical Officer's salary, has many advantages."—*J. F. Gilbert, Esq.*

No. 694. "Our drugs are better, because as a Corporation we are able to deal with some of the first houses in the kingdom, and get the best of drugs."—*J. F. Gilbert, Esq.*

No. 3082. "I think if the whole of the salaries were revised and better apportioned to the work which is expected for them, it would tend in a great measure to palliate a great many of the evils which now exist."—*H. W. Livett, Esq.*

No. 2689. "There are a great many districts which are so wide that they would require special arrangement, but that could be easily adopted, because, I believe, the expense would not be more than was reasonable and proper."—*G. Wallis, Esq., M.D.*

No. 1657. "A man is now paid not for what he does, but for what he is expected to do. Supposing the Medical Officer is not a conscientious man, the poor are insufficiently attended; but suppose medical men were paid per case, their object would be to show the greatest attention possible to the poor."—*Dr. J. Griffin.*

No. 2058. "I am sure, the present rate of payment of Medical Officers, without coming upon their own resources, is quite inadequate."—*R. W. Rumsey, Esq.*

Nos. 2059 & 2060. "The consequence is, when expensive drugs are required, that either the Medical Officer must provide them at his own expense, or if he does not do that they could not be provided at all, or he will, perhaps, send them to the Medical Charities, the Infirmary, or the Dispensary, or he will induce them to enter a medical club, in fact, he will endeavour to shift the burden from his own shoulders, which I conceive to be very detrimental indeed to the poor, to be handed about from one source to another, when their diseases require prompt and immediate treatment."—*R. W. Rumsey, Esq.*

No. 2242. "In some types of disease, I feel quite sure when Quinine is necessary to be prescribed in large quantities, it could not be furnished without serious loss to the Medical Officer at the sums of money now paid to him."—*J. Leigh, Esq.*

No. 1734. "If you can make the duty and the interest of the medical men combine, you will get a more efficient attendance on the poor than you now do."—*Dr. J. Griffin.*

No. 1874. "I think the present system works badly for all parties; the Guardians are discontented, the Medical Officers are discontented, and the poor are discontented, because it opens the door to a multiplicity of evils, which, while it exists, I do not believe can be corrected; the system of payment by salary tempts the Board to get as much out of their Medical Officers as they can for a smaller payment; it tempts the Medical Officers to do as little as they can for their payment, and it tempts the poor to throw as much as they possibly can upon the Medical Officers, from the feeling that the parish pays for them, so that they are inclined to make themselves paupers for the sake of medical relief."—*Rev. E. J. Howman.*

No. 1992. "I do not believe that £300 a year, which might be a remuneration in 1837, when the population was only 16,000, can be remunerative in 1854, when the population is 21,000. I think it works ill for all parties; I think it works unfairly against the medical man, and I think it works badly as regards the wants of the poor."—*Rev. E. J. Howman.*

No. 1994. "We have now recently got two Medical Officers, young men, who of course cannot afford, as the old practitioners do, to find themselves not in pocket, if they are not out of pocket by their practice."—*Rev. E. J. Howman.*

No. 2000. "I hear the Medical Officers all grumbling about being very much under-paid."—*Rev. E. J. Howman.*

No. 2960. "I think it is the opinion of the majority of the Guardians that the Medical Officers are under-paid."—*W. Taylor, Esq.*

No. 2962. "If the Poor Law Board gave an order for an increase of the salaries, I do not think it would be objected to."—*W. Taylor, Esq.*

No. 377. "I stated the attendance of medical men on clubs is inferior to that given to the poor."—*R. Weale, Esq.*

No. 499. "Improvements have been made in Medical Relief since 1848; time has done a great deal towards improving, and it is a continually improving system."—*R. Weale, Esq.*

XIX.—This section, like the former, is one of considerable importance, as by it the payments for extraordinary services are defined. Duties of this character have always been recognized by the Poor Law Board (Arts 177—185), and are specially mentioned in their minute of 1839, where, after enumerating certain payments, they say, "Midwifery cases and surgical operations of a serious character are to be paid for by a separate charge for each case." But in consequence of the Poor Law Board not having a medical man as one of its quorum, it has followed that the list of extras has been so imperfectly defined, that many operations of a serious character have not been named, and others are so imperfectly described, that it has given rise to much unpleasantness to all parties concerned. (Nos. 71 to 84.)

Possibly the Poor Law Commissioners felt that the low payments offered would be such as to tempt only the most ignorant of our profession to take these appointments, and therefore it would be useless to name more than the seven operations described by them. Many men of this stamp were no doubt formerly appointed, with two of whom I was personally acquainted, one of them, instead of tying an artery for a wound on the thumb, placed a tourniquet on the man's arm, and kept it there until the hand mortified, when he was sent into the Norfolk and Norwich Hospital, and there died; a second called in another Union Medical Officer to assist him at a midwifery case, who passed his hand through a rupture of the uterus, and on feeling what he described as a bag of stones, was advised by the other to pull it away, which he did, and on the death of the woman it was proved to have been the gall bladder, full of calculi. These are specimens of the sacrifice of life for the sake of having cheap doctors; hosts of other cases have doubtless occurred which are hidden in the silent grave. When will the people learn wisdom? Fortunately for poor suffering humanity, these ignorant scions of *Æsculapius*, if not already gone, are fast dying out, and the present race of Poor Law Medical Officers are most of them highly educated, and though some of them live in rural districts, they would do honour to a Metropolitan Hospital.

