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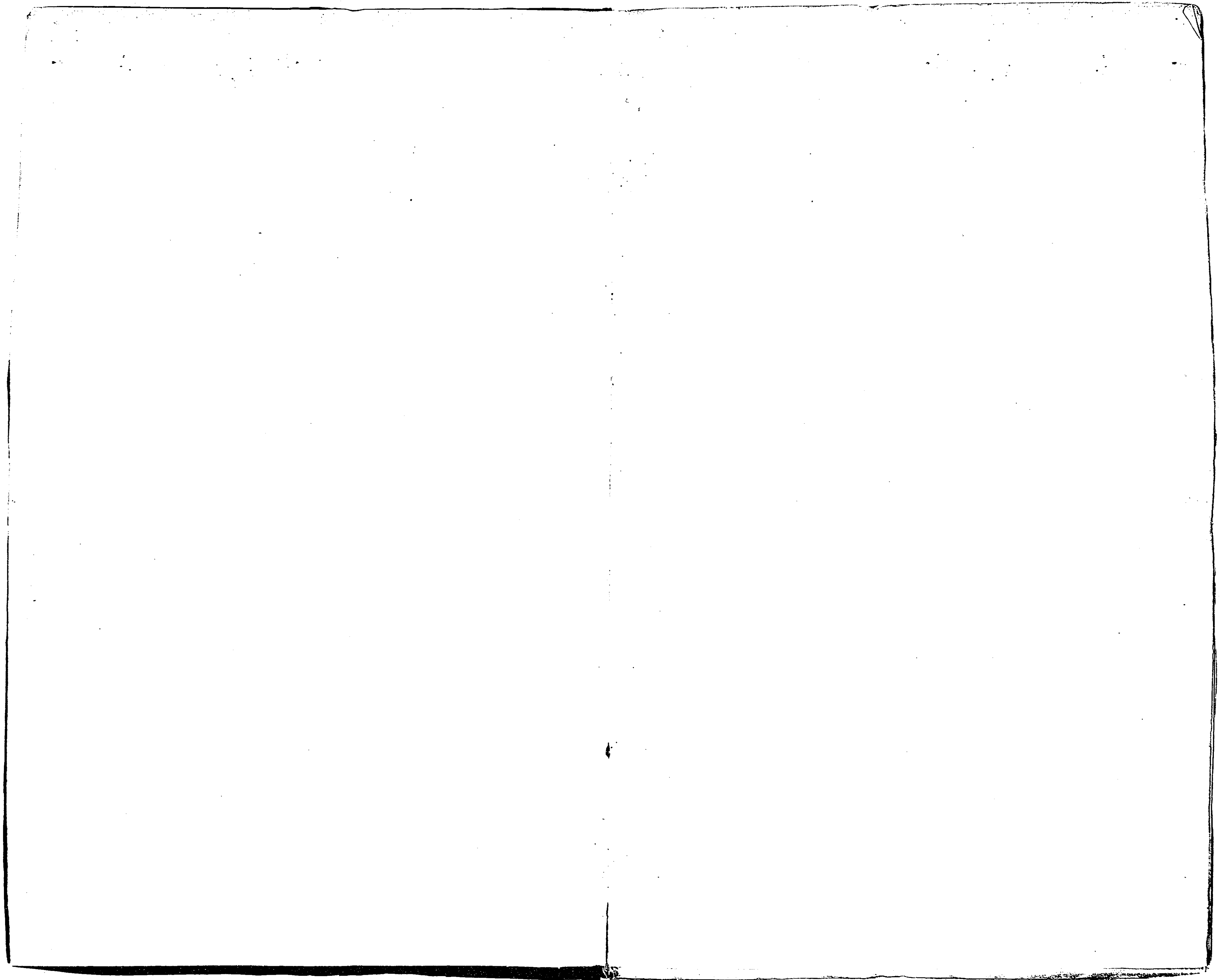
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DUBLIN HOSPITALS.

Ordered, by The House of Commons, to be Printed,

29 June 1854.

[Price 4s. 6d.]



R E P O R T

FROM THE

SELECT COMMITTEE

ON

DUBLIN HOSPITALS;

TOGETHER WITH THE

PROCEEDINGS OF THE COMMITTEE,

MINUTES OF EVIDENCE,

APPENDIX, AND INDEX.

*Ordered, by The House of Commons, to be Printed,
29 June 1854.*

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Jovis, 23^o die Februarii, 1854.

Ordered, THAT a Select Committee be appointed to inquire into and Report upon the Expediency of the Grants made from the Public Funds to the Hospitals in the City of Dublin, and how far the circumstances of these Institutions, and their utility as a Medical School, require the continuance of such Grants.

Veneris, 24^o die Martii, 1854.

Committee nominated of,—

Mr. Grogan.	Mr. James MacGregor.
Lord Alfred Hervey.	Mr. Digby Seymour.
Lord Naas.	Mr. Kershaw.
Sir Thomas Frankland Lewis.	Mr. Shirley.
Mr. Percy.	Mr. Whitmore.
Dr. Brady.	Mr. John Ball.
Sir John Hanmer.	Mr. Byng.
Mr. Moody.	

Ordered, THAT the Committee have power to send for Persons, Papers, and Records.

Ordered, That Five be the Quorum of the Committee.

Lunæ, 8^o die Maii, 1854.

Ordered, THAT Mr. John Ball be discharged from further attendance on the Committee, and that Sir Thomas Burke be added thereto.

Jovis, 18^o die Maii, 1854.

Ordered, THAT Mr. Byng be discharged from further attendance on the Committee, and that General Buckley be added thereto.

Jovis, 29^o die Junii, 1854.

Ordered, THAT the Committee have power to Report their Observations, together with the Minutes of Evidence taken before them, to The House.

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R E P O R T.

THE SELECT COMMITTEE appointed to inquire into and Report upon the Expediency of the Grants made from the Public Funds to the Hospitals in the City of Dublin, and how far the circumstances of those Institutions, and their utility as a Medical School, require the continuance of such Grants, and who were empowered to report their Observations, together with the Minutes of Evidence taken before them, to The House :—HAVE considered the matters to them referred, and have agreed to the following REPORT :

THE Hospitals in Dublin which are wholly or in part supported by Parliamentary Grant are seven in number ; namely, the Westmoreland Lock, the Cork-street Fever, the Lying-In, Steevens's, Meath, Incurable, and House of Industry Hospitals.

The sum proposed to be voted for the present year is about 12,900 £.

These institutions have from time to time been made the subject of inquiry, both by Parliament and Government.

In 1829 the Committee on Irish Miscellaneous Estimates reported on each of these institutions, but did not recommend any reduction in the grants.

In 1842, Earl de Grey, then Lord Lieutenant of Ireland, appointed three Commissioners, Colonel La Touche, Mr. G. A. Hamilton, and Mr. Barlow, to inquire into these Hospitals ; they personally inspected each, with the exception of the establishment connected with the House of Industry, and strongly recommended a continuance of the grants. Mr. Nichols and Mr. Phelan, Poor Law Commissioners, in the same year inspected and reported on the Hospitals of the House of Industry.

In 1848, the Select Committee on Miscellaneous Estimates noticed the grants in their Report, and recommended that they should be gradually diminished and ultimately extinguished ; Your Committee are of opinion that that decision was arrived at without sufficient investigation, as no witness connected with the Hospitals or the City of Dublin was examined by the Committee.

It appears that, since 1849, the continuance of grants for the purposes of medical education has been recommended by two successive Lord Lieutenants.

Your Committee have now inquired minutely into the circumstances of each of these institutions. They have examined Governors, Medical Men and Officers connected with the Hospitals, the Commissioners of 1842, Guardians and Officers of the two Poor Law Unions, the Chief Commissioner of Poor Laws, some of the citizens of Dublin, and two medical men of high standing, connected with London Hospitals.

It has been shown, to the satisfaction of Your Committee, that these Hospitals afford to the medical school of Dublin the requisite means of instruction in the several branches of medicine, surgery, and midwifery.

That they afford a large and efficient system of medical relief to the sick poor.

That in the position and circumstances of Dublin these objects could not be effected without extraneous assistance.

That a Parliamentary Grant is the only means whereby this assistance could be obtained.

As the circumstances, however, of the several Hospitals vary considerably, Your Committee think it right to state the reasons that induce them to recommend a continuance of the grant in each of the following cases.

THE WESTMORELAND LOCK HOSPITAL

Commissioners' Report, 1842, p. 38.

Commissioners' Report, 1842, p. 5.

Byrne, 244.

Byrne, 10.

Byrne, 15. 133. 232.

Pitcairn, 344.

Tufnell, 391.

Pitcairn, 352.
Tufnell, 413, 414.
Macdonnell, 463, 464.

Wilde, 2993.

Hutton, 1871.
Porter, 1188.
Byrne, 59. 61.
Tufnell, 421.
Wilde, 3010.
Cusack, 839.
Kirkpatrick, 938, 939, 940.
Brady, 1051, 1052.
Byrne, 113.
Tufnell, 424.

Was established under the direction of the Government, in 1792, for the relief of male and female venereal patients; in 1819 it was remodelled, and confined to the reception of female venereal patients only. Since the Union it has received grants from Parliament, varying in amount from 9,019 £, the highest, to 1,215 £, the lowest, being the sum proposed in the Estimate of the present year.

This Hospital is managed by a Board of 10 Governors appointed by the Lord Lieutenant. It appears to be well and economically conducted; it has no source of income except Parliamentary Grant. The number of beds have been diminished, in consequence of the reduction of the grant, from 150 to 40.

The importance of such an institution in a town like Dublin can hardly be overrated. It appears that in large garrison towns the establishment of a Lock Hospital for females is the best mode of preventing venereal disease among the soldiery.

On the mere grounds of economy its support by Parliament can be justified, as venereal disease constantly incapacitates and even causes the discharge of the soldier at the very age that he is most serviceable to the country.

The present Government have proposed a vote this year for the establishment of Lock Wards in the Hospital at Portsmouth.

There are great objections to the treatment of female venereal patients in General or in Workhouse Hospitals; in Dublin they have usually been totally excluded from the former, and serious evils have arisen from their treatment in the latter.

Venereal disease has increased in the city in consequence of the grant having been reduced. It is difficult to obtain private subscriptions for such an institution.

It appears that 150 beds at least are necessary for the reception of female venereal patients in Dublin; Your Committee are of opinion that a sum of from 2,500 £ to 3,000 £ a year would be required for the support of this Hospital. The Committee are also of opinion that all Hospitals which receive assistance from the State ought to afford medical instruction, the Governors, therefore, should be directed by the Lord Lieutenant to admit students under such restrictions as may be found necessary to ensure propriety and morality.

THE LYING-IN HOSPITAL.

Commissioners' Report, 1842, p. 56.
Strickland, 720.

Civil Service Estimate, VI., 1855, p. 40.

Commissioners' Report, 1842, p. 56.

Shekleton, 481.

Shekleton, 611.
Shekleton, 654. 656.
Shekleton, 508. 514.

This great Institution was founded by the late Dr. Mosse, in 1757, who expended his whole fortune on it: 25,500 £. was subsequently voted by the Irish Parliament for its building and enlargement. Since the year 1800 it has received yearly grants from Parliament of sums varying from 3,148 £. to 500 £., the vote for the present year. The income from other sources amounts this year to 1,946 £., but there is an excess of expenditure over income of 430 £. It is managed by a Board of Governors, 12 of whom are members in right of official position; the remainder are elected by the Board.

A resident master, paid by the fees received from pupils, is elected every seven years. This gentleman is always a physician of great eminence. The Hospital is devoted solely to the relief of lying-in women, and every poor person presenting herself at the door in labour is admitted. Numbers of the patients are not natives of Dublin, and many soldiers' wives are annually relieved. A very extensive system of instruction, to both male and female pupils, is established here, and a certificate of six months' attendance on lying-in patients is held to be indispensable by the licensing bodies.

With

With the exception of a small Hospital in the Coombe, this is the only public institution in Ireland where instruction in midwifery is given, and is therefore an indispensable part of the Irish medical school. Shekleton, 534, 535, 536.

The number of pupils varies from 50 to 54. They pay 10 guineas each. The number of beds now available is about 103. The Parliamentary Grant has been reduced in consequence of the Report of the Committee on Miscellaneous Estimates, from 1,000 £. to 500 £. The number of patients has not, however, been reduced, but three wards have been closed. The Hospital has been for the last four years in an unusually healthy state, but if puerperal fever occurred it would be necessary, for the purposes of separation, to reopen those wards, which would necessitate a reduction in the number of admissions. Shekleton, 500.
Shekleton, 543. 560, 561.
Strickland, 761, 762.
Shekleton, 562.
Shekleton, 578.

It appears that a sum of 11,000 £. Irish was borrowed for the purposes of building in the year 1790; and debentures were issued for that amount, bearing interest at four per cent. The Government, under the provisions of 30 Geo. 3, c. 36, guaranteed the due payment of the interest, taking as security the property of the Hospital. The yearly sum now paid on this account is 402 £. Commissioners' Report, 1842, p. 60.
Strickland, 806.
Strickland, 810.

Your Committee, taking into consideration the great usefulness of this institution as a charity, the excellence of its management, its long existence, and the absolute necessity that good practical instruction in midwifery should form part of medical study, are of opinion that great advantage would arise if Government took upon itself the payment of the interest on the abovenamed debentures; and that 300 £. a year additional is necessary for the purposes of the institution, a sum which, the register has stated, would be sufficient to maintain it in an efficient state. Strickland, 840.

Your Committee are of opinion the number of Governors should be unlimited, and the amount of donation and subscription, requisite for qualification, be reduced.

HOUSE OF INDUSTRY HOSPITALS.

Three great Hospitals were in former times attached to the House of Industry in Dublin. They are named The Hardwicke Fever, The Whitworth Chronic, and The Richmond Surgical Hospitals. They are situated close to each other, and form one great institution, accommodating 312 patients, suffering under every form of disease. Steward, 2013.

When the present system of poor relief was established the House of Industry was remodelled; the main building was converted into the North Dublin Union Workhouse. Corrigan, 3239.
Steward, 1941.
Hutton, 1769.

The lunatics and paupers, which were then inmates, were transferred to other buildings, and those that are still alive are supported by an annual vote from Parliament. The institution now consists of three Hospitals; an establishment for lunatics at Island Bridge, (where not only the lunatics which were in the establishment in 1840 are maintained, but 179, two-thirds of the whole number, are received from the Richmond District Lunatic Asylum, their expenses being repaid by the Governors of that institution,) the Talbot Dispensary, and a small establishment for the issue of trusses to the poor afflicted with hernia. Civil Service Estimate, 1855, VI., p. 36.
Steward, 1947.