These men not only can, but do operate. The time has therefore arrived when the list of operations may fairly be extended; and it is the more to be desired, if you wish to keep men of talent on the staff of the Poor Law, but their services must be recognized and paid for accordingly, which is admitted in the minute of 1839. The scale of extras may appear somewhat formidable, but it is to be borne in mind that the mere insertion of them in an Act will not cause them to be performed, but, by naming them, disputes with the Guardians will be prevented.

In several Unions the Poor Law Board have commuted the extras, a step not only unjust, but unwise, and, I believe, illegal. Its injustice will be apparent when I assume a case. *A* never operated, perhaps he did not know how, or possibly he had no liking for surgery; we cannot say what became of his patients, some probably went to the Hospital, others, no doubt, to the grave. The Guardians agree with him to commute the extras. He had a certain number of midwifery cases annually, and as the Guardians wished it, he had no objection to their being lumped in with his salary. After a time, however, he ceased to be connected with the Union, and is succeeded by *B*, who can, and does use the knife; plenty of patients flock to him; they prefer him, and their own home to the Hospital, which, perhaps, is many a mile away, and has certain terrors connected with it. After a time he is apt to ask himself, "Why should I pass sleepless nights, be anxious about my patients, and spend money for the best works and instruments of the day, for all of which I get nothing beyond my fixed salary, of perchance 1s. 3d. per case?" It may be a trifle more, or a little less. Is it not contrary to human nature for him long to continue his exertions on such terms? After a while he becomes disgusted with the service,

and throws up his appointment, to the great loss of the poor. It is therefore manifestly unwise to commute the extras. That it is illegal, I fully believe, though being no lawyer, I give my opinion with great deference. The 10 & 11 Vic. c. 109, took away the powers of the 4 & 5 Wm. 4, c. 76, as to making orders, and conferred certain others, the power to *suspend* an order being omitted; and yet, in July 1850, three years after passing this Act, the Poor Law Board made an order to *suspend* an order that allowed extras, founding their right to do so on the Act of Wm. IV.

The first proviso in this section is an improvement upon Art. 180, and is definite in its character.

The second proviso is introduced in order to avoid some of the disputes which have arisen. (Nos. 67 & 68.)

Nos. 1714 & 1715. "All medical men object to include midwifery in the salaries, on the ground that they would get a great many more orders than when they had a separate payment for each midwifery case."—*Dr. J. Griffin.*

No. 1718. "I think doing away with the extras will work prejudicially to the poor."—*Dr. J. Griffin.*

No. 1725. "The medical men were told that the extras would be compounded for, and asked whether they would accept it; they complained of the arrangement."—*Dr. J. Griffin.*

No. 1726. "They consented to the arrangement under protest."—*Dr. J. Griffin.*

XX.—This section provides for cases not previously enumerated, and is an amendment of Art. 181; the word "medical" is introduced, as sometimes great difficulty presents itself in the treatment of particular cases, when a man is fairly entitled to an extra remuneration. A specified time is also named, as the word "long" in the original article is very indefinite, and gives rise to disputes. (No. 61.)

XXI.—This section provides for consultations, and is introduced to obviate a difficulty which has often arisen in practice. Hitherto medical men have kindly assisted each other at a great personal sacrifice, which is felt to be unjust towards themselves, considering that the services asked of them are of a public nature, and therefore ought to be paid for out of the public purse. (Nos. 84 & 85.)

No. 2680. "No case of amputation should be done without a consultation."—*G. Wallis, Esq., M.D.*

No. 2687. "I would only pay the Medical Officer when he went out of his district for the purpose of consultation."—*G. Wallis, Esq., M.D.*

XXII.—This section is an amended form of Art. 178. Gentlemen possessing the Irish and Scotch degrees will, by it, have the power to give a certificate of the necessity for the removal of a limb, which, by a strange anomaly, they have not now, although they are eligible to take one off. There is also a verbal alteration to render definite the time when the certificate is to be given. (No. 65.)

XXIII.—This section is introduced to meet the case of medical men, who are not Union Officers, rendering important services to the poor on sudden emergencies, and to obviate difficulties that have arisen in practice. (Nos. 58, 62, & 63.)

XXIV.—This section is introduced to make the duty compulsory, on the part of the Relieving Officer, to provide for the conveyance of the Medical Officer's book to and from the Board each week. In some instances the cost to the Medical Officer is as much as 2s. per week, which, by a little arrangement on the part of the Relieving Officer, might be accomplished for nothing, or if it must be paid for, then at least he would charge the Board for it. Many Medical Officers are now induced to use sheets, which they, on the permission of the Guardians, are allowed to do, but this is most undesirable, as a medical man has frequent occasion to consult his book for past occurrences, which, with sheets, it is impossible to do, as they are not in his possession. (No. 120.)

XXV.—This section is one of considerable importance. Cod-liver oil has of late been much used in the treatment of disease, some viewing it as food, others

as medicine, and a third class looking upon it as both. Patients under its influence gain weight, a proof that it is nutritious; they also gain health, evidence that it is curative. In either case it is desirable that the poor should have the full benefit of it, but its expense is a bar to Union Surgeons using it, hence, for the sake of the poor, it is most desirable that the Guardians should find it, and give it out in the same manner as wine, &c., on the order of their Medical Officer. The use of cod-liver oil has given rise to frequent disputes between Guardians and their Medical Officers, which has resulted in some Unions finding it, and others still refusing to do so. Therefore the necessity of a law on the subject, otherwise the poor must go without it, as the salaries now paid, or even those proposed, cannot bear the expense of such an article.

Leeches are necessary in the treatment of many diseases, and when it is considered that 20 of them are frequently required to be applied at one time, and perhaps to be repeated, it is obvious that the salary of a Medical Officer—averaging 2s. 9 $\frac{1}{2}$ d. per case at present, or even 5s. as proposed—cannot meet an expense of 10s. at a time for such a purpose. They ought, therefore, to be found by the Guardians, and then there would be no inducement to withhold them when required, and we should not hear of the sacrifice of the eye, the limb, or the life of a poor person, for the sake of saving a few shillings annually.

The other articles named have already been allowed, or sanctioned by the Poor Law Board. (Nos. 102, 103, 104, & 105.)

XXVI.—This section, which provides that medical men in visiting their pauper patients shall be free of toll, is so reasonable that no objection ought to be made to it. It is most desirable to facilitate the visits of the Medical Officer to the homes of the poor, but when he has to pay for his horse and gig 1s. a time for passing over a single bridge, as is the case in some places, it must be obvious that with his small pay per case, it operates as a bar to his frequent visits to the poor. Remove all difficulties in his road, and make his path smooth to the dwellings of the sick, that he may readily attend to their bodily ailments. The road is made easy for the clergy, who go free of toll to administer to the spiritual wants of their flock.

XXVII.—This section is introduced to remove a great hardship endured by many of the Poor Law Medical Officers, whose average income from their Union practice does not exceed £50 per annum. It is notorious that the salary is, in many instances, so miserably small, that it will not pay the outgoings of the practice, leaving entirely out of the question any profit. These appointments are held in very many instances solely to keep another man from daily going into the villages where the private practice of the Surgeon is situated, and thus dividing it with him. To ask him, under such circumstances, to pay income-tax out of his salary is to say he shall pay double income-tax out of his private practice. It is well known that appeal after appeal has been made to the Local Assessors, and proof tendered that the expenses are actually more than the receipts, but no redress has been obtained, because the Union and little private practice are united. I say little private practice, because there are very many instances where, if all the *bona fide* expenses were deducted, there would not be left a clear surplus of £50 per annum, and yet these men are charged at £150; many, in reality, are living on their little private capital and by assistance from their friends, in the hope that better days may dawn; and thus they live on, toiling, toiling, constantly ascending the hill, the top of which is never reached by the majority, who die prematurely, leaving far less property behind them than when they commenced the game of life. Surely it is cruel to require them to pay income-tax upon that which they only nominally receive. If, however, no exception can be made, then let him at least be free of the assessed tax on one horse carriage and man servant, which will be a boon to him, and has many examples in its favour—instance the yeomanry, clergy, and many government appointments.

XXVIII.—This section is of importance to the poor, as at present the Medical Officer has not the power to order meat, wine, &c., for any pauper, however dangerously ill he may be; he can only *recommend*, and the result of that

recommendation is, that the Relieving Officer frequently declines to carry it out by refusing to countersign the order, upon the plea that he is the Relieving Officer, and that upon him devolves the power to give or to withhold relief. This has led to numerous complaints to the Poor Law Board, some of which are narrated in Nos. 94 to 100. The advice of the Poor Law Board has been, that the Relieving Officer should obey the recommendations of the Medical Officer until the next Board-day, but notwithstanding this the Relieving Officer, privately backed by the Guardians, frequently disobeys the order. It is, therefore, absolutely necessary that the orders of the Medical Officer should be peremptory on the Relieving Officer, his countersigning being a mere ministerial act, in order that he may know the relief each poor person has. The Board of Guardians alone should have the power of disannulling the recommendations of their Medical Officer.

It is usual for the Guardians to contract with some butcher for the supply of meat. These contracts are taken at a very low price, hence all sorts of pieces are given to the poor; frequently large masses of bone are included, and generally the breasts of sheep, and, therefore, the three-and-a-half pounds of meat, usually ordered per week, is in reality not half that quantity of meat capable of being made into broth. Another objection exists, the butchers compel the poor to take the whole week's allowance at one time, which is most undesirable, as it too frequently leads to the whole being eaten by the family in the first two or three days, and in summer time it is often tainted when given out, and is utterly unfit for food long before the week expires, kept, as it often is obliged to be, in a single room, where the person eats, sleeps, &c. For these reasons it is thought desirable, for the sake of the poor, that the master of a Workhouse, if the sick person live within a reasonable distance of the establishment, should give out the meat, as he has no interest in supplying other than a fair description, besides which he has the power to give it out fresh and fresh, as he generally receives it at least twice a week. The importance of this subject will be apparent when it is borne in mind there are upwards of 3,000 medical men, whose recommendations will probably average 6 each, per week, or an aggregate of 936,000 in the year.

The bread in most instances is given out at the Workhouse, or at a Station, —why, therefore, should not the meat?