With the exception of a small sum of 136 £. 5s. 9d., the institution is supported solely by Parliamentary Grant at an expense of 11,859 £. a year, about 7,600 £. of which is expended on the Hospitals. It is under the control of the Poor Law Commissioners, and is governed by a Master, who receives a salary of 360 £. a year, and is appointed by the Lord-Lieutenant. The Hospitals are attended by four physicians and five surgeons, appointed by Government; the two senior physicians receive 100 £. a year each; the two junior 60 £.; the surgeons receive no salary. Estimates, 1854, VI., p. 34.
Corrigan, 3239.
Steward, 1939.

The system of instruction connected with these Hospitals is very extensive; a lecture-room and a museum, containing 1,000 drawings and 2,500 preparations, is established within the grounds in a building erected by Government in 1838. Corrigan, 2352.
Corrigan, 3255.

A school of anatomy, surgery, medicine, &c., founded by the munificence of the late Dr. Carmichael at an expense of 10,000 £., is situated so near that 338. a 3 that

Corrigan, 3263.
Corrigan, 3266. 3268. that it is much used by pupils studying in the Hospitals. From 120 to 130 pupils annually avail themselves of these great advantages. Graduates and foreigners frequently attend to perfect themselves in their studies.

Corrigan, 3236. It appears that, in April 1849, The Whitworth Chronic Hospital was closed in consequence of the Report of the Committee on Miscellaneous Estimates. Lord Clarendon, then Lord-Lieutenant, visited the institution, and so struck was he with the inexpediency of shutting up such an establishment, that on his own responsibility he ordered it to be opened within three weeks from its being closed.

Corrigan, 3243. Your Committee are of opinion that these Hospitals ought to be maintained in their present state of efficiency; that an inquiry should be directed by the Lord-Lieutenant as to the sum necessary for that purpose; that the Hospital establishment should be entirely separated from the other branches of the institution; and that a Board of unpaid Governors should be appointed by his Excellency, who would undertake the entire management of the institution in the manner which has been found to succeed so well in other Hospitals.

By this means the large salary now paid to the Governor would be got rid of, and the Poor Law Commissioners would be relieved of a charge which, in the opinion of Your Committee, does not fairly come within their department. Since the Medical Charities Act has come into operation, it does not appear that there is any further necessity for maintaining the Talbot Dispensary.

THE CORK-STREET FEVER HOSPITAL

Commissioners' Report, 1842, p. 98. Was opened in 1804. £1,954. 12s. 11d. was contributed by Parliament towards its erection. The Lord Lieutenant and his Secretary subscribed 500*l.*, and the remainder of its cost, amounting to a sum of 8,864*l.* 1*s.*, was raised by voluntary subscriptions among the citizens of Dublin. It has since 1808 received yearly grants from Parliament of sums varying from 5,577 *l.* to 1,900 *l.*, the vote proposed in the present year. The income derived from other sources amounted last year to 1,255 *l.* It is managed by a committee of 21, of whom 15 are trustees, and the remaining six are elected annually by the governors. This Hospital is devoted exclusively to the relief of poor persons suffering from contagious fevers. All are admitted who are brought to the door in fever. Pupils do not attend for instruction.

T. Brady, 1351. 1353. 1854. The number of patients has been reduced from 240 to 120, in consequence of the reduction of the grant from 3,800 *l.* to 1,900 *l.*; but there is accommodation available to the extent of 426 beds. A system of visitation by the physician at the houses of the sick poor, and a hospital carriage for conveyance of patients, which were most useful, have been discontinued from want of funds. The medical staff now consists of two permanent physicians, who receive a salary of 100*l.* a year each, and two temporary physicians who receive nothing. It appears that the City of Dublin has from time to time been visited with violent epidemics. This Hospital is the only establishment in the city sufficiently large to contend with such a visitation. There are four acres of ground attached to the Hospital, and in addition to 500 patients which could be admitted to the building, the erection of sheds and tents could provide for an almost unlimited number. In June 1847, there were 951 patients in the buildings and sheds. This Hospital must inevitably be closed if the Parliamentary Grant is discontinued. It has been shown that either a great loss of life or a great waste of public money must occur if epidemic breaks out and sufficient accommodation for patients is not ready at a moment's warning.

Your Committee are therefore of opinion that it is unwise to abolish an institution where everything that is necessary for the suppression of fever is ready at hand; that 3,000 *l.* a year is necessary for its maintenance; that the system now practised of admitting fever patients from the Dublin unions upon payment by the guardians of their necessary expenses, should be continued, and that the governors should afford every inducement to medical students to attend the Hospital for purposes of instruction.

Dr.

DR. STEEVENS'S HOSPITAL

Was founded by Dr. Richard Steevens, who by his will, dated 1710, bequeathed, after the death of his sister, his estates, then worth about 600 *l.* a year, to build an Hospital for maintaining and curing sick and wounded persons. Commissioners' Report, 1842, p. 88.

An Act of incorporation was obtained, and in 1733 the institution was opened. It is managed by a corporation of 22, 10 of whom are members in virtue of official position; 12 are elected as vacancies occur by the whole board. Since 1805, this Hospital has received yearly grants from Parliament of sums varying from 2,980 *l.* to 795 *l.*, the proposed vote for the present year, being a reduction from 1,500*l.* since 1849. The income from other sources was last year 4,498 *l.* J. W. Cusack, 2353. M'Vittie, 2535. Appendix, No. 2.

In 1806, a grant of 500 *l.* for support of surgical beds was voted, which in 1812 was augmented to 1,424 *l.*, on the suggestion of Lord Maryborough, Chancellor of the Exchequer, to give increased relief. In 1820 the Governors consented to receive 30 male venereal cases, on the request of Government, consequent on the closing of the Lock against that class. These patients were first admitted on 1st May 1820, at which time the annual grant was 1,516 *l.* 13*s.* 4*d.* Cusack, 2440. 2535. 2537.

A large number of constabulary patients, from all parts of Ireland, are annually received into this Hospital, upon payment of their necessary expenses. The Hospital is attended by five surgeons, two physicians, who receive no salary, and a resident surgeon, who is paid 50 *l.* a year; an extensive system of medical and surgical instruction is given to about 30 pupils in each year, under their superintendence. Cusack, 2374. 2376. M'Vittie, 2536. Cusack, 2360. 2362. Cusack, 2364. 2367. 2372. 2427.

The Hospital is capable of containing 250 patients; but the average number at present relieved seems to be about 230, of whom 95 are from the constabulary. The number of male venereal patients has been decreased since the reduction of the grant from 30 to 15. A large number of extern patients are treated in the Dispensary. M'Vittie, 2605. M'Vittie, 2607.

Your Committee are of opinion that 1,080 *l.* a year is necessary for the support of this Hospital, and that a number of fever patients sufficient for the purposes of instruction should be admitted to the Hospital. Cusack, 2462.

THE MEATH HOSPITAL AND COUNTY OF DUBLIN INFIRMARY

Was originally opened in the year 1756. Till 1828 it received no assistance from Parliament, but in that year Lord Melbourne, then Secretary for Ireland, made an arrangement with the Governors, by which 36 fever patients were to be admitted, and their expense paid by Parliament. The grant has been paid out of the Concordatum Fund, and has varied in amount from 2,597 *l.* to 567 *l.* The sum proposed in the present year is 540 *l.* Though the Parliamentary Grant is solely appropriated to the relief of fever patients, this is a general hospital for medical and surgical cases, and is supported by private subscription, county presentment, and other sources. The total number of patients usually within the walls is about 100. A large medical staff, composed of the most eminent men in Dublin, are in constant attendance; they receive no emolument from the funds of the institution. A very extensive system of instruction is given, and 77 pupils, on an average, pass yearly through the hospital. It also appears that valuable contributions to medical literature have been made by officers of the hospital. The management is conducted by a board of 21 governors, elected annually from the subscribers; the medical officers are elected by each other. In 1849 the grant was reduced 10 per cent., but in consequence of a communication made to the Lord Lieutenant, expectation was entertained that the reduction would be suspended, and there has been no decrease since 1850 till the present year. Commissioners' Report, 1842, p. 136. Porter, 1111. 1112. Porter, 1117. Porter, 1110. Civil Service Estimate, 1853, p. 47. Porter, 1197. Porter, 1148. Porter, 1178. Porter, 1138. Appendix, No. 4. Scanly, 1291. Porter, 1182. Porter, 1150. Appendix, No. 4. Stokes, 2781.

Your Committee think it desirable that some alteration should be made in the system now practised, by which the medical officers are elected by each other.

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Porter, 1163. 1164.

It has been shown to be of great importance, for the purposes of education that every form of disease should be presented to the pupil under the same roof. Your Committee are of opinion that 600 *l.* a year is necessary for the support of the Meath Hospital.

THE HOSPITAL FOR INCURABLES

Commissioners' Report, 1842, p. 118.
Bessonnet, 2126.
Bessonnet, 2138.
Commissioners' Report, 1842, p. 129.

Was established by private subscription about the year 1740, for the relief of poor persons who are afflicted with diseases beyond the hope of cure. A charter was granted in 1790, constituting certain persons, together with all others who should make a donation of 21 *l.*, or a yearly subscription of 5 *l.* 5 *s.*, members of a corporation from whom the governors should be elected. Since 1817 the institution has received grants from Parliament of sums varying from 613 *l.* to 250 *l.*, the vote proposed in the present year.

Bessonnet, 2165.
Appendix, No. 8.

The grant has been decreased since 1849 from 500 *l.* to 250 *l.*; the income from other sources amounts to about 1,251 *l.*

Bessonnet, 2172. 2173.
2174.

The medical gentlemen and clergymen who attend, give their services gratuitously. The Institution appears to be conducted with the most rigid economy.

Bessonnet, 2151.

The number of patients in 1849 was 90, and is now 74. The worst cases are selected by the Governors from among the numbers who present themselves, and they almost invariably remain in the Hospital till their death.

Bessonnet, 2154.

In consideration of the length of time that this Institution has been assisted by Parliamentary Grant, its charitable character and excellent management, Your Committee are of opinion that the Hospital for Incurables should be maintained in an efficient state, and that the attention of the Lord Lieutenant should be directed as to whether a small portion of the Concordatum Fund might not be appropriated for this purpose.

The total sum required annually, if Parliament determines to maintain all these establishments, will be (exclusive of the Incurable Hospital) about 16,000 *l.*

In this case Your Committee recommend that the Lord Lieutenant should appoint an unpaid Commission, somewhat similar in its constitution to that of 1842, to enquire into and report annually to his Excellency as to the general state and efficiency of these institutions. This report should be presented to Parliament. The said Commission should also further inquire into and report how far it would be possible to consolidate some of these institutions.

Your Committee are of opinion that it is not desirable that these Hospitals should be placed under the control of the Poor-law authorities.

Your Committee earnestly recommend these institutions to the consideration of Parliament, on the following general grounds.

Wilde, 2953.

From the year 1188 till the Reformation, a large amount of medical relief was afforded to the poor of Dublin, through the medium of monastic institutions, particularly that of the priory of St. John's, in Thomas-street. When religious houses were generally suppressed, the property belonging to the Dublin monasteries was sold, while that of St. Bartholomew's and St. Thomas's, in London, was re-granted by the Crown, and now forms the ample endowment of those noble institutions.

Wilde, 2956. 2966-
2969.

Stanton, 3718.
Stanton, 3734.
Stanton, 3710.
Power, 3465.
Hamilton, 3847. 3850.
Barlow, 3541, 3542.
3641.
Hamilton, 3841.
Corrigan, 3229.
Barlow, 3557.
Corrigan, 3236.

The City of Dublin is in a position peculiar to itself, as compared with other towns of the empire. It is a metropolis for the poor, but not for the rich. The value of its property has, within the last 14 years, decreased, while local taxation, population, and pauperism have increased. It has been shown that the ability of Dublin to support charitable institutions is less than it was when the Commissioners reported in 1842. Almost every witness has stated that it would be impossible to raise a sufficient sum to preserve the Hospitals in an efficient state, either by voluntary subscription or local taxation; a withdrawal of the grant would, therefore, have the effect of entirely closing some, and of impairing materially the efficiency of all, these valuable institutions.

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A medical school of the highest repute has been established in Dublin, which is almost entirely dependent on the indirect mode of support by Parliamentary Grant to these hospitals. The system of instruction pursued appears to possess many advantages. Sir Benjamin Brodie has stated in his evidence, that its continuance is, "as a national object," very important. The most eminent physicians and surgeons in Dublin devote a great portion of their time to instruction and hospital attendance. Separate schools are attached to the different hospitals, which has the salutary effect of creating emulation. Museums, founded at great expense, and admirably adapted for their purpose, exist. Except in a very few cases the salaries of the medical officers are not derived from the funds of the institutions. Their emoluments arise from pupils' fees. This system, thus nearly self-supporting, has hitherto been most successful. Ireland has been furnished from Dublin, even in its remote districts, with medical men of sound education. 968 Dispensaries have now to be supplied with properly-qualified attendants: the withdrawal of these Hospital grants would, in the opinion of Your Committee, occasion the ruin of this great educational system; and at a time when Parliament has shown so munificent a disposition towards the diffusion of knowledge, and the encouragement of science and art, Your Committee hope that it will not hesitate to provide an adequate sum for the development of that science which is most beneficial to mankind.

Corrigan, 3271.

Medical Charities
(Ireland) Report.

29 June 1854.

PROCEEDINGS OF THE COMMITTEE.

Martis, 28^o die Martii, 1854.

MEMBERS PRESENT:

Sir T. Frankland Lewis.	Mr. Moody.
Lord Naas.	Mr. Whitmore.
Mr. J. MacGregor.	Mr. Shirley.
Mr. Grogan.	Mr. Percy.
Dr. Brady.	Lord Alfred Hervey.
Mr. Kershaw.	

Lord NAAS was called to the Chair.

Committees deliberated.

[Adjourned to Tuesday, 2d May, at Twelve o'clock.]

Martis, 2^o die Maii, 1854

MEMBERS PRESENT

Lord NAAS in the Chair.

Mr. Percy.	Sir J. Hanmer.
Mr. Whitmore.	Lord Alfred Hervey.
Sir T. Frankland Lewis.	Mr. J. Ball.
Dr. Brady.	Mr. Shirley.
Mr. Digby Seymour.	Mr. Moody.
Mr. Grogan.	Mr. Kershaw.
Mr. J. MacGregor.	Mr. Byng.

Dr. Thomas Byrne, Sir James Pitcairn, Mr. Jolliffe Tufnell, and Dr. Joseph William Macdonnell, examined.

[Adjourned to Thursday, at Twelve o'clock.]

Jovis, 4^o die Maii, 1854.

MEMBERS PRESENT:

Lord NAAS in the Chair.

Mr. Grogan.	Mr. Kershaw.
Lord Alfred Hervey.	Mr. Byng.
Mr. Percy.	Dr. Brady.
Sir T. Frankland Lewis.	Mr. Digby Seymour.
Mr. Whitmore.	Mr. Moody.
Mr. Shirley.	

Dr. Robert Shekleton, Mr. John George Strickland, Mr. Ralph Cusack, and Dr. Frederick Kirkpatrick, examined.

[Adjourned to Monday, at Twelve o'clock.]

Lunæ, 8^o die Maii, 1854.

MEMBERS PRESENT:

Lord NAAS in the Chair.

Lord Alfred Hervey.	Mr. Kershaw.
Mr. Whitmore.	Sir T. Frankland Lewis.
Mr. Grogan.	Mr. Percy.
Dr. Brady.	

Dr. Daniel F. Brady, Dr. William Henry Porter, Mr. Edward Bacon Scanley, Dr. Thomas Brady, Mr. Charles Matthews, and Mr. Henry Price, examined.

[Adjourned to Thursday, at Twelve o'clock.]

Jovis, 11^o die Maii, 1854.

MEMBERS PRESENT

Lord NAAS in the Chair.

Lord Alfred Hervey.	Mr. Kershaw.
Sir T. Frankland Lewis.	Mr. J. MacGregor.
Dr. Brady.	Mr. Percy.
Mr. Grogan.	Mr. Byng.
Mr. Whitmore.	Sir T. Burke.

Dr. William H. Porter, Dr. Thomas Brady, Dr. George B. Owens, Dr. Edward Hutton, Dr. Henry Hutchinson Steward, and Mr. James Bessonnet, examined.

[Adjourned to Monday, at Twelve o'clock.]

Lunæ, 15^o die Maii, 1854.

MEMBERS PRESENT:

Lord NAAS in the Chair.

Mr. Grogan.	Sir T. Frankland Lewis.
Mr. Percy.	Mr. Shirley.
Dr. Brady.	Lord Alfred Hervey.
Mr. Whitmore.	Sir Thomas Burke.
Mr. Kershaw.	Mr. Digby Seymour.
Mr. J. MacGregor.	

Colonel La Touche, Dr. James William Cusack, and Mr. Robert B. McVittie, examined.

[Adjourned till To-morrow, at Twelve o'clock.]

Martis, 16^o die Maii, 1854.

MEMBERS PRESENT:

Lord NAAS in the Chair.

Dr. Brady.	Lord Alfred Hervey.
Mr. Whitmore.	Mr. Digby Seymour.
Mr. Percy.	Sir Thomas Burke.
Mr. J. MacGregor.	Mr. Shirley.
Sir J. Hanmer.	Mr. Kershaw.
Mr. Grogan.	

Dr. William Stokes, Dr. William Robert Wilde, Dr. William Hargrave, and Dr. William Daniel Moore, examined.

[Adjourned to Thursday, at Twelve o'clock.]

Jovis, 18^o die Maii, 1854.

MEMBERS PRESENT:

Lord NAAS in the Chair.

Mr. Grogan.	Mr. Percy.
Sir J. Hanmer.	Sir T. Frankland Lewis.
Dr. Brady.	Mr. Whitmore.
Mr. Kershaw.	Sir Thomas Burke.
Mr. Shirley.	Lord Alfred Hervey.

Mr. Dominick Marquesas, Dr. Dominick John Corrigan, and Colonel David Charles La Touche, examined.

[Adjourned to Tuesday, at Twelve o'clock.]

Martis, 23^o die Maii, 1854.

MEMBERS PRESENT:

Lord NAAS in the Chair.

Mr. Grogan.
Sir T. Frankland Lewis.
Dr. Brady.
Mr. Shirley.
Mr. Whitmore.
Sir J. Hanmer.

Mr. J. MacGregor.
Mr. Percy.
Lord Alfred Hervey.
Sir Thomas Burke.
Mr. Kershaw.

Mr. Alfred Power, Mr. John Barlow, and Mr. Michael Staunton, examined.

[Adjourned to Friday, at Half-past Twelve o'clock.]

Veneris, 26^o die Maii, 1854.

MEMBERS PRESENT:

Lord NAAS in the Chair.

Mr. Grogan.
Sir T. Frankland Lewis.
Sir T. Burke.
Mr. Hamilton.
General Buckley.
Mr. Percy.

Lord Alfred Hervey.
Mr. Whitmore.
Sir J. Hanmer.
Mr. Kershaw.
Dr. Brady.
Mr. J. MacGregor.

Dr. G. J. Guthrie, Mr. George A. Hamilton, a Member of the House; Sir Benjamin Brodie, and Colonel George H. Lindsay, examined.

[Adjourned *sine die*.]

Jovis, 22^o die Junii, 1854.

MEMBERS PRESENT:

Lord NAAS in the Chair.

Mr. Grogan.
Sir T. Frankland Lewis.
Lord Alfred Hervey.
Sir J. Hanmer.
Mr. Whitmore.

Mr. Kershaw.
Mr. Percy.
Sir T. Burke.
General Buckley.
Mr. Shirley.

Mr. Joceline William Percy, a Member of the Committee, examined.

Draft Report proposed by the Chairman, read 1^o.

Question—"That the proposed Report be now read 2^o, and considered paragraph by paragraph." Amendment proposed, To leave out from the word "That," to the end of the question, in order to insert the following words, "The Committee do report only the evidence taken before them to The House" (Mr. Kershaw), instead thereof. Question, "That the words proposed to be left out stand part of the question," put, and agreed to.

Main question put, and agreed to.

Proposed Report read 2^o, and considered paragraph by paragraph.

Several paragraphs amended and agreed to.

Paragraph 6 read, and amended. Amendment proposed, To leave out from the word "extinguished" to the end of the paragraph (Lord Alfred Hervey). Question put, "That those words stand part of the paragraph." Committee divided:

Ayes, 8.

Mr. Grogan.
Mr. Percy.
Sir J. Hanmer.
Mr. Whitmore.
Sir T. F. Lewis.
Sir T. Burke.
Mr. Shirley.
General Buckley.

Noes, 2.

Mr. Kershaw.
Lord A. Hervey.

Paragraph as amended agreed to.

Paragraph 12, "That a Parliamentary Grant is the only means whereby this assistance could be obtained," read. Question put, "That this paragraph stand part of the Report." Committee divided:

Ayes, 8.

Mr. Grogan.
Mr. Percy.
Mr. Whitmore.
Sir T. F. Lewis.
Sir J. Hanmer.
Mr. MacGregor.
Sir T. Burke.
Mr. Shirley.

Noes, 3.

Lord A. Hervey.
Mr. Kershaw.
General Buckley.

[Adjourned to Tuesday, at Twelve o'clock.]

Martis, 27^o die Junii, 1854.

MEMBERS PRESENT:

Lord NAAS in the Chair.

Mr. Grogan.
Sir J. Hanmer.
Lord A. Hervey.
Mr. Kershaw.
Mr. Digby Seymour.
Mr. Percy.

Mr. MacGregor.
General Buckley.
Dr. Brady.
Mr. Whitmore.
Sir T. F. Lewis.
Mr. Shirley.

Paragraph 21 read.

Amendment proposed, To leave out the words "150" in order to insert the words "100," (Lord A. Hervey), instead thereof. Question put, "That the words '150' stand part of the paragraph." Committee divided:

Ayes, 6.

Mr. Grogan.
Sir John Hanmer.
Mr. Percy.
Mr. MacGregor.
General Buckley.
Mr. Whitmore.

Noes, 2.

Lord A. Hervey.
Mr. Kershaw.

Amendment proposed, To insert the words "from 2,500 £. to" after the word "of," in line 2 (Lord A. Hervey). Question, "That those words be there inserted," put, and agreed to.

Paragraph as amended agreed to.

Several paragraphs amended and agreed to. Paragraphs postponed.

Paragraph 27 read and amended. Amendment proposed, To leave out from the word "debentures," in line 6, to the end of the paragraph. Question put, "That those words stand part of the paragraph" (Lord A. Hervey). Committee divided:

Ayes, 7.

Mr. Grogan.
Mr. Percy.
Mr. MacGregor.
Dr. Brady.
Mr. Whitmore.
Sir T. F. Lewis.
Mr. Shirley.

Noes, 4.

Sir J. Hanmer.
Lord A. Hervey.
Mr. Kershaw.
General Buckley.

Amendment proposed, To add the words "Your Committee are of opinion that the number of governors should be unlimited, and the amount, donation, and subscription requisite for qualification be reduced" (Mr. Percy) at the end of the paragraph. Question, "That those words be there added," put, and agreed to.

Paragraph as amended agreed to.

Paragraph 40 read, and amended. Amendment proposed, To leave out the words, "that 3,000*l.* a year is necessary for its maintenance" (Lord A. Hervey). Question put, "That those words stand part of the paragraph." Committee divided:

Ayes, 9.	Noes, 3.
Mr. Grogan.	Lord A. Hervey.
Sir J. Hanmer.	Mr. Kershaw.
Mr. Percy.	Mr. D. Seymour.
Mr. MacGregor.	
General Buckley.	
Dr. Brady.	
Mr. Whitmore.	
Sir T. F. Lewis.	
Mr. Shirley.	

Paragraph as amended agreed to.

Paragraph 47 read. Amendment proposed, To add the words, "Your Committee think it desirable that some alterations should be made in the system now practised, by which the medical officers are elected by each other" (Dr. Brady), at the end of the paragraph. Question, "That those words be there added," put, and agreed to.

Paragraph 48 amended. Question put, "That this paragraph as amended stand part of the Report." Committee divided:

Ayes, 8.	Noes, 3.
Mr. Grogan.	Lord A. Hervey.
Sir J. Hanmer.	Mr. Kershaw.
Mr. Digby Seymour.	Mr. Percy.
Mr. MacGregor.	
Dr. Brady.	
Mr. Whitmore.	
Sir T. F. Lewis.	
Mr. Shirley.	

Paragraph 54 read and amended. Amendment proposed, To add the words, "The said Commission should also further inquire into and report how far it would be possible to consolidate some of these institutions" (Mr. Digby Seymour), at the end of the paragraph. Question, "That those words be there added," put, and agreed to.

Paragraph as amended read and agreed to.

Paragraph 58 read, and amended. Question put, "That this paragraph as amended stand part of the Report." Committee divided:

Ayes, 9.	Noes, 2.
Mr. Grogan.	Lord A. Hervey.
Sir J. Hanmer.	Mr. Kershaw.
Mr. D. Seymour.	
Mr. Percy.	
Mr. MacGregor.	
Dr. Brady.	
Mr. Whitmore.	
Sir T. F. Lewis.	
Mr. Shirley.	

Other paragraphs read, amended, and agreed to.

Motion made, and Question proposed, "That this Report as amended, together with the Minutes of Evidence, be the Report to the House." Amendment proposed, To leave out from the word "That," to the end of the Question, in order to add the words: "With the exception of the allowance made to the Westmorland Lock Hospital, this Committee concurs in the recommendation of the Select Committee on Miscellaneous Estimates which sat in 1848, 'That the grants to the Dublin Hospitals should be gradually diminished, and ultimately extinguished,'" (Mr. Kershaw), instead thereof. Question, "That the words proposed to be left out stand part of the question," put, and agreed to. Main question put and agreed to.

Ordered, To Report.

EXPENSES OF WITNESSES.

NAME of WITNESS.	Profession or Condition.	By what Member of Committee Motion made for Attendance of the Witness.	Date of Arrival.	Date of Dis- charge.	Total Number of Days in London.	Number of Days under Ex- amination by Committee, or acting specially under their Orders.	Expenses of Journey to London and back.	Expenses in London.	TOTAL Expenses allowed to Witness.
							£. s. d.	£. s. d.	£. s. d.
Mr. Jolliffe Tufnell	Surgeon to Military Hospital.	Chairman	1 May	3 May	2	2	8 - -	6 6 -	14 6 -
Sir James Pitcairn	Inspector-General of Hospitals.	ditto	1 -	3 -	2	2	8 - -	6 6 -	14 6 -
Dr. Thomas Byrne	M.D.	ditto	1 -	3 -	3	3	4 10 -	6 6 -	10 16 -
Dr. Robert Shackleton	Master of the Lying-in Hospital.	Mr. Grogan	3 -	5 -	3	3	4 10 -	6 6 -	10 16 -
Mr. John G. Strickland	Registrar of same	ditto	- -	- -	3	3	6 10 -	3 3 -	9 13 -
Mr. Ralph Cusack	Governor of same	ditto	- -	- -	3	3	4 17 -	6 6 -	11 3 -
Dr. Frederick Kirkpatrick	Surgeon	ditto	- -	- -	3	3	6 10 -	6 6 -	12 16 -
Dr. Joseph W. Macdonnell	Army Medical Secretary.	ditto	1 -	3 -	3	3	5 14 -	6 6 -	12 - -
Dr. Daniel F. Brady	Vice-Chairman, North Dublin Union	ditto	7 -	9 -	3	3	6 10 -	4 4 -	10 14 -
Mr. Henry Price	Guardian, South Dublin Union.	ditto	8 -	9 -	2	2	6 10 -	2 2 -	8 12 -
Dr. Thomas Brady	M.D.	ditto	- -	- -	3	3	6 10 -	6 6 -	12 16 -
Mr. Charles Mathews	Registrar, Cork-street Hospital.	ditto	8 -	9 -	2	2	6 10 -	2 2 -	8 12 -
Dr. William Henry Porter	Professor of Surgery	Chairman	8 -	9 -	2	2	6 10 -	4 4 -	10 14 -
Mr. E. B. Stanley	Registrar of Meath Hospital.	ditto	9 -	- -	2	2	6 10 -	2 2 -	8 12 -
Dr. George B. Owens	M.D.	Mr. Grogan	- -	- -	2	2	6 10 -	6 6 -	12 16 -
Dr. Edward Hutton	Surgeon	ditto	10 -	11 -	2	2	6 10 -	4 4 -	10 14 -
Dr. Henry Hutchinson Stewart.	Surgeon and M.D.	ditto	- -	- -	2	2	6 10 -	4 4 -	10 14 -
Mr. James Bessonnet	A.C.	Chairman	- -	- -	2	2	6 10 -	4 4 -	10 14 -
Mr. Robert B. M'Vittie	Accountant	Mr. Grogan	15 -	16 -	2	2	6 10 -	2 2 -	8 12 -
Colonel David Charles Latouche.	Banker	Chairman	15 -	16 -	2	2	6 10 -	2 2 -	8 12 -
Dr. James William Cusack	M.D.	ditto	- -	- -	2	2	6 10 -	4 4 -	10 14 -
Dr. William Hargrave	Surgeon	- -	- -	- -	2	2	6 10 -	4 4 -	10 14 -
Mr. William Robert Wilde	Surgeon	ditto	15 -	- -	2	2	6 10 -	4 4 -	10 14 -
Dr. William Stokes	Regius Professor of Physic.	ditto	15 -	16 -	2	2	6 10 -	4 4 -	10 14 -
Dr. Dominick J. Corrigan	M.D.	ditto	18 -	19 -	2	2	6 10 -	4 4 -	10 14 -
Mr. Dominick Marquesas	Governor Richmond Bridewell.	Mr. Grogan	18 -	19 -	2	2	6 10 -	2 2 -	8 12 -
Mr. Michael Staunton	Collector-General of Rates, Dublin.	ditto	22 -	24 -	3	3	6 10 -	6 6 -	12 16 -
Mr. John Barlow	Bank Director	Chairman	22 -	24 -	3	3	6 10 -	6 6 -	12 16 -
Mr. William Moore	- - -	- - -	- -	- -	2	2	6 10 -	4 4 -	10 14 -
TOTAL - - £.									316 6 -

LIST OF WITNESSES.