XXIX.—In many parts of the kingdom advantage has been taken of the state of the law to strike off the Municipal Register the names of all persons who have received Parochial Medical Relief. This was practiced last November in Weymouth, and since that time the number of applicants for medical aid has been considerably reduced. If this rule had acted in those cases only where parties were able to pay a surgeon, it would have been beneficial, but the reverse is proved to be the case. One of the political agents said to me, "All of our side in future must go to the druggist, and I will pay for the medicines." Now the druggist is not a man qualified by education to treat disease. A child lately died without having had medical advice, because his father lost his vote last year for having had parochial medical assistance for another child, and he was determined to retain his vote in future, and would not allow his wife to apply for an order. The Registrar asked me a few days since to inquire into the circumstances of the second death in a family, which had taken place without medical advice having been sought for. I did so, and half-an-hour after the inquiry the father came to me, saying he would pay anything I charged, but to be sure and not put the child's name on the Union book. Why? "Because he would lose his vote;" and this was doubtless the cause of his not having medical aid for his children. It is computed that thousands die annually without any medical advice, many of them because their fathers, who, in nine cases out of ten, are of the lowest class of voters, will not risk the loss of their votes, and with them the power of getting as much drink as they please at the expense of the candidate for municipal honours. Surely, with such facts before us, it is right to do away with the penal clause, and let it not be a disqualification to have parochial medical advice. An example we have already before us, in the case of vaccination, which is declared shall be no disqualification whatever.

No. 2134. "There should be no civil disability and no disgrace attaching to the receipt of medical aid, that the medicine should be supplied separately, that there should be no impediment whatever to the application to the Medical Officer."—*H. W. Rumsey, Esq.*

No. 2198. "Out of a total of 2,179 deaths in Manchester, 726 had no medical attendance whatever; a very great number are attended by druggists and other unlicensed practitioners."—*T. Leigh, Esq.*

XXX.—Should a per-case payment be established, each parish will have to pay for its own medical relief (No. 125), which will be a great hardship on the ratepayers of many a poor parish, for it is in these localities the needy abound—"We are all low people here,"—whilst the adjoining one, with five or ten times its rental, has not a tithe of the poor. It is, therefore, but fair that the half payment should be a Union charge, as it is with the Workhouse; the other half being made up as at present by a Parliamentary Grant, or, what is preferable, from the Consolidated Fund.

XXXI.—The first part of this section is a transcript of Art. 22, p. 26, and will spare the Guardians much trouble, as the cases of purely medical relief will be marked. The latter part is most essential when it is considered the immense amount of good that has accrued to the nation from publishing the annual report of the Registrar-General. Let a similar course be pursued with regard to diseases generally, and especially the zymotic class; attention will thus be called to their prevalence in certain localities, and also to their periodical visitations. The inhabitants will then be aroused to a sense of their peculiar danger, and it will lead to a removal of the cause of the production of disease. The people will also become enlightened on the necessity of sanitary measures, and learn that the prevention of disease is far better than its cure.

XXXII.—This section must be regarded as most important to the interests of the poor as well as the Medical Officers, as none but a medical man, conversant with Union practice, can properly carry out duties which involve the welfare of a million-and-a-half of sick poor, who annually apply for Parochial Medical Relief. Questions are continually arising which require the decision of an experienced medical man, and cannot be answered by the Poor Law Board, composed as it now is of gentlemen not conversant with medical subjects. No. 39 displays this ignorance in a marked manner, and was the cause of the reprimand of an Assistant-Overseer who had strictly performed his duty in refusing to give orders in cases of some standing, and therefore not "sudden and urgent." These cases are, doubtless, not unfrequent, but the public are kept in happy ignorance of them. Had a Medical Officer been at the head of the Poor Law Medical Department it would have been conducted satisfactorily to all parties, and there would not have been that odium attached to the Poor Law Board which now exists. A Medical Head would have pointed out to the Boards of Guardians the necessity of doing justice to their Medical Officers, and would have insisted on their being placed on an equitable footing, in order that they might do their duty by the poor, without injury to themselves. (Nos. 36 & 56.)

In Ireland such an officer exists,—why not in England?

No. 560. "The Medical Commissioner, in Ireland, is one of the five Poor Law Commissioners; he is, to all intents and purposes, a Poor Law Commissioner, as well as having peculiar duties with reference to the Medical Charities Act."—*A. Power, Esq.*

No. 562. "He receives, reads, and gives directions upon the papers arising under the Medical Charities Act."—*A. Power, Esq.*

No. 563. "The Poor Law Commissioners, in Ireland, are the Board of Health, and papers connected with this subject come more peculiarly under the notice of the Medical Commissioner."—*A. Power, Esq.*

No. 564. "The duties of the five Medical Inspectors resemble that of the Poor Law Inspectors, but are confined to the administration of the Medical Charities Act."—*A. Power, Esq.*

No. 588. "We obtain great advantage from a Medical Commissioner in the administration of the Medical Charities Act, and the Poor Law also."—*A. Power, Esq.*

No. 1579. "There should be some sort of central medical authority connected with the Poor Law Board, in the form of a Medical Commissioner, or General Medical Inspector, as there are many cases continually arising which might be much better decided by central medical authority than by Boards of Guardians, or the Poor Law Board itself."—*Rev. C. Kingsley.*

No. 1581. "Medical inspection would be satisfactory to the Medical Officers and the poor."—*Rev. C. Kingsley.*

No. 1701. "I think if there were a Medical Poor Law Inspector, in the character of an Assistant Poor Law Commissioner, to investigate the state of medical relief as it is administered to the poor now, and also the cases of abuses that occasionally are brought before the Boards of Guardians, it would be beneficial to the system in general."—*Dr. J. Griffin.*

No. 1702. "I do not think Sub-Inspectors are so necessary as a General Medical Inspector to investigate cases of neglect brought before Boards of Guardians."—*Dr. J. Griffin.*

No. 1703. "One Medical Inspector would have a great deal to do, but now the cases are brought before non-medical Poor Law Assistant Commissioners, who are not capable of judging as a Medical Poor Law Assistant Commissioner would be, if the cases were brought before him."—*Dr. J. Griffin.*