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Sir James Pitcairn	- - p. 22	Dr. William Robert Wilde	- p. 175
Mr. Jolliffe Tufnell	- - p. 24	Dr. William Hargrave	- p. 189
Dr. Joseph William Macdonnell,	p. 29	Dr. William Daniel Moore	- p. 194
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Mr. John George Strickland	- p. 44	Dr. Dominick John Corrigan,	pp. 202. 218.
Ralph Smith Cusack, Esq.	p. 51	Colonel David Charles La Touche,	p. 217
Dr. Frederick Kirkpatrick	- p. 57		
<i>Lunæ, 8^o die Maii, 1854.</i>		<i>Martis, 23^o die Maii, 1854.</i>	
Dr. Daniel F. Brady	- - p. 64	Alfred Power, Esq.	- - p. 219
Dr. William Henry Porter	- p. 69	John Barlow, Esq.	- - p. 233
Mr. Edward Bacon Stanley	- p. 78	Michael Staunton, Esq.	- p. 243
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Dr. Thomas Brady	- - p. 97	F. R. S.	- - - p. 248
Dr. George B. Owens	- - p. 101	George Alexander Hamilton,	
Dr. Edward Hutton	- - p. 108	Esq., M.P.	- - - p. 256
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James Bessonnet, Esq.	- p. 126	George H. Lindsay, Esq.	- p. 262
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Colonel David Charles La Touche	p. 132	The Hon. Joceline William	
Dr. James William Cusack	- p. 146	Percy, M.P.	- - - p. 267
Mr. Robert Blake M'Vittie	- p. 155		

MINUTES OF EVIDENCE.

Martis, 2 die Maii, 1854.

MEMBERS PRESENT.

Mr. Grogan.	Mr. Digby Seymour.
Lord Alfred Hervey.	Mr. Kershaw.
Lord Naas.	Mr. Shirley.
Sir T. F. Lewis.	Mr. Whitmore.
Mr. Percy.	Mr. John Ball.
Dr. Brady.	Mr. Byng.
Mr. Moody.	Sir John Hammer.
Mr. James MacGregor.	

LORD NAAS, IN THE CHAIR.

Dr. Thomas Byrne, called in; and Examined.

1. *Chairman.*] ARE you a Surgeon?—Yes.
2. What institution in Dublin are you connected with?—Senior Surgeon to the Westmorland Lock Hospital.
3. How long have you been connected with that institution?—Upwards of 21 years.
4. Can you inform the Committee when that institution was founded?—Yes; it was founded in the year 1792.
5. By whom was it founded?—By Lord Westmorland.
6. By the Government?—Yes.
7. *Mr. Grogan.*] He was Lord Lieutenant of Ireland at the time?—Yes, he was.
8. *Chairman.*] What was the object of its foundation?—For the cure and alleviation of venereal disease.
9. What are its sources of income?—None except the public income.
10. None except that derived from the Parliamentary grant?—None except that.
11. Can you state what the amount of that grant has been?—This is simply an extract from the Report of the Commissioners in 1842, from a letter of my own. I find the average Parliamentary grant to the Lock Hospital from 1828 to 1833 has been 2,813*l.*; that was one of the reports, and I simply take from that. Parliamentary grants to charitable institutions in Dublin since the Union, each for a period of three years: Lock Hospital, 5,932*l.* from 1801 to 1804; from 1805 to 1807, 7,111*l.*; from 1808 to 1810, 9,019*l.*; from 1811 to 1813, 7,386*l.*; from 1814 to 1816, 7,813*l.*; from 1817 to 1819, 8,314*l.*; from 1820 to 1822, 5,133*l.*; from 1823 to 1825, 2,606*l.*; from 1826 to 1828, 3,412*l.*; from 1829 to 1831, 3,006*l.*; from 1832 to 1834, 2,921*l.*; from 1835 to 1837, 2,698*l.*; from 1838 to 1840, 2,500*l.* We had a permanent fixed grant then in 1840; we had an average grant up to 1838; in the latter year this grant was reduced to 2,500*l.*; it became a fixed grant, instead of a floating grant; the governors presented an account of the average expenses of the eight years, and it amounted, according to the Commissioners, to about 2,813*l.*

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Dr. T. Byrne.

2 May 1854.

12. Till when?—Up to 1838; now I see the last year in 1837, that is, the end of the Parliamentary year, the grant was 2,698*l.*; then, if you go back, in some years it amounted to 5,000*l.*, so that the average was 2,813*l.* in the latter year; that is, in 1838, the grant was then fixed at 2,500*l.*, and there it continued until 1848.

13. What has it been since then?—It has been reduced 10 per cent. each year.

14. What was its amount in the last year?—One thousand two hundred and fifty pounds; in other words, for six years, that is, up to 1854, the Government have lopped off 60 per cent.

15. What number of patients are now in the hospital?—At present we have only 40; we had 150, but now we have reduced it to 40.

16. Has the number of patients been reduced by the reduction of the grant from 150 to 40?—Yes.

17. Are medical students admitted to this hospital?—No.

18. Is there no instruction given in the hospital?—No. I may just, in passing, say that of all the hospitals I know, this above all is one to which pupils should be admitted. The disease cannot be learned in the male properly; the sexual organs in the female are so complex; primary sores take in women a form and variety of disease which pupils should be made acquainted with; for the venereal disease is just this: If you do not cure it in its primary form, its secondary and tertiary forms are frequently incurable; therefore, every pupil's eye and touch should be made acquainted with the primary form of the disease, or it is a mere chance whether it shall ever be cured afterwards; and if allowed to proceed into a secondary form, the rising generation may be ruined by the disease being imparted to the offspring. No parent labouring under secondary symptoms will in all probability ever bear a healthy child. It is common with us to have many married women in our hospital; generally speaking, I cannot say that they are guilty, but they contract the disease from their husbands; they get married too early, and you will see young women of 18 or 19 years of age coming in with secondary symptoms. Abortion almost always follows in those cases, simply because the husband was not cured in the primary form; his unborn babe suffers from it.

19. What was the reason that students were excluded from this hospital?—I never could learn the reason. I have over and over again asked, and at last the Government said, "As you are not a clinical hospital, pupils cannot be admitted;" we said, "You made the law that we should not be a clinical hospital, and why do not you now rescind it? You now punish us for not admitting pupils, when you yourselves made the law which prevented us from doing so."

20. Mr. D. Seymour.] That was the reason assigned by the Government?—The Government would assign no reason to me. The Government said, "You are not a clinical hospital." We said to the Government, "Here is your own law; why do not you rescind it?"

21. Dr. Brady.] Are you connected with any other hospital besides this?—I am not.

22. Mr. D. Seymour.] Will you explain the meaning of a "clinical" hospital?—The word "clinical" signifies reclining. It is lecturing on sick people who are actually in their beds. It differs from general lectures in that respect; to distinguish them, we call one general, and the other clinical lectures. Clinical lectures are when you give a lecture over a person actually in bed. We call them "general" lectures when we bring the students away into a medical theatre.

23. Mr. Percy.] Are female venereal patients admitted to the other hospitals in Dublin?—No.

24. Chairman.] Do you only admit females to this hospital?—Yes.

25. What is the description of patients admitted?—All comers; there is no distinction; whoever comes to the hospital, if we have a vacancy, we admit; then it is my duty to select the worst cases, which I am obliged to do.

26. Is there any classification of the patients?—Not at present; there was, and it is a great loss to the community at large; but the classifying entailed so much expense that we were obliged to give it up. We were able to classify, in the first instance, the women who were not hardened in vice; we were able to put them into a ward, and, in a great measure, we reformed them, and we sent about 15 or 20 per cent. annually to friends and to different asylums. We are

Dr. T. Byrne.

2 May 1854.

are not now able to do that, because it would be attended with so much expense. We classified the married women; we sent the married women to the married wards. We now have no married wards. A poor married woman comes to me, and requests admission into the hospital; I say, "You had better go to another hospital; here you will be with women of the town; you would not like that, of course." "No, I should not." "We will get you into another hospital." They say at another hospital, "We have not room." Of course, if I do not admit the poor creature she must perish.

27. Is there any other hospital in Dublin where venereal disease in females is treated?—Not for females; if they go into a general hospital they are admitted into the general wards, which the surgeons have a great objection to. If the Committee wish, I will read a letter from Dr. Hamilton, of the Richmond Hospital, where the Roman-catholic clergymen have implored him not to admit women of the streets into their wards. Dr. Johnson was always against admitting them; from his own strong language, if you allow a woman of the streets to go into the general hospital, the maid associates with her there, and the girl comes out an incipient prostitute from associating with those women.

28. Has it come under your notice that venereal disease has increased in Dublin since the reduction of the grant to the Lock Hospital?—I should think so, very much. The admissions into the Lock Hospital the first year that the 10 per cent. was knocked off were 999. The admissions into the Lock Hospital in 1850 were 1,128, and the rejections were 668; the admissions in 1853-4, Parliamentary year, were 575, and the rejections 525.

29. Sir T. F. Lewis.] Will you state the grants in each of those years?—I have not them. I can tell you the grants in 1850: there was 20 per cent. knocked off. In 1853-4, Parliamentary year, the grant was 1,250*l.*; that is, 50 per cent. off.

30. Mr. Percy.] I suppose those cases are admitted into the infirmary of the workhouse?—They are very difficult, as every one knows who is acquainted with a poorhouse or a general hospital. I have here a letter from a Protestant clergyman, and also a letter from a Roman-catholic clergyman, and also a letter from Mrs. La Touche, one of the first ladies in Dublin, a vice-patroness of an asylum; they are all against admitting women of the streets into the general hospitals. We will take the poorhouses. In a poorhouse, when a girl has arrived at 15 years of age, she quits the children's ward; she then associates with all the good or bad characters, such as they may be, which are found in the poorhouse.

31. Mr. Grogan.] She is put into the adult ward?—Yes. There was a poor woman in Dublin. Her husband was a working coachmaker, which at one time was a very good trade. He was a hard-working industrious man, and earned 3*l.* a week. He was cut off suddenly by typhus fever, leaving his wife and five children; three daughters and two sons. They had to go to the poorhouse. One of the poor widow's daughters was 15 years of age; the age of the other was 13. They remained in the poorhouse for two years; one daughter being 17, and the second 15; those creatures were enticed by a procuress in the workhouse, and I had those two sisters in the Lock Hospital, and I took their history from them. One of them was a mere child; you would not think she was 15, but she was seduced, and, as I mentioned before, that was our object in classifying. We find even in our own house there are procuresses; if there was a young woman entered the hospital, a woman hardened in guilt would actually try and get into the junior wards for the purpose of enticing that young woman.

32. Mr. D. Seymour.] I think you stated that you learned their history from themselves?—I did.

33. Chairman.] Are the women admitted to this hospital generally natives of Dublin?—On that subject I have taken a great deal of care to be accurate. There are about two-thirds of them natives of Ireland generally, and about one-third, not much more than one-fourth, connected with Dublin. The registry was not kept as accurately at the hospital as it should be, but I went over my own admission-book for seven years, and here is the result: Admissions, natives of Dublin for seven years, 1,520.

34. Seven years, ending when?—1853; commencing at January 1846, and ending January 1853. The natives of Dublin in that period, 1,520; from Ireland generally, 4,655; so that that is little more than a fourth.

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Dr. T. Byrne.

2 May 1854.

35. What was the number of natives of Great Britain and the Colonies admitted?—Natives of Great Britain and the Colonies for eight years were 254. I could only get out of my own book what I gave you, the seven years, because my book did not go farther back than seven years; but I was able to get eight years out of the registry with regard to Great Britain and the Colonies.

36. *Chairman.*] Can you state the number of married women who have been relieved in the last eight years?—Commencing in 1847, and ending in 1854; 414 married women admitted for eight years, and relieved or cured.

37. Can you tell the number of other women admitted during that time?—Yes. The gross was 6,964; deducting the married women from that number, it leaves 6,550; then if you subtract 414 from the number discharged, 6,562, you have the number of common women; that is, 6,148.

38. Is the number of applicants increased by the existence of a large garrison in Dublin?—Very much.

39. How do you know that?—In the first place, I make it a rule to take the history of every young woman who comes into the hospital; I find that at least one-half have been diseased by soldiers, either in Dublin or wherever large troops are congregated; Templemore, Kildare Barracks at Newbridge; wherever there are troops congregated. We make it a rule to take down the history of the first cases.

40. Do the women follow the troops from their quarters?—They do follow them from England; we get a great number of English girls who come over with the troops, and of course the same thing occurs in England; we reciprocate; they go back with the soldiers. They always are fearful when they first come into the hospital, and are so till they are treated with kindness; and, really, the Committee would be surprised at what can be done by kindness; at first they think that every man's hand is against them, but when they find that they are treated kindly they are quite altered beings.

41. *Chairman.*] Supposing the Lock Hospital was closed altogether, is it possible that the women who are now relieved there, could be relieved elsewhere?—It is not possible.

42. Are there means at present existing in Dublin for relieving them?—Certainly not.

43. *Mr. Percy.*] The students in Dublin cannot obtain any clinical instruction?—Not from the female.

44. They can get no clinical instructions with respect to females?—Not from females anywhere; there was a strict order prohibiting students from attending the hospital. From 1792 to 1821 the hospital was open for students, and I have heard Dublin surgeons say that they have learned more of the venereal disease there in 12 months than they had ever known before; they saw more of it.