No. 3054. "I would be content with one Medical Inspector at the Board above, to whom reference might be made in cases of dispute involving medical opinions and medical questions."—*H. W. Livett, Esq.*

XXXIII.—This section is introduced in order not only to remove an invidious distinction between a County and Borough Justice, which ought never to have existed, but also that their presence at the Board of Guardians may advance the interests of the public. At present the election of Guardians is annual, but it is well known that certain local politicians are chosen year after year, and in many villages the Guardian is the sole occupier of the soil, and he annually returns himself. These men, who, with some few exceptions in every Board, are generally little farmers, millers, and shopkeepers, have the control over several millions of money annually, and the welfare of a vast number of people are entrusted to their care, it is therefore most desirable that men of education as well as of intelligence should have a seat at their Board; and, as the Borough Magistrates are generally men of either influence, education, or property, and hold a respectable position in society, there cannot exist a doubt that they are the men who have a fair claim to a seat at the Board of Guardians, and would do much by their presence to induce a proper administration of the poor-rates, and otherwise greatly improve those Boards, the members of whom are thus described before a Committee of the House of Commons.

No. 1618. "I do not suppose that Guardians are '*hostes humani generis*' any more than other men; my feeling is, wheresoever you give a half-educated man, as the mass of rural Guardians are, considerable power, and that power bearing directly upon his own interest, you must expect that he will use it in a harsh and interested way, unless some one more educated calls out the good which is in every man."—*Rev. C. Kingsley.*

XXXIV.—This section is one of immense importance, when it is considered that a body of 3,000 Professional Men, already existing, might at once be employed in the cause of sanitary science—a science which is of vital interest to the 28 millions of this kingdom. The Poor Law Medical Officer is conversant with every nook and corner of his district, and knows of nuisances better than any other man; place him in power, and make it part of his duty to lay before

the local authorities the various plague spots that infest his district, and many of the diseases that now are rife will cease to exist. In the metropolis, and a few other places, Officers of Health have been appointed with the best possible results. Let the appointments be extended and the advantages will be manifest.

The Legislature, conversant with its importance, have empowered local Boards to appoint these officers, but they have done so in a few instances only, and will not do it on account of the expense, unless compelled; but the probability is they would not resist a class of men already in existence having these duties assigned to them. The health of a nation constitutes its wealth, it is therefore only fair that it should pay for its preservation, and that these officers should have such salaries from the Consolidated Fund as the Board of Health may, from time to time, advise.

An improved sanitary condition of the people would lessen the poor-rates materially.

No. 2070. "Under improved sanitary regulations, I believe that a moiety of the population who require gratuitous medical aid, in some form or other, might be reduced nearly one half, and, therefore, I think it extremely important to prevent the occurrence of sick cases by proper sanitary arrangements, rather than to adopt a system of medical relief which only has reference to the curing of disease."—*H. W. Rumsey, Esq.*

No. 1578. "A Medical Officer knows of nuisances better than any man, and it is he who must tell the Inspector in the long run."—*Rev. C. Kingsley.*

No. 1606. "I think in many cases that the poor pay out of their own pocket for diseases brought upon them by the neglect of others. I have seen many a case of disease which has come on entirely from the bad drainage, or bad building of a cottage. I think the greater part of the disease among our labouring poor is preventable disease."—*Rev. C. Kingsley.*

No. 1612. "If perfect sanitary measures were carried out throughout the country, labouring classes, as a body, would be very likely able to pay for their own medical relief, so little disease would there be."—*Rev. C. Kingsley.*

No. 1629. "I think the present system is working very inefficiently as regards the poor."—*Dr. J. Griffin.*

No. 2036. "The duties of the medical staff throughout the country ought to be of a sanitary character, and I do not see how the question of public health, and that of public sickness can ultimately be separated. I would, therefore, recommend an addition to the present Board of Health of a medical section, with adequate powers of superintending medical relief, dispensaries, and various other matters distinctly medical, which are now either neglected, or but imperfectly managed by the present Board of Health."—*H. W. Rumsey, Esq.*

No. 2028. "That the administration of medical aid be combined with the regulation of the sanitary condition of the labouring population, and be committed to authorities, central and local, to be constituted expressly for the management of this department."—*H. W. Rumsey, Esq.*

XXXV.—This section is one of great value when it is recollected the vast number of sudden deaths that annually take place, some of which, there is little doubt, are from unnatural causes; these are registered upon the mere verbal statement of some old woman who was present at the death. The Coroner's duty used to be to institute an inquiry into cases of sudden death, but it is notorious that in consequence of the over-anxiety of the Magistrates of late years to keep down the rates, few inquests comparatively are held, but instead of them, preliminary inquiries. This duty, I propose, should be conducted by the Medical Officer of the district, who would be the best judge of the necessity of an inquest, and as he is on the spot the inquiry by him would be less expensive and more effective than that by the Coroner, unless he be a Medical man.

XXXVI.—This section is so reasonable that little need be said on the subject. Why should it be expected of medical men to give certificates gratuitously? No other profession does.

VACCINATION.