45. *Dr. Brady.*] Are there any wards in the other hospitals for receiving venereal patients?—Yes; from 1792 to 1821 the Lock Hospital was a hospital for males and females. When the hospital was modified in 1821, there were 250 patients in it, 100 males and 150 females. The Lock Hospital was then appropriated exclusively to 150 women only. An additional grant was made to Stevens's Hospital, and the Richmond Hospital, for the 100 male venereal patients.

46. My object in putting the question to you, is to elicit whether syphilis is generally treated at the other hospital, as well as the Lock Hospital, in female patients?—No.

47. *Mr. Grogan.*] Would women labouring under the venereal disease be received in any of the other hospitals if their disease was known?—In the Meath Hospital they would not, but in the Richmond Hospital, being a Government hospital, they will receive them; but they have a very great unwillingness to do so, on account of an objection being made to associate women of virtuous character and women of bad character together; and if you choose I will read Dr. Hamilton's letter to you on that subject, to show the great objection which exists.

48. Who is Dr. Hamilton?—He is one of the surgeons of the Richmond Hospital.

49. *Sir T. F. Lewis.*] Was any explanation given by the Government of their reason for making the rule prohibiting students from visiting the hospital?—No; I cannot find any explanation of it.

50. Dr.

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50. *Dr. Brady.*] How long has it been the custom to have clinical lectures delivered at the hospitals in Dublin?—I should think, as well as I can remember now, some 40 years; I think Mr. Richard Carmichael was the first who commenced lectures on the venereal disease.

51. I am speaking of general disease?—I cannot tell you; I know in 1826 it was only just introduced by Dr. Graves and Dr. Stokes; for Dr. Graves had just returned from Germany, and he took up the subject very warmly.

52. *Mr. D. Seymour.*] The hospital ceased to be clinical in 1821?—Yes.

53. Previous to that time males were admitted?—Yes, and there was then clinical instruction given.

54. *Dr. Brady.*] Are you the only medical man attached to the institution?—No; there is a resident surgeon also, and until the grant was reduced, we had an apothecary also; but since then the apothecary has been dismissed, and the resident surgeon now performs his duty.

55. Is he a qualified surgeon?—Yes; his income is 110 l. a year.

56. Can you state the incomes generally?—I can.

57. Will you be good enough to do so?—My income was 110 l. a year; the Lord Lieutenant has directed that it shall be reduced at the rate of 10 per cent. every year.

58. *Mr. Grogan.*] What is your income now?—It is now diminishing from the 1st of April at the rate of 10 per cent.

59. *Chairman.*] Recurring to the subject of the non-admission of venereal patients into the other Dublin hospitals, will you have the kindness to read Dr. Hamilton's letter?—I will. "My dear Byrne,—On several occasions I have admitted women of the town into my wards, in the Richmond Hospital, pressed by the entreaties of the unfortunates themselves, by their assurance of good conduct, by the deplorable state of aggravated disease in which they presented themselves, and their having nowhere else to go to. I felt the objection of mixing them with innocent women, but I trusted to their protestations of being inoffensive and well-behaved. In some instances I had no reason to regret admitting them; but this was the exception; they generally were treated with such contumely by the other patients, that a fierce spirit of resistance was excited in them, ending in violent and abusive language, and disturbing the propriety of the hospital. On two occasions, also, I received letters from the Roman-catholic clergymen with mild but firm remonstrance against the admission of women of this class into a general hospital; the injurious influence their example, and that of the women who came to them on visiting days, has on the innocent girls in the same ward with them; the offensiveness of their presence to the poor but respectable women with whom they are placed, who are still further annoyed by their too frequent light behaviour with the young students. I could not deny the justice of those remonstrances, and at once turned out any of these women at the time in the hospital, and refused in nearly every case to admit others. But look at the result; a very short period after the receipt of the first of those letters, a woman of the town of rather the better class came in a frightful state of disease to the hospital, begging, with tears and protestations, admission, and promising to offend no one by word or deed. I felt, after the priest's letter, that I could not admit her; some days afterwards I saw her in the street plying her miserable calling; to spread infection, to the destruction of how many? After these observations, I need scarcely say how absolutely necessary, in a large city, with a large garrison such as Dublin, I consider a Lock Hospital to be; nor how injurious it is in a moral and sanitary point of view, by depriving them of this refuge, to drive them into general hospitals or poorhouses, or to force them to continue in the streets."

60. *Mr. Grogan.*] That letter is a private letter to you?—Yes.

61. *Chairman.*] Are female patients suffering under venereal disease admitted into other hospitals in Dublin?—No.

62-3. *Mr. D. Seymour.*] You have stated that lectures are very important to young students; supposing the Government were to allow to the Richmond Hospital, for instance, a grant, in order to enable it to have a ward for the venereal disease for females, would not that meet the difficulty you suggest, with regard to medical students?—It could not be done, because they have not room at the Richmond Hospital.

64. But, assuming sufficient room given to them, would it not be a more convenient

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venient thing for medical students attending that hospital if they were all under one roof; if there was a venereal ward for females under the same roof, so that they might have an opportunity of seeing them, and hearing lectures on that disease, as well as on other diseases?—There is a great objection to that; it has been found that it is almost impossible with people under the same roof to separate them from the general patients. If they are under the same roof, they will associate with the general inmates of the hospital. It was found in Paris, when I was there a few years ago, absolutely necessary to separate the females from the males; no matter what care they took, still it was impossible to prevent improper intercourses.

65. Are not the males and females separated now in the Richmond Hospital?—Do you mean venereal patients?

66. No, in other diseases?—With female venereal patients, unless you have a high wall, it would not be possible; you must make the hospital separate in some way; of course, if hospitals are properly separated, you can have them under the same roof.

67. What is the distance of the Lock Hospital from the Richmond Hospital?—About a mile.

68. What distance is it from the University?—Not three minutes' walk.

69. Would it not afford great facilities to students if they had an opportunity of attending to such cases under the same roof?—Of course it would: but then the Richmond Hospital is only one hospital, and the pupils of other hospitals would not be benefited; there is Stevens's Hospital and Meath Hospital; the Lock Hospital would be far better located for pupils to come to than the Richmond Hospital, for the Richmond Hospital is out of the city.

70. Mr. Grogan.] Acknowledging the importance of clinical instruction to pupils in regard to the venereal disease, your idea is to make some arrangement whereby that clinical instruction would be afforded?—Yes, I think so; the plan is just this: in reading over Scarpa's work, the Italian surgeon, I find that he had 31 important patients picked out for him for another purpose; that is, aneurism and rupture; on those he has written his two great works; he never had more than 31 patients; now, if we had, say, 150 patients, I would take out some 30 or 35 patients out of the 150, and have those as a specimen of every form of venereal disease. There might be an objection raised to allowing pupils to roam through the wards of the Lock Hospital as through other hospitals. I would meet that in this way; I would have two wards containing about 40 patients, and I would have there every specimen of every form and variety of the venereal disease, and to those wards the pupils should be confined exclusively, and there they would learn the disease.

71. Mr. D. Seymour.] Are the Committee to understand from you that there are two reasons why you think the Lock Hospital would be preferable for that purpose; namely, the central position of the hospital, and the circumstance that, from a variety of cases being brought together, it would be a better source of education for the pupils?—And the great difficulty of separating those patients from the others.

72. Dr. Brady.] Have you many out-door patients?—None.

73. Why have not you out-door patients?—We find that nothing is more injurious than to treat venereal patients as out-door patients, for if you give mercury—most forms of venereal disease are benefited by mercury, but if you allow an unfortunate creature who is leading a life of prostitution to take mercury you are poisoning her—it would be a thousand times better to let the disease run its natural course.

74. What may be its natural course; have you ever known syphilis to cure itself?—I have. There is a mild form of syphilis which certainly will cure itself.

75-6. Mr. D. Seymour.] A question was put to you by the Chairman, "Has the venereal disease increased?" Your answer was, "I think so," and then you went on to say that your reason for thinking so was the number of applications and rejections, contrasting the number in 1850 and the number in 1854. Now, I find that the rejections in 1854 were less than in 1850; now I should have expected that the rejections were greater if the disease were greater, and the means of the hospital less; can you give any reason for that?—I can.

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77. Does the falling-off of the grant affect the number of applications?—Very much; if you run along these lines, there is apparently a very great discrepancy; when the grant was reduced in 1849 and 1850, I went in to the Governors one day, and I said, "Gentlemen, this will never do, the way we are going on—"

78. I want to know the reason why you say the venereal disease has increased, and then you give a comparison between the two years; I ask you, the rejections in 1850 being greater than the rejections in 1854, can you give the Committee any reason, therefore, if the disease has increased, why the rejections should be less in 1854 than in 1850?—A report has generally gone out now that the hospital is closed; that accounts for it in one case; that would be one item.

79. You mean, therefore, that the applications would be less?—Yes; so many were rejected over and over again, that they think it quite unnecessary to come to us; they then go to the poorhouse. If you look to the returns of the poorhouse you will find that the increase has been 180 for the last year as compared with the year before. But I was going to explain to the Committee another thing which entails very great misery. To all appearance here the reduction of the grant has increased the number of admissions. We find in 1849, when the grant was reduced 10 per cent., the admissions were only 992; whereas when it was still further reduced in 1852, the admissions were 1,027; that is an apparent inconsistency; that I wish to explain, and to show the misery that it has entailed on the city. There were three or four classes of patients in the Lock Hospital; first, women of the streets; secondly, married women; thirdly, relapsed cases that come from asylums. I went in to the Governors, when the pressure was coming so great, and said, "You must do something with regard to these people."

80. Chairman.] When was that?—In 1852 or 1851; about that time. I told them the object of this hospital is to keep the city in as healthy a state as possible, as it is well known and admitted by all medical men, that the primary form of the disease is alone capable of spreading the disease; that the secondary form of the disease cannot be communicated by inoculation, except from the parent to the child. The Governors said, "Then what do you want to do?" I said, "I would exclude altogether relapsed cases from asylums; all cases of secondary symptoms, and all married women." Now, as a patient labouring under the primary form of the disease is cured in about one-half of the time that a patient labouring under the secondary form is cured, it follows that you will cure nearly double the number suffering from the primary form, that you would suffering from the secondary form.

81. Do you continue that system?—Yes.

82. Dr. Brady.] Do the surgeons of the other hospitals treat patients afflicted with the venereal disease as out-door patients?—They treat men, tradesmen who are comfortably off, and can stay at home, as out-door patients.

83. Chairman.] Do they treat females as out-patients?—No, I think not; I suppose you mean women of the streets, or do you mean respectable women?

84. I refer to respectable women?—Of course we treat a respectable married woman as if she was in an hospital; she may not wish to come to an hospital. With respect to women of the street, I object altogether to treating them specifically as out-patients, for the medicine acts as a poison on them from drink and wet, and from the life of dissipation they are leading, it would be better to let the disease run its natural course.

85. Are you aware that in all the hospitals in London they treat prostitutes as out-patients?—I am not aware.

86. Mr. D. Seymour.] What is the average time that a patient remains in your hospital?—The primary case about a month; the secondary and tertiary cases vary from six weeks to three months.

87. Mr. Kershaw.] Are the Committee to understand that they are in the hospital all the time?—Yes.

88. There you find them food?—Of course; they are regular hospital patients.

89. It appears rather singular that many of those cases could not be treated as out-patients; it is so in other towns; it must add very considerably to the expense of your establishment?—I speak of one form of the disease particularly; I speak of that form of the disease where you are obliged to give mercury to

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mercury to cure it; there is a form of the venereal disease which medical men do not exactly call the venereal disease, it is gonorrhœa.

90. Do you receive gonorrhœa patients?—Yes.

91. Mr. D. Seymour.] Are they nine-tenths of the number who apply?—They are not.

92. What proportion do they bear?—Very small indeed; you scarcely ever see a woman coming in under that disease that she has not primary sores also; they could not be treated as out-door patients, for the reason that I was just going to assign, that if you treated a woman of the streets as an out-door patient, what is she to do to live? she must follow her wretched profession.

93. Mr. MacGregor.] Are you aware of the system in Paris?—Yes.

94. In Paris they are invariably locked up, are they not?—This is the regulation; they are twice a week obliged to present themselves for examination; in fact, they have a licence; the surgeon pronounces them either well or ill; if they are ill, they must go to the Venereal Hospital.

95. Dr. Brady.] You say you take in gonorrhœa cases; could not those cases be treated as out-door cases; you do not give mercury for gonorrhœa?—No.

96. Could not they be treated as well out as in?—Yes.

97. And would it, on the whole, be better that they should not be taken in, but that those cases of real syphilis should be taken in?—Yes, surely; absolutely it would be better; but what will you do; will you allow those women to be on the streets, spreading the disease?

98. You have told the Committee, that in secondary cases, that is, when the disease has gone into a secondary stage, you do not admit them; you treat only primary cases; at the same time you stated that you receive gonorrhœa cases. You know that gonorrhœa cases can be as well treated outside the hospital as in; therefore, do not you think it would be better to admit even secondary cases, or a greater number of primary cases into the hospital, than to occupy the beds with mere gonorrhœa cases?—Yes; but the object of a Lock Hospital is to keep the city in a proper, sanitary, healthy state; that is the object always held in view. If you treat a woman labouring under gonorrhœa as an out-door patient, if she be a woman on the streets, or a woman not on the streets, it makes all the difference in the world. If she be a woman on the streets, how can you cure her? You may order any medicine you like, but it is impossible to effect a cure; she is not only keeping up the disease on herself, but she is propagating it to others; it is the rarest thing in the world with the women in Dublin to see pure gonorrhœa or pure chancres; they are almost always combined.

99. You do not keep them in the hospital for gonorrhœa; you keep them for a complication of disease?—I would keep them in the hospital for simple gonorrhœa. I say that if women affected with gonorrhœa are allowed to go out into the streets, they will spread it so extensively, that if they are not kept in the house, there would be no use for such an hospital at all.

100. Gonorrhœa is a less formidable disease?—To a woman it is, but not to a man, certainly.

101. Mr. Grogan.] Did you state that the patients admitted into the Lock Hospital were upon the average about a month in the hospital?—Yes, those suffering from primary sores.

102. And for the secondary or more serious form of the disease about two months?—Yes; and in tertiary cases, where the bones are affected, and the palate is affected, and the whole roof of the mouth taken away, they would remain in the house probably for three months.

103. How many of those cases are there in the institution?—At present none, nor has there been for some years.

104. Why do not you admit them?—They remained in the house so long, and as the secondary and tertiary forms are not capable of propagating the disease, I thought it better to give preference always to the primary cases, because they can inoculate; the secondary and tertiary cannot.

105. Chairman.] Your first object being the sanitary state of the town?—Yes.

106. Mr. Grogan.] Then the objection of the expense consequent upon the beds being occupied so long does not apply?—It does not.