The subject of vaccination will doubtless receive considerable attention, not only from its national importance, but also because it is proposed to alter and amend the laws now in force respecting it. Before proceeding to discuss this question, permit me to call attention to that able and powerfully written letter from John Simon, Esq., to the President of the Board of Health, published in the report, which was submitted to Parliament last year. This letter contains almost all that is worth knowing on the subject. It has been long recognized by all right-thinking men, that vaccination is preventive of small-pox; that in fact it is small-pox, its virulent properties being destroyed by being passed through the system of the cow, hence it is called cow-pox. This was the principle recognized by the immortal Jenner—all honour to his memory. Doubts have arisen in the minds of many as to the preventive power of vaccination lasting beyond a definite period, and I cannot help feeling there is some truth in this opinion, judging by the successful re-vaccinations in the Prussian army, the vesicles of about two-thirds of the whole number running their course as if no previous vaccination had taken place, thus proving that the preventive power had ceased. The cause of this is not fully established, but it is supposed to arise from its too frequent transmission from one individual to another, and that it should be occasionally taken fresh from the cow. The experiments of Robert Ceely, Esq., of Aylesbury, an account of which was published in 1838, in the Transactions of the Provincial Medical and Surgical Association, with numerous beautifully coloured engravings, under the title of "Observations on the Variolæ Vaccinæ, &c.," is a work abounding in acknowledged facts, established by great perseverance, and will be honourably coupled with the name of Mr. Robert Ceely, long, very long, after his bones have crumbled into dust. This gentleman's experiments prove that the cow may be inoculated with small-pox, and, under favourable circumstances, "it will take," and the lymph generated in the vesicles, will, if introduced into the human body, be preventive of small-pox, and this it is which is now known by the term vaccination, as previously promulgated to the world by Jenner. The immunity occasioned by vaccination against small-pox is considered to be nearly perfect in one-third of the cases of vaccination, and that the other two-thirds are not very likely to catch small-pox, but there is not a perfect immunity, therefore it would be safer to re-vaccinate, at, or after, the age of puberty. The greatest number of cases of small-pox, after vaccination, occur between the ages of twenty and thirty.

Small-pox is not preventive of small-pox, as persons have frequently taken it a second time, and in some families there appears a predisposition to the complaint. Under these circumstances it cannot be expected that vaccination will be an entire preventive of small-pox, but where persons have been vaccinated, and subsequently take small-pox, they have it generally in a very mild form. The eruption, though sufficiently characteristic, is still in such small quantity, that it is no longer the loathsome, horrible disease, which small-pox is in its usual form. It is, therefore, most desirable that a legislative enactment should be passed, rendering it compulsory on all who have the custody of children to have them vaccinated before a certain age. This, it may be said, is now the case, but the legislature has omitted to name the parties who shall enforce the law, hence it is, to a certain extent, a dead letter; but even with the present law, I feel confident, nearly all would be vaccinated, if the medical men were paid sufficiently for their trouble. Three years since I was appointed a Union Medical Officer, and Vaccinator to the district, and finding that many of the children were not brought to me to be vaccinated, I called upon the Registrar and took down an account of all the births—168 in number, in the district, from August 1st, 1855, to August 1st, 1856,—and then called upon the parents of all those whom I did not know were vaccinated. The result was that in a short space of time I was enabled to report to the Board of Guardians that 124 were vaccinated, 28 had left the district, and it was not known whether they were subsequently vaccinated or not; 5 were dead, 3 had the small-pox, one of whom had been unsuccessfully vaccinated; 3 were under the age of three months, but were to be vaccinated; 3 were unwilling to have their children vaccinated, but subsequently consented, and one of them, aged three years, which was vaccinated by myself, on the eighth day, direct

from the arm of another child, the vesicles rising in two out of three places, has since had modified small-pox; 2 positively refused to allow their children to be vaccinated, and I believe they are not, at the present time. I told the Chairman of the Board of Guardians the fee of 1s. 6d. per case did not remunerate me for the trouble and loss of time. He merely replied that I need not do it, they could come to me, and that I was very well paid. From that time I have only vaccinated those children whose parents have requested me to do so. The result is, a great number are at this moment un-vaccinated, and small-pox has re-appeared. I noted this circumstance in my weekly return to the Board of Guardians on the 8th February last, and suggested that hand-bills should be issued of caution, and a recommendation to have all children vaccinated; but this has not been done, thus fully proving the necessity of a controlling power, and that matters of this importance should not be left in the hands of Guardians. The Royal Commissioners were fully alive to this when they issued their report in 1852, wherein they recommend "the establishment of a Central Board of Control, on the ground that no legislative enactments could be relied on as self-acting * * * from the inadequacy of the motives of the distributors of relief to support a correct administration, the strength of their interests in abusive administration, and intimidation on the part of the ratepayers."

The Poor Law Medical Officers have recorded their opinions in regard to vaccination in 14 sections.

XXXVII.—This section provides that the Registrar shall deliver to the person registering the birth of a child a duplicate form of certificate, in which is inserted the name of the child and all requisite particulars, leaving blank only the date of inspection after vaccination, and the name and qualification of the Medical Officer, thus saving the latter an immense amount of writing that is now entailed upon him.

XXXVIII.—This section provides for the change of residence of a child prior to its being vaccinated, and ensures the registration of its vaccination at the place of its birth.

XXXIX.—This section limits the time a certificate of the postponement of vaccination shall continue in force.