107. They are not admitted to the hospital at present?—No.

108. Mr.

108. Mr. D. Seymour.] Why cannot the medical students have the benefit of this means of inspection of the disease?—I do not see why they should not.

109. Have they the benefit of it?—No, it is contrary to the rule. We have no rule ourselves. The Government make all our rules.

110. The Government do not allow it?—No; all our laws are Government laws. The Secretary of State must put his name to every one of our laws.

111. Mr. J. Ball.] Are you able to inform the Committee by whose advice those rules were drawn up?—I cannot say. In the year 1821 Mr. Grant was Secretary for Ireland.

112. Mr. D. Seymour.] You say the support is solely Parliamentary; has there ever been any attempt made to increase the funds by private subscription?—There was.

113. When was that?—It was made several times, to my own knowledge; and in 34 years, after all our exertions, we got 1 *l*.

114. Can you assign any reason for the want of private subscriptions flowing into an hospital like this?—I can. In the first place, it is an hospital which you never can bring well before the public through the newspapers; it is too delicate a subject to touch. You could not go to that excellent lady, Mrs. La Touche, and ask her to go and beg for the Lock Hospital; you could not go to Mrs. Wise, and the other vice-patronesses of asylums, and ask them to go. That is one reason; it is too delicate a subject to bring before the public. Then the other objection is, that our own charities, our own general hospitals, are in such a feeble state that it is as much as we can do, week after week, with our numerous charity sermons, to keep them afloat. To suppose that an hospital where the inmates have brought the disease on themselves by their own guilt would be supported by ladies going round begging for it, when your own general hospitals are in such a state, would be perfectly utopian.

115. Then an appeal to private charity is wholly out of the question?—Yes.

116. Chairman.] Has it been tried?—Yes, and failed.

117. Mr. D. Seymour.] Have you a chaplain attached?—We have a Protestant chaplain every Thursday, and a Roman-catholic clergyman is sent for whenever it is necessary. As soon as one of our patients is ill, I say to the nurse, "That woman is very ill; you had better inquire what religion she is;" and if I find that she is a Roman-catholic, the Roman-catholic clergyman is sent for; and if she is a Protestant, the Protestant clergyman attends her.

118. Is there a penitentiary attached to the Lock Hospital, or has there ever been?—There was, and is.

119. Can you state, during the time that the hospital was in its more flourishing condition, what number of patients from the hospital were admitted into the penitentiary?—I cannot say; they go there voluntarily.

120. Mr. Grogan.] Will you have the kindness to describe what you mean by the penitentiary?—It is a Magdalen Asylum; our penitentiary is what we call our laundry, but it is, properly speaking, a penitentiary; the women are taken very good care of there, and they are very anxious to get into it; we had originally 12 reclaimed women in it.

121. Mr. D. Seymour.] Will you be kind enough to give the dates?—It was established about 1821 or 1822; I cannot tell the exact year; about that year there was what you may call a Magdalen established, in connexion with the Lock Hospital; it got the name of "Laundry;" and I will explain that presently. The washing of the Lock Hospital cost, I think, about 200 *l*. a year; the late Bishop of Derry, P. E. Linger, Esq., and some others put their heads together, and began to think of the matter, and they said, "Would it not be well done if we could get something like a Magdalen Asylum connected with the hospital, and let those women wash for the hospital?" They did so; the Bishop of Derry, and some other gentlemen, went to inquire about the washing, and they found, by a slight expenditure, that we could put 11 reclaimed women into this, and let them wash for the house; and the consequence was that we saved 25 *l*.

122. Mr. D. Seymour.] Then the Magdalen Hospital was more than self-supporting?—Yes.

123. I understand from you that the Magdalen originated in the charitable suggestion that some women might be employed in washing the clothes of the Lock patients; were there any other patients admitted into this Magdalen Asylum except the washing-women?—None whatever.

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124. Were the applications from the patients of the Lock Hospital numerous?—Very; if we had 60 vacancies we could fill them.

125. How many women are employed in the laundry now?—Only six.

126. Mr. *D. Seymour*.] Supposing, in the event of an increased grant to the Lock Hospital, the Government entertained the idea of making some grant in aid of the private subscription for connecting a Magdalen with it, do you think that the patients who would be admitted into the Lock Hospital would largely avail themselves of admission into the Magdalen; they would not all be engaged in washing?—They must work for us, and we should not be able to employ many, and we could not exactly sell their work, for we have numbers of such asylums; all we want is simply to employ them for the house; that it shall be self-supporting; that 11 shall wash for 150 patients, and it shall be no cost to the country.

127. *Chairman*.] What becomes of those women who go into the laundry?—Some die; some few are taken out by their friends, and one of them has been married within the last 10 years, and a better mother or wife does not live.

128. How long do they generally remain in the laundry?—I think the deputy matron told me she had had some of them there for 15 or 16 years; the original number of women sheltered there was 12. Since the reduction of the grant they had been reduced by degrees to six; of those, five have been inmates of the asylum for 6, 10, 20, and 29 years.

129. Mr. *Grogan*.] Then what you mean by sheltered here, is the laundry department?—Yes.

130. Dr. *Brady*.] Have any from time to time gone out to service from you?—Frequently we have got them places.

131. From the laundry?—Yes, we got them places; but I mentioned to you that one of them got married some 10 years ago.

132. Mr. *Grogan*.] You mentioned that in 1821 or 1822 the institution was reformed by the orders of the Government, and the accommodation of the hospital confined to 150 beds for female patients only?—Yes.

133. How many beds have you at present in the hospital?—Only 40 at present occupied.

134. Have you the entire number of 150 beds still in the house, if you had funds to keep them up?—Yes.

135. There has been a gradual reduction since the reduction of the grants commenced?—Yes.

136. You alluded, in answer to a question put to you, to an apparent discrepancy in the return which you have made as regards the rejections in the years 1850 and 1854; you account for that by the general impression which has gone abroad, from the number of rejections which has already taken place, that the public believed the hospital to be closed?—Yes.

137. Have you reason to believe that females from the interior of Ireland have ceased to make application to the hospital for admission in consequence of that impression?—I have, because a gentleman who is connected with a poorhouse about 10 miles from Dublin, said, "What are we to do with those women that I used to send to you? We are compelled to admit them in a terrible state into our poorhouse, because the hospital is closed." I said, "It is not closed." I give that as an instance that even among medical men there is this impression.

138. And you also believe that one reason for that discrepancy in the return is, that many of those unfortunate women have obtained admission into the poorhouse?—Yes.

139. Do you know of your own knowledge whether a diseased female applying to the Board of Guardians would be admitted, if her state were actually known?—Yes; but they would first ask her if she had applied to us; of course she has applied over and over again.

140. Mr. *Percy*.] Do the remarks that you made with regard to the want of classification in the workhouse apply to the present state of things?—Yes.

141. Is there no classification now?—There is none whatever; as soon as a woman arrives at the age of 15 she quits the children's ward.

142. Mr. *Grogan*.] Is there, to your knowledge, any ward appropriated in the Dublin poorhouses, for example, for the reception of venereal cases?—Not one; there is no such thing.

143. Mr.

143. Mr. *J. Ball*.] Do you speak of both the Dublin Unions?—I do.

144. Are you aware that such a classification was in force at one period?—I never heard of it, because I remember the great objection I had to those women associating; I said, "You ought not to offend a virtuous woman who is lying there on her sick-bed." There was no such classification; I objected to it on that account.

145. Does that answer apply to sick patients; patients treated in the workhouse hospital; or does it apply to the adult inmates in the workhouse?—To the adult inmates in the workhouse; those who are not so badly diseased as to require to be sent into the hospital.

146. Are the Committee to understand that, suppose a woman labouring under a bad form of the venereal disease, and a woman labouring under pneumonia, inflammation of the lungs, they are in the same ward together?—Yes.

147. With respect to those slightly diseased, are they kept in a distinct ward, separate from the other adult inmates of the workhouse?—No; there is a day-room; a woman of the streets associates with the virtuous inmates in the house.

148. May I ask you, do you speak of your own knowledge, or what you have heard?—I do not speak of what I have seen, but some of the guardians have told me over and over again.

149. Mr. *D. Seymour*.] With reference to one statement which you made, if I understood you originally, you stated that the grant was reduced in 1838; is not that so?—Yes.

150. From what year do you date the 2,813 *l.* average that you struck?—In 1838 we had only an average grant. I find that the average Parliamentary grant to the Lock Hospital from 1828 to 1838 has been 2,813 *l.* In the latter year, that is, in the year 1838, the grant was reduced to 2,500 *l.*; that is, it was fixed at that.

151. Has it remained at that till now?—No; it remained at that from 1838 till 1848. In 1848 there was 10 per cent. struck off, and every year since; for the next year we have only 1,000 *l.*

152. Mr. *Percy*.] Are you acquainted with the Lock Hospital in London?—No. I spent nearly a year at the Lock Hospital at Paris.

153. You do not know that pupils are admitted into the Lock Hospital in London?—When I was last in London it was closed. They were making alterations in the building at the time.

154. You are not aware that there is also a reformatory institution attached?—Yes; just like our own.

155. But far more extensive?—Yes. There was a gentleman with me a few years ago, the Honourable Mr. Kinnaird, and he certainly gave me a very frightful account of it; he said they were so poor. He told me how the thing was done; that they had a reformatory institution; and he asked about ours, and he told me that theirs was very extensive; they were in fact, I believe, supporting their chapel by the work of those poor women.

156. Sir *T. F. Lewis*.] What is the greatest number of patients that your hospital would hold?—Two hundred and fifty.

157. Was it ever full?—It was, from 1792 to 1821.

158. *Chairman*.] Have you never had more than 150 since male patients have not been admitted?—No, not since 1821.

159. Mr. *Grogan*.] Your numbers were 150 female patients?—Yes, the maximum at any time.

160. Mr. *Whitmore*.] How many beds are there?—The house would hold 250 patients.

161. Sir *T. F. Lewis*.] When was the house built?—I cannot tell you, but they have been adding to the house.

162. Can you tell me when the last addition was made?—I think it was in 1808.

163. Has there been any other addition since the union?—None; it is since the union that those additions were made; at first the hospital was capable of holding only 80; those additions were made to accommodate an additional number of beds.

164. To whom does the hospital belong?—It belongs to the Government.

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165. Is it kept in repair out of the grant?—It is; and that also restricts us very much.

166. If the object of the Lock Hospital were carried out fully, so as effectually to check the progress of the venereal disease in Dublin, would the house in its present size, and the number of patients it is capable of containing, suffice for that object, or must you enlarge it?—It would fully suffice.

167. This is a very important point; is it a point that you have considered; would it really suffice to check the disease, and control it, and prevent applications of patients to other institutions, so as entirely to absorb the disease?—I have no doubt it would, from what I have seen; when we had 150 beds, the rejections were very few in the year.

168. You have stated that the patients come to you not only from Dublin, but also from Glasgow, and Cork, and Limerick, and some from England?—They are not only natives of Dublin, but Ireland generally, and Great Britain and the Colonies.

169. If Belfast, and Limerick, and Cork, and those large towns, had hospitals to enable them to accomplish this object for themselves, how large need the hospital be, and what would be the amount of its provision to enable the Lock Hospital in Dublin to control the disease in Dublin, for Dublin itself?—The admissions of natives of Dublin were about 2,000 for eight years; from Ireland generally 4,422. I believe that is almost the only answer I could give to the question.

170. What amount of grant would enable you to keep the hospital full; to accept as many patients as the beds would contain?—Am I to understand that the house should be filled?

171. That you should take as many patients as your beds and rooms would hold?—Two hundred and fifty beds cost 8,000*l.* from the year 1817 to 1819.

172. When you say 250 beds, would you still confine it to women; suppose your grant was sufficient to enable you to fill all the beds, and occupy the whole space in your house, would you continue to exclude men?—I would; for this reason; you would have to cut them off from the women to keep the house in a proper state; to govern the house morally and properly, you must have two separate hospitals; otherwise, of course, you must have them all under the same roof.

173. With reference to making it a clinical hospital, would you have young medical students connected with that establishment only, or would you take the students from the general hospitals, and admit them to your clinical lectures as a special course?—Assuredly I would, that they might have an opportunity of learning the special disease.

174. Would there be any difficulty in accomplishing that arrangement, or would it interfere with other clinical studies at the other hospitals?—It would not; of course it would depend on the surgeon. We always endeavour to accommodate ourselves to make our lectures in the hospital not interfere with the lectures in the College of Surgeons and the College of Physicians, for if a young man were going into the army or navy, the Board should say, "You must have a six months' ticket from a venereal hospital containing both male and female patients."

175. Mr. D. Seymour.] An army surgeon would not require a certificate with regard to female patients?—Not at present; but I maintain that he ought to have it, as it is impossible thoroughly to understand the disease by seeing it only in the male patient.

176. Sir T. F. Lewis.] Would clinical lectures over patients of that class disturb them in any way?—No; because, of course, the disease would not be disturbed; in the modern way, by turning off the common dressing, you need not disturb the disease at all.

177. Do you think any inquiry you could make would enable you to obtain information for this Committee as to the cause why the clinical lectures were put an end to by the Government?—I do not.

178. Mr. Grogan.] Is there any memorandum or minute in the books of the Lock Hospital on that subject?—I never could find any; I should say that I asked the Governors, and I implored them to apply to the Government to rescind that law.

179. Mr. D. Seymour.] Have you ever heard of any memorial emanating from the medical profession in favour of throwing it open?—I never did.

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180. Mr. Percy.] Could those cases be treated in the infirmaries at the workhouses all over Ireland?—Of course they could.

181. Could pupils be admitted to the workhouses?—They could; but the objection again arises of admitting virtuous women into the wards of prostitutes.

182. The question is, whether you could not have a classification in the workhouses?—Yes, that could be done.

183. Mr. Grogan.] You stated that you are thoroughly conversant with the practice in the great venereal hospital in Paris?—I am.

184. Are the patients in that institution confined exclusively to males, or females, or both?—They are totally distinct establishments.

185. Are pupils admitted to that institution?—They are.

186. What is the plan upon which pupils are admitted there?—They walk in in the morning with M. Ricord, and go round the ward.

187. Are they allowed to have free access to all the wards?—I think not. I have gone frequently in there. The surgeon, M. Ricord, gave me an order, and I have been frequently there before them; I walked into the wards myself, and I never met a pupil alone; they always followed the surgeon closely wherever he went.

188. Is it your impression, that the pupils accompany the surgeon round the wards, but have not access at other periods?—Yes.

189. With reference to the suggestion you have thrown out to the Committee, of having only two special wards with select cases of all the forms of the disease, would that form an adequate clinical school for students?—I have no doubt of it, with thirty cases.

190. Your view then would be, that the study of the venereal disease should be a special course for the students of medical science?—Yes; it is my thorough conviction that no man can be a good surgeon for the present state of society who has not seen the venereal disease in the two sexes in its primary form.

191. Has your attention been called to the fact whether, if pupils were admitted to a special course, any funds towards the maintenance of the institution could be derived from the payments made by the pupils?—It could not, except in this way; unless the ticket was made peremptory by the licensing Boards; of course the expense to the pupils is so great, that unless the examining Boards made the tickets peremptory, the hospital could derive no benefit. Now, I think they never will make it peremptory, and I think it would be wise in the Government to say, "There is a gratuitous hospital for you, and we cannot admit you into the army and navy until you bring a six months' ticket from that hospital;" and the Governors of the Lock Hospital appeared to agree with me when I made that suggestion to them.

192. Mr. D. Seymour.] Why would not they make it peremptory?—It places an additional expense upon the poor students.

193. Mr. Grogan.] Your view then is, that it is very desirable that medical students should acquire experience and knowledge of this disease in this hospital, but that they should not be called upon to bear the special expense and payment for the course?—That is precisely my opinion.

194. Consequently your opinion is, that it is the interest of the Government to maintain that institution for medical instruction at their own expense?—Yes; particularly for their future officers.

195. In the table which you have read, you stated that several of the women of this institution had been reformed or sent to other asylums?—Yes.

196. Can you give us the number of those, for the same period of eight years, that have been reformed or sent to asylums?—There were 976, or about 15 per cent. during the eight years.

197. In what proportion to the general admissions?—Somewhere about 15 per cent.

198. When you say they are sent to asylums, what do you mean by that; is there any asylum or penitentiary (I do not allude to the Laundry), in connexion with this institution in Dublin, to which you have the right to send them?—No.

199. What do you mean, then?—When we had a classification, and found out that women were disposed to reform, the matron wrote generally to all the asylums

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asylums to know if they had vacancies, or were disposed to admit women from the hospital who had given promise of their being repentant; and this is the only way that we ever obtained a vacancy, or learnt that there was one.

200. And they admitted them on the recommendation of this hospital?—Simply on my discharge that they were well; and on the matron's word and promise that they had, for the period they were in the hospital, given every promise of reform.

201. Have you traced the subsequent history of any of those females who have left your institution in this manner, and have you found that they continued reformed women, or have they fallen back to their former course of life?—The great majority have continued reformed.

202. You have reason to know that?—I have here letters from four Protestant clergymen, and one from a Roman-catholic clergyman with reference to that; I will read one from a Protestant clergyman, and one from a Roman-catholic clergyman. The letter from the Rev. Vere White, one of the chaplains of the Moleynux Asylum, and also chaplain to the Brown-street Penitentiary, is as follows: "Having been for the last seven years one of the Committee of the Penitent Asylum, Brown-street, Dublin, which has mostly 20 of these unfortunate females under its shelter, I have much pleasure in stating the valuable aid which the Westmorland Lock Hospital has afforded in rescuing those poor creatures from their life of misery and degradation. The great majority of them have been awakened to a sense of their sin, and directed to this refuge, while under medical treatment in that hospital; and when they relapse into a bad state of health (as is often the case), they have been at once re-admitted until perfectly restored. The partial closing of the hospital exposed our committee to great inconvenience and expense, being obliged to have the patients attended by a medical gentleman at our institution" (now, here is one of the objections); "for we found by experience that when we permitted them to go to the poorhouse hospital (the only other in Dublin that would receive them), they invariably returned when well to their old habits of life, and never returned to the asylum; this I attribute to the want of that sympathy and right direction of mind which they would have received if under the care of the chaplain, matron, and medical men of the Lock Hospital, who are alike distinguished for kindness of heart, Christian feeling, and deep interest in the welfare of those unfortunate women. I consider that the closing of the Lock Hospital would be a serious injury to society in Dublin, particularly among the lower ranks, and that the poorhouse hospital would afford little or no substitute for it. Henry Vere White."

203. Mr. Grogan.] What is the date of that letter?—This letter is April 19th, 1854. I will read now a letter from a Roman-catholic clergyman who takes a great interest in these poor creatures. "St. Mary's Asylum, Drumcondra, 20th April, 1854. I can bear ample testimony to the misery that will occur from the final closing of the Lock Hospital. At present we are suffering greatly from the reduction, as the poor invalids that went from St. Mary's lately could not be re-admitted into the hospital. This asylum contains 46 inmates, who were chiefly supplied, through Mrs. Ray, from that hospital. Oh, what an evil consequence to society, and especially to those poor outcasts, and forlorn children of misfortune, many of whom have been comfortably provided for in America, Australia, England, and Ireland. Their first step of reformation may be dated from the Lock Hospital. Very few instances have occurred of having to expel any for bad conduct from this asylum. John Smyth, n. c. c."

204. Mr. D. Seymour.] That asylum is supported by public charity?—Yes, it is self-supporting. They have generally a charity sermon.

205. Mr. Grogan.] Have any of those women been returned to their families?—A great many, to my knowledge. A number have got situations out of the asylum.

206. Have any instances come under your knowledge in which females who have been reformed, as you have alluded to, have come back again as diseased prostitutes?—I do not remember one; out of some 20,000 patients, I really could not charge myself with remembering one.

207. Then the impression upon your mind is, that it was a sincere and thorough reformation?—That is my conviction.

208. With regard to the Laundry of which you have spoken, you have stated that

that some of the females in that institution have been for a very considerable number of years in the laundry?—Yes.

209. Those were originally patients in the Lock Hospital?—Yes; we admit no others.

210. They were admitted to the laundry in reward for good conduct and apparent reformation?—Yes, while in the house.

211. Had they any other means of earning their bread, supposing they had been put outside of the house?—Certainly not, except by immoral practices.

212. And they act as servants, in doing the washing and other work of the institution?—Yes, and hard work it is.

213. Mr. D. Seymour.] Without being paid?—Yes, for their maintenance.

214. Mr. Grogan.] Have they any pay besides their diet and lodging?—They get a very fair diet; they are not altogether engaged about the business of the hospital; there is no tea allowed; sometimes they are able to get a little luxury in this way. I think their work is about three or four hours a day; then at night they are allowed, if they know how, to make shirts or little things in that way, and the deputy matron takes them to the shops in Dublin, and sells them. By that means she is enabled to provide a few shillings a week to give them tea.

215. Then the appointment of the laundry is considered a great proof of reward for good conduct?—It is.

216. Am I to understand that their continuance in this institution is in a great degree as a reward for that good conduct?—Certainly.

217. To your knowledge, have any suggestions been made to the Government by the governors or the commissioners relative to establishing a penitentiary for the admission of reformed females on a larger scale than the laundry, which only admits 12?—I never heard of it, because there are so many in Dublin.

218. Will you look at that paragraph in the Report of the Commissioners of 1842?—"The Government in 1837 had it in contemplation to reduce the usual Parliamentary grant, and a lengthened correspondence took place with the Governors on the subject; in reference to which the Commissioners feel it right to invite the particular attention of your Excellency to the memorial addressed to Lord Mulgrave, and bearing date the 3d of February 1838. We have hereunto appended it, and we feel bound to add that we certainly concur in the strong and interesting statements made in it with respect to the usefulness of the institution, the hopelessness of obtaining funds for its maintenance from private sources, and its claim to public support; we believe it to have operated to a considerable extent as a means of moral improvement to its unfortunate inmates. There is represented in many instances on their part a great reluctance to return to a course of vice; to so great a degree, indeed, does that repugnance appear frequently to have amounted, that according to the statements of the governors and officers, the entreaties of unhappy inmates to be permitted to remain are most painful to those whose duty it is to discharge them when cured from the hospital. While this circumstance affords the strongest proof of the good management and salutary effects of the institution, it points also to the extreme advantage that would arise from an extension of penitentiary accommodation, or other means of providing for this unfortunate class of our fellow-creatures; and we beg to suggest very respectfully to your Excellency whether it might not be possible on any system of emigration that may hereafter be established, to afford encouragement and facilities for emigration as well in respect of this hospital as the other penitentiaries in Dublin, to such females as the governors might feel warranted in recommending."

219. That recommendation is very similar to that which you have yourself made to the Committee?—Certainly.

220. Except that it goes further in point of extent, and suggests that assistance should be given towards the emigration of those parties; do your views concur with that?—I think so; I have never turned my attention to it.

221. Mr. D. Seymour.] You have stated that you do not think that private subscription would support the Lock Hospital; suppose the Government were to give a partial grant towards the support of a larger penitentiary in connection with the Lock Hospital; do you think that private subscription would step in then to the assistance of the penitentiary as distinct from the Hospital?—I think not; we have about ten penitentiaries in Dublin which are scarcely able to keep themselves above water.

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222. I understand

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222. I understand you to say that applications have been made on behalf of females, and they have been refused admission to those penitentiaries on account of their inability to receive them?—Yes.

223. Mr. J. Ball.] Is it your opinion as a general rule, that the voluntary efforts of private bodies are more effectual than those in public establishments for the reformation of these women?—I think with regard to those creatures, the time to speak to them is when they are suffering from disease; one word in season when they are suffering has more effect on them than if you were to talk to them for ages when they were in good health.

224. Is the chaplain paid?—He is not paid by the Government, but by an old lady who has appointed a chaplain for life to attend all the persons in those places one day in every week.

225. But in point of fact no portion of the funds of the institution goes to the payment of chaplains?—Not at present.

226. Was there both a Protestant and a Roman-catholic chaplain?—No, never.

227. At what time was the salary to the chaplain discontinued?—In 1821.

228. In reply to questions that were put to you, you stated that you could accommodate at the present time 250 patients, and your impression is, that the annual cost would be 8,000*l.* a year?—I never knew the hospital with 250 patients; I take it from the Report of the Commissioners.

229. Are you quite sure that that 8,000 *l.* is not the amount which was given for three years; you can probably ascertain that?—It could not be done.

230. Have you got the detailed accounts of the institutions, so as to distinguish the establishment charges, the salaries of the permanent officers, and the expenses of maintaining the house, from those which are caused by the maintenance of persons in it, the cost of medicines and other charges incidental to the actual support of the patients?—That is, the expense for the patients, exclusive of the officers?

231. Yes.—I have not.

232. Perhaps you can inform the Committee of this; whether the present establishment would be sufficient to treat a larger number of patients than are now in the institution?—Of course; we have only 40, we had 150.

233. At the time when you had 150, was the establishment much larger than it is now?—Do you mean the number of wards?

234. No, I mean the number of officers; were their salaries higher?—Their salaries were something higher, because the Lord Lieutenant has decided that our salaries should be reduced 10 per cent. in future.

235. But nevertheless the present establishment would be able to deal adequately with the wants of a much larger number of inmates than are now in the institution?—No, I think not; we could not do without an apothecary if the number of patients was raised.

236. If there were 150 inmates admitted into the institution now, can you state what additional number of officers would be required?—Only one; we have only dismissed one.

237. So that, in point of fact, the great bulk of any additional grant now made would go to the support of the inmates, and not to the increase of the establishment charges?—Precisely so.

238. Therefore it would not be right to take the present number of patients and the present funds applied to the support of the institution as the measure of what could be done by doubling the amount of those funds?—The staff would be nearly the same.

239. Mr. D. Seymour.] Is the Lock Hospital the only institution of the kind in Ireland?—The only one.

240. Can you tell the number of patients suffering from this disease who are admitted into the hospitals at Cork or Belfast or Limerick?—I cannot, except in a very rough way.

241. Perhaps you will give it so; I want to know, in large towns like Belfast and Cork, how they treat their patients; have you made any inquiries as to the proportion admitted by those towns and those admitted into the Lock Hospital; and whether in those towns they have classified wards in the hospitals or not?—I have no return of that.

242. When you were in a position to receive patients from Ireland generally, did

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did you receive patients from Cork, Belfast, or Limerick, or did you generally receive them from the suburban districts round Dublin?—About three-fourths came from Ireland generally.

243. Did they come from the country parts or the towns?—Principally the towns.

244. Chairman.] How is the institution governed?—By a certain number of governors, appointed by the Lord Lieutenant.

245. What is the number?—I think at present there are 10.

246. How often do they meet?—They meet the first Saturday in every month, or oftener if necessary.

247. What number forms a quorum of the Board?—I think it is three.

248. Is the attendance of the governors regular?—Some of the governors are very regular; the old governor, Mr. Singer, as long as he was in good health, (I have known him for 20 years,) I do not think he was absent 20 times.

249. Can you give the names of the present governors?—Yes; P. E. Singer, Esq.; Sir Philip Crampton, Bart.; Sir J. K. James, Bart.; Sir H. Marsh, Bart.; David C. La Touche, Dean Tighe, Rev. Mr. Barton, Rev. Mr. Abbot, Sir Edward Borough, Bart.

250. What are the duties of the governors?—To attend to the fiscal department of the hospital, to take the contracts, and to appoint all the officers, with the exception of myself; I am the only officer appointed by the Government.

251. What is the order of business at their meetings?—I am not acquainted with that.

252. Mr. Percy.] Do not they inspect the wards?—They do.

253. Dr. Brady.] How are they paid?—There is no payment; they give up their time gratuitously; Mr. Singer has done so for nearly 40 years.

254. Chairman.] Is the system with regard to the management of the hospital, and the appointment of officers, the same now as it was in the year 1842, when the Commissioners held their inquiry?—Precisely the same.

255. Has there been any alteration in the mode of conducting their business?—No.

256. Mr. Grogan.] Nor in the bye-laws?—None whatever.

257. The only paid officers in the institution are yourself, the resident surgeon, the matron, and registrar?—Yes.

258. Is there any apothecary on the staff of the establishment?—No; he has been sent away lately.

259. How are the medicines obtained?—They are obtained from Apothecaries' Hall.

260. Are they obtained as drugs or medicines?—As drugs.

261. Who makes them up?—The resident surgeon; his salary is 110 *l.* a year for this year, to be reduced ten per cent.

262. Chairman.] Is the resident surgeon under your control and orders?—He is under my orders, but I divide the house with him.

263. What are the duties of the registrar?—To act as secretary to the Board; to make up the dietary, and keep the registry in proper order; to receive all the notices of contracts, and to issue public advertisements for contracts.

264. Is his salary 60 *l.* a year now?—No, it has been reduced; it is either 45 *l.* or 50 *l.*

265. Has the matron's salary been reduced in proportion?—It has been reduced since April.

266. Who superintends the dietary?—The matron.

267. Is the dietary the same now as it was in 1842?—Precisely.

268. Both the invalid dietary and the convalescent dietary?—The convalescent dietary always varies; it depends altogether upon the recommendation of the surgeon.

269. I find it stated in the report that a certain quantity of food is allowed as a convalescent dietary?—It depends entirely upon the surgeon.