XL.—This section is very important, as by it the present laws on the subject of vaccination are proposed to be changed. At present any one, from Her Majesty down to the lowest of her subjects, may demand gratuitous vaccination, which appears unjust to the ratepayers, and gives rise to continual complaints on the part of the Guardians of the expense entailed by vaccination. Of the 18,840,000 inhabitants of this kingdom, it is calculated that 4,000,000 are of the labouring class, whose offspring only, in my opinion, ought to be gratuitously vaccinated, if from these are deducted the deaths of infants, under twelve months old (which fall heavier in this class of the community than in any other), there will not remain more than 100,000 requiring vaccination at the expense of the public; for these the nation ought to pay such a sum as will slightly remunerate the medical man for his labour, which cannot be at less than 2s. 6d. per case, with mileage. Confine gratuitous vaccination to the labouring classes, and a boon will be conferred on the medical practitioner by restoring to him his private patients, of whom the Legislature has, in many instances, deprived him. One gentleman informs me that he has lost £40 per annum since gratuitous vaccination came into force. The ratepayer will also be more satisfied, and cease to clamour against compulsory vaccination, which had its origin more in the dread of the expense, than in any real hostility to the measure itself. In 1854 the cost to the public for gratuitous vaccination was £45,729, and in 1855 it was £54,727, though, no doubt, only a part of this large sum reached the pockets of the Medical Officers, the rest being expended in law, books, and other items connected with it.

VACCINATION TABLE.

Payments for Vaccinations.	£ 25,248	25,895	27,576	45,729	54,727
Deaths from small-pox between two and three years.	853	834	358	278	229
Deaths from small-pox between one and two years.	1,188	1,185	453	389	227
Deaths from small-pox under one year.	1,801	1,954	861	569	502
Vaccinations above one year.			170,893	282,228	105,490
Vaccinations under one year of age.			195,700	395,658	343,029
Successful Vaccinations in Unions.	338,947	397,128	366,593	677,886	448,519
Births in 649 Unions.	592,347	601,899	601,223	623,699	623,181
Deaths from two to three years.	16,142	16,211	16,561	19,876	16,840
Deaths from one to two years.	31,993	33,116	32,927	37,751	32,007
Deaths under one year from all causes.	94,753	98,660	97,931	99,290	97,503
Deaths.	395,396	407,135	421,097	437,905	425,703
Births.	615,865	624,012	612,391	634,405	635,043
Population.	17,927,609	18,205,000	18,402,000	19,617,000	18,840,000
	1851	1852	1853	1854	1855

If gratuitous vaccination be confined to the labouring classes, there will be only 100,000 requiring the operation at the expense of the public, which, at a payment of 2s. 6d. per case, with mileage to those requiring it (which will be but few, as the great mass of the people live near to the Medical Officer), will not average more than 3s. per case, or £15,000 per annum, thus saving the nation a considerable sum of money, which it is hoped will be unhesitatingly added to the salaries of the Poor Law Medical Officers. The above calculation is founded on the fact that the births are, in round numbers, 600,000 annually, and that the labouring population forms a fifth of the entire number; and that the deaths, prior to the first year, are 100,000, leaving, therefore, only 100,000 to be vaccinated gratuitously.

The delivery to the Registrar of the duplicate half of the original form given by him to the person on the registration of the birth of the child, will be the best possible proof that the operation has been performed, and will not only entitle the Medical Officer to his fee, but will be a voucher that the Registrar has paid it.

XLI.—This section requires no explanation.

XLII.—This section requires careful consideration, as by it the time fixed for the registration of the vaccination is extended to twelve months, whereas, by the present law, vaccination must take place before the fourth month. The motives for postponing the registration to the twelfth month are twofold; first, it will save the nation the expense of vaccinating 100,000 children, who die before the completion of their first year; secondly, it will do away with some of the objections to vaccination, to which the ignorant, too frequently, attribute many of the diseases of which these children die. It may be urged, that in extending the time a number of lives may be endangered; but I question very much if this would be the case were the penal clauses enforced, as then the children of a riper age would be vaccinated, and would not bring the disease from school or play, to their infantile brothers and sisters. Deaths from small-pox have diminished since 1852, in which year 1,954 succumbed to the disease before the completion of their first year, but in 1853 the deaths were only 861, and in 1854, 569. In extending the time, early vaccination would not be denied those who desired it, but it would enable the poorer classes, amongst whom the prejudice against it and its very early performance principally exists, to postpone it as long as the law would permit.

In 1854, 677,886 children were vaccinated, which is nearly double the number of preceding years, but in 1855 they decreased to 448,519, arising in part from the people discovering that the threatened penalties were not enforced, and the medical men finding it did not pay them to lose their time in searching out the un-vaccinated.

XLIII.—This section provides for those cases where children have been born since August 1, 1853, when the Act of Parliament was passed, making vaccination compulsory, and compels the parents to have them vaccinated; due notice being given by the Registrar to that effect.

XLIV., XLV., XLVI., & XLVII.—These sections are all penal, but my full belief is they will be nearly a dead letter, though occasionally an example will require to be made. There is, in reality, little absolute objection to vaccination on the part of the poor—it is principally a spirit of procrastination that prevails—it is simply delayed from week to week; or, perhaps, forgotten.

The necessity of the compulsory clauses has been ably shown by Mr. Simon, in his letter: "if a man having small-pox could affect none but himself, little need be said against his right of having it *ad libitum*. Even in this light, however, it deserves consideration, that he who indulges a preference for small-pox, does so to the detriment or danger of his neighbours; and as they often suffer by his infection, so they might reasonably claim to be heard on that question of his privilege. Still the main object of the obligatory law, as I

understand it, is not to prevent adults from cultivating—if they be so minded—a personal taste for small-pox; its object is to prevent them from compelling [for in this case allowing amounts to compelling] their children to incur the worst perils of that disease.”

XLVIII.—This section makes it compulsory on Registrars to do their duty.

XLIX.—This section is of considerable importance, in proof of which, I give an extract from Mr. Marson's papers: “That of 3,094 vaccinated persons whom he has seen suffering from small-pox, only 268 presented what he considered the marks of thorough vaccination.” Mr. Marson insists on “evils more especially affecting the humbler classes, connected with the circumstances under which vaccinations in country districts are performed, and further, his opportunities having enabled him to judge of the vaccination of other kingdoms of Europe, he assigns even a very low relative rank to the performances of England, observing that there can be no justifiable reason why the rural inhabitants of England and Wales should be, as he knows them to be, far less well-vaccinated than are the rural inhabitants of Denmark, Sweden, and Prussia. With good lymph, and the observance of all proper precautions, an expert vaccinator should not fail in his attempts to vaccinate above once in 150 times; yet a large number of those who take upon themselves the duty, think they do very well if they succeed, however imperfectly, five times out of six; and patients often present themselves with small-pox at the Hospital, who state they have been cut five, six, eight times, or more, for cow-pox, without effect.”

L.—This section will prevent a medical man giving a certificate of a successful vaccination, without ascertaining the result by inspection, which I fear is not now always done, reliance being placed on the fact of having vaccinated a child, and concluding it to be successful from the parents not bringing it again.

SUPERANNUATION ALLOWANCE.

LI. to LXI.—These sections are framed, in accordance to a plan laid down by the Poor Law Board, in 1850, for a superannuation allowance to many of their officers, the medical men, however, being omitted. This Bill was abandoned, because their officers objected to its compulsory provision, as regarded their own payment to the fund, Government not assisting them in any way. This possibly might be the case with the Poor Law Medical Officers now, were the fund to be maintained by themselves alone, but it is to be hoped the Legislature will assist, and it is but reasonable to expect they should do so, when it is considered the small remuneration the Medical Officers receive for their valuable services, and the risks they run in performing their duties, exposed as they are to the dangers of infectious diseases and bodily suffering, from illness arising from exposure to all weathers, all seasons, and all hours of the night and day; duties, the like of which, no other Poor Law Officer is called upon to perform.

The necessity of this fund is, I regret to say, in too many instances, frequently required, it being utterly impossible for the Poor Law Medical Officers to lay by one penny from their Union practice, as a provision for old age—to which, however, the majority never attain, as they are prematurely cut off whilst engaged in practice. Still there are instances of men attaining the usual span of life; for these it is desirable to provide. A provision of this kind will act as an inducement for medical men, who have obtained experience in their profession, to continue their services to the poor, and thus be the means of great benefit to them and also to the ratepayers, as the speedy cure of the former will be the means of saving the money of the latter.

DRAFT OF AN ACT FOR THE BETTER REGULATION OF MEDICAL RELIEF TO THE POORER CLASSES IN ENGLAND AND WALES.

WHEREAS it is expedient to alter and amend the Laws relating to the Medical Relief of poor persons in England and Wales, be it therefore enacted, by the Queen's most excellent Majesty, by and with the advice and consent of the Lords spiritual and temporal and Commons in the present Parliament assembled, and by the authority of the same, as follows:—

SECTION I.—That from and after the passing of this Act it shall be the duty of the Guardians of the Poor to grant Medical Relief to every person who is destitute of the means to procure such relief; as a proof of which, he shall declare that his pecuniary receipts do not exceed 7s. per week; and if married, that the united income of himself and wife does not exceed 10s. per week, with 1s. extra for each child under the age of 16; and if an in-door servant, that his wages do not exceed 2s. per week; and further, that each applicant for Medical Relief shall declare that his father and grandfather, mother and grandmother, or his own children, are not in a situation to provide such assistance as by 42 Eliz., cap. 2, sec. 7, they are bound to do.

II.—That it shall be the duty of the Overseers, or Assistant-Overseer and Churchwardens of every Parish, as well as the Relieving Officer of every district, and for the Guardians as a Board, and legal for every Justice of the Peace, residing in a Union, on demand of any person having a right, according to Sec. 1, to make such demand, either on behalf of himself, or some other person requiring medical aid, to grant an order for medical relief on the Medical Officer appointed by the Board of Guardians to attend the sick poor in the district in which such poor person, requiring relief, may at the time be residing. Such order to continue in force until the ensuing quarter-day, unless the Board of Guardians direct to the contrary.

III.—That it shall be the duty of the Guardians at their meetings as a Board, to examine the books of the Medical Officers and inquire into the circumstances of each patient recorded therein since their last meeting, and should it appear to them that any such person does not come under the true intent and meaning of Sec. 1, then all relief already granted, or hereafter to be granted, may be declared to be a loan, and be recoverable by the Guardians in like manner as is now provided by law for loans granted by Guardians; or the Chairman of the Board shall strike his pen through the name and attach his initials thereto, and from that time the Medical Officer shall not be bound to furnish further medical relief; the value of the relief already granted to be paid for by the Guardians by a fee of 2s. 6d. and mileage for one journey in the case of an ordinary illness, or by half the fee pointed out by Sec. 19, should the services rendered be one of those described therein, excepting in the case of childbirth, or immediately afterwards, when the whole fee shall be paid; or that of an operation, or the reduction of a dislocation, when two-thirds of the fee shall be paid.

IV.—“That the Guardians shall, once at least in every year, cause to be prepared by the Clerk or Relieving Officers a list of all such aged and infirm persons, and persons permanently sick or disabled as may be actually receiving relief from such Guardians, and residing within the district of each Medical Officer of the Union, and shall from time to time furnish to each District Medical Officer a copy of the list aforesaid. (Art. 75.) Every