270. Are the patients clothed in the institution?—They are not.

271. Do they wear their own clothes when not in bed?—They do, and very objectionable it is; they would be cured much easier if they had some cleaner clothes.

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clothes to put on when their own are being washed; they should have ward garments.

272. Dr. Brady.] Was your predecessor in any way connected with the hospitals of Dublin; was he a lecturer at any of the hospitals?—I am not aware whether he ever was.

273. When students were admitted to this hospital, did the medical officers attached to this institution belong to any other hospitals in Dublin?—Yes. If you look at the old constitution, you will find that in 1792 the hospital was regulated in this way: I think the directors were principally medical men; the president of the College of Surgeons, the president of the College of Physicians, the vice-president of the College of Physicians, and the vice-president and censors of the College of Surgeons, were surgeons to the Lock Hospital. They were surgeons to the hospital while they were presidents and vice-presidents; those gentlemen were almost all attached to other hospitals.

274. Then it was greatly to the advantage of the students at that period that the medical officers attached to the institution were connected with other hospitals?—It was.

275. What might be the average expense of each patient?—About 3 l. a year each patient.

276. Mr. Percy.] What is the expense of each bed?—About 20 l., and we turn out seven patients in each bed.

277. Mr. Grogan.] That is about 20 l., exclusive of the staff?—No; it includes everything.

278. Consequently, if the beds were augmented to 150, the staff expenditure would be increased in a very small proportion to the extended advantages derived from the greater accommodation?—Certainly.

279. Mr. Percy.] What fees did the pupils pay?—At that time the old charter of the College of Surgeons was different. At that time in Dublin there was scarcely any class of pupils, what you would now call pupils; they were apprentices. They served an apprenticeship, consequently they paid nothing to the hospital.

280. What did they pay to the surgeon?—The apprentice-fee varied from 150 up to 500 guineas.

281. Did that include the clinical lectures at the Lock Hospital?—Yes; everything.

282. Mr. Grogan.] That is all the lectures that the surgeon gave himself?—Yes.

283. Mr. Percy.] What does a medical student pay now in Dublin?—It varies. Each professor, I think, charges three guineas at the College of Surgeons. Then the hospitals vary from 12 guineas a year up to 18 guineas.

284. How many hospitals are the pupils expected to attend?—Only one general hospital; I think it is three or four years.

285. At 12 guineas?—Some hospitals charge a little more than others.

286. But 12 guineas is about the average?—No; 15.

287. If pupils were admitted to the Lock Hospital, do you suppose they would be inclined to pay a sum like 12 guineas?—I am sure they would not; they would not pay anything at all, unless it was rendered peremptory upon them; their means are very limited.

288. Mr. Grogan.] What is the regulation of the Examining Board with regard to a general hospital; how many beds must they have to be recognised by the Examining Board?—I think 50, but I am not sure.

289. In regard to the admission of pupils, does your suggestion respect medical pupils generally, or do you confine it to what you call the clinical clerks?—I would have it extended to pupils generally.

290. A clinical clerk is, strictly speaking, a kind of assistant to the senior surgeon, is he?—Yes.

291. And your view would be, that attendance at this hospital is desirable for the medical instruction of the pupils generally?—Very desirable.

292. Chairman.] Are you aware that, previous to 1820, there was a branch of this institution established at Cork?—Yes.

293. Was that done away with at that time?—It was.

294. Has there been a branch in any other part of Ireland since then?—No.

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295. Mr. Grogan.] In the admission of pupils to the wards of selected cases, such as you have described to the Committee, are there any particular restrictions that you would suggest with regard to the pupils?—The restriction would be this: they should enter those wards with the surgeon only. I would never allow them to remain in the venereal wards after the surgeon had left.

296. And you would have the whole treatment done by the nurses?—Yes; or my own clinical clerk, of whose character and conduct I would make myself fully sure.

297. Mr. Percy.] And screens might be placed round the beds?—They would not much be wanted; those things entail expense; we are too poor to have superfluities and luxuries.

298. Chairman.] Have you always been satisfied with the conduct of the nurses?—We have had to drive out some of them. When I was first there some of them were great drunkards. I have organised the house; it is in a much better state of organisation than it was 20 years ago.

299. Is the discipline with regard to the conduct of the nurses very strict?—Yes, very.

300. Is misconduct punished by dismissal at once?—Generally speaking, it is a fine in the first instance. If it should occur again it would be a dismissal. For neglect of duty in the first instance it is only a fine.

301. Have you the power of dismissal?—I have not.

302. Does it rest with the Board?—It does; but the Board always act upon my recommendation.

303. Did great evils exist at one time with regard to the conduct of the nurses?—Very great.

304. What was the nature of those evils?—The nurses appeared to believe that these poor creatures deserved no protection. The language of the nurse was almost as bad as that of the women. I put a stop to that, and I said, "Look on these creatures as general patients; these women must be treated with kindness and gentleness." The first complaint I had I spoke to the woman, and I brought her into the closet, and told her she would be treated kindly if she behaved herself. She told me that the nurse had used very abusive language to her. The nurse admitted that she had. I stopped the abusive language on the part of the nurse, and since the patients found that they were treated as human beings, I have had very little trouble.

305. Mr. Grogan.] Have you had occasion to expel any of the patients for misconduct or misbehaviour?—Not many.

306. How many would you say in a year?—Not more than five or six per cent. The amount in the grant this year is 1,000 l.; 10 per cent. off 2,500 l. for six years.

307. That would leave 400 l. for the staff, allowing each patient to cost 20 l.?—I never calculated it.

308. Mr. Kershaw.] Does that include the medicines?—It includes everything; the rent of the house and everything else. The house is nearly purchased, but we pay a small rent; I think it is about 25 l. a year.

309. Sir T. F. Lewis.] Do you take the ages of the patients on their admission?—We do.

310. Do they, on the average, exceed or fall below 20 years of age?—They are of all ages; 18 is generally the age of admission; from 15 up to 20, those are the general ages.

311. The admissions of persons above 20 are not so numerous as those below?—No.

312. Dr. Brady.] How long is it since the number of patients has been confined to 40; how many years?—Only a few weeks, since the 1st of April. In the year 1848 there were 130 or 150, and they are now reduced to 40.

313. Chairman.] Are you prepared to furnish the Committee with an account of the number of admissions and rejections since the grants began to be reduced?—Yes, I can furnish that.

314. Sir T. F. Lewis.] What grant would enable 250 beds, which the hospital would hold, to be kept full?—Between 7,000 l. and 8,000 l. a year, in this way; 150 beds cost us 2,500 l., 22 l. a head.

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315. Mr.

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315. Mr. Grogan.] Do you know what the cost of maintenance of a bed in an hospital in London amounts to annually?—I have been told that it is 50 l. each bed.

316. What would be the cost of maintenance in Dublin?—Only 21 l.

317. Would that include the medical staff and the nurses?—It would, just the same as at Guy's or St. Thomas's.

318. Chairman.] Do you know how many patients there were in the Lock Hospital in 1801?—I do not. It was in 1808 that the wings were put to it to enable it to hold 250; but I should say simply as a guess about 80.

319. Dr. Brady.] Do you know the average cost of the paupers in the different workhouses throughout the unions in Dublin?—I do not.

320. What would you suppose?—I forget now; I do not remember.

321. Is the dietary as good in the workhouses as in the Lock Hospital?—It is not; it is better in the Lock Hospital; besides that, we have a number of convalescent patients whom we must feed very well.

322. Mr. Kershaw.] Did I understand you to say that you have never known a patient return a second time for relief to the hospital?—No, the question put to me, as I understood it, was this; did I ever know a patient who had been apparently reformed and sent to an asylum, relapse into vice and return to the hospital?—I said that I never did.

323. Mr. Grogan.] Has it come under your knowledge that any cases of the unfortunate women who accompany the regiments to Dublin garrison have afterwards become patients of the Lock Hospital?—Yes, both married and single; the single women told me that they had come from England and they were thrown off, or left by the soldiery; the married women had married without permission of the colonels of the regiments, and when the regiments went on foreign service they were left, and they became prostitutes.

324. Then, in fact, these unfortunate females brought to the City of Dublin by the change of troops were left a charge upon this hospital?—They were.

325. And if the Government did not maintain this hospital the citizens of Dublin would have to pay for it?—Yes, those women would have gone to the poorhouse.

326. Chairman.] Do you put in this Table of admissions and rejections?—I do.

[The same was delivered in, and is as follows:]

YEARS.	Admissions into Lock Hospital for 8 Years.	Natives of Dublin for 8 Years.	Natives of Ireland generally, for 8 Years.	Natives of Great Britain and the Colonies, for 8 Years.
1847 - - -	667	305	342	20
1848 - - -	729	294	400	35
1849 - - -	992	430	520	42
1850 - - -	1,128	364	730	34
1851 - - -	985	267	700	18
1852 - - -	1,027	245	754	28
1853 - - -	861	253	571	37
1854 - - -	575	130	405	40
For 8 Years -	6,964	2,288*	4,422	254

* This result is too high for the City of Dublin. The rule is, to register, in the hospital registry, under the same head, all patients from the city or county of Dublin, and relapsed cases returning from the various asylums of Dublin, as natives of Dublin. I find, by carefully examining the admission book, that to be accurate we should subtract at least a third from Dublin and add it to Ireland generally.

Dr. T. Byrne.

2 May 1854.

YEARS.	Married Women admitted for 8 Years.	Total Applicants for 8 Years.	Total rejected for 8 Years.	Total discharged for 8 Years.
1847 - - -	55	793	126	593
1848 - - -	61	826	97	634
1849 - - -	90	1,490	498	920
1850 - - -	54	1,796	668	1,080
1851 - - -	47	1,682	697	945
1852 - - -	37	1,350	323	957
1853 - - -	37	1,291	430	826
1854 - - -	33	1,100	525	607
For 8 Years -	414	10,328	3,364	6,562

YEARS.	Deaths for 8 Years.	Women reformed sent to Asylums and Friends for 8 Years.	Number of Beds.
1847 - - -	5	178	130
1848 - - -	11	213	130
1849 - - -	9	182	130
1850 - - -	9	236	100
1851 - - -	1	82	80
1852 - - -	5	61	60
1853 - - -	3	19	50
1854 - - -	1	5	50
For 8 Years -	44	976	—

PATIENTS admitted for the First Time from all Parts, for Six Years; namely, from the 1st January 1848 to the 1st January 1853.

1848 - - -	404
1849 - - -	441
1850 - - -	357
1851 - - -	343
1852 - - -	332
1853 - - -	280

For 6 Years - - - 2,157

TOTAL ADMISSIONS into Lock, from the Year 1821 to the 31st of December 1853 - - - 26,500.

ADMISSIONS.

Natives of Dublin, for 7 Years.	Natives of Ireland, generally, for 7 Years.
1847 - - -	440
1848 - - -	436
1849 - - -	663
1850 - - -	855
1851 - - -	738
1852 - - -	819
1853 - - -	704
For 7 Years - - -	4,655

Sir James Pitcairn, Examined.

Sir J. Pitcairn.

2 May 1854.

327. *Chairman.*] ARE you an Inspector-general of Military Hospitals on half-pay?—I am.

328-9. Have you had extensive opportunities of seeing soldiers, and of being acquainted with their habits?—For 50 years.

330. State to the Committee your opinions as regards the propagation of the venereal disease among soldiers, and its means of relief?—They are certainly very reckless as to the acquiring of it, but the difficulty is to get rid of the female from the vicinity of the barrack, and for the reason that I will now state to the Committee; there is no place to receive them.

331. Have you observed in towns which have not the means of affording hospital relief to prostitutes suffering from venereal disease, that the soldiery become very great sufferers?—In towns where there is no relief, certainly; particularly in three or four of the large garrisons, such as Cork, Fermoy, Clonmel, Dublin, and Athlone.

332. Have you observed a difference in the towns which you have mentioned, where there are no hospitals for relieving prostitutes, that the soldiers suffer in proportion?—Most assuredly.

333. *Mr. Percy.*] Do they suffer more in Clonmel than in Dublin?—I think they do; Fermoy, for instance, has been a place of great propagation of the disease; Clonmel, Templemore, and one or two other large towns, where there are large garrisons.

334. More so than in Dublin?—As much as in Dublin.

335. *Mr. Grogan.*] Do you consider the disease of a more virulent character in those towns than in Dublin?—There has certainly been occasionally some apparent difference in the disease propagated; I have known a greater number of secondary diseases arising in the men affected in those places.

336. *Chairman.*] In which places?—Perhaps Clonmel, for instance, and Fermoy.

337. *Dr. Brady.*] Was that from the want of treatment in the first instance, or from a want of knowledge?—Not from any inattention on the part of the medical officers, but probably from the bad state of the individuals propagating the disease; they are all living out in the fields, and generally speaking they reside in wretched hovels.

338. Do you know if the soldiers apply in these places for medical relief immediately?—The soldiers are inspected weekly by the medical officer specially for the detection of venereal disease.

339. You speak of the secondary disease as being more common in those places than in Dublin?—I do not think that it is more common than in Dublin.

340. *Mr. Grogan.*] What length of time might a soldier be incapacitated for the ordinary duties of his service when afflicted with the primary disease?—That depends a good deal upon circumstances, and a good deal upon the state of the constitution.

341. What would be the average?—The average, I should say, now, would be three or four to six weeks, with primary disease.

342. Would he be at the end of that time completely restored to health, and able to discharge the duties of his profession?—Subject to the secondary disease.

343. *Sir T. F. Lewis.*] Do you distinguish between gonorrhœa and stricture?—Many of the secondary cases can be traced to gonorrhœa alone.

344. *Chairman.*] What do you conceive to be the best means of obviating venereal disease among the soldiery?—Providing for the relief of the female.

345. How can that be done?—I do not think it could be done in any way excepting in a public institution; for in many instances I have known subscriptions entered into by the officers, and particularly by the surgeon, to get the women cured that were giving them an immensity of trouble in the hospital.

346. Do you think that it can only be done by establishing permanent hospitals for the women?—I think so; we had no means of admitting the female into our regimental hospitals or general hospitals.

347. Did you ever attempt, in the course of your experience of 50 years, to establish a hospital for women afflicted with the venereal disease?—That has never succeeded to any extent. I have known of a subscription, for instance at

Athlone,

Athlone, where the disease was very rife; at one time we had endeavoured to get one or two individuals, who were propagating the disease, into a private lodging; there was no means of taking them into the regimental hospitals, and there was no public institution for them there.

348. Did you find that effort attended with success?—With partial success. We got rid of one or two individuals, perhaps, by it; but then it was a very hard thing upon the medical officers of the regiment, because there must have been another supply of females.

349. Did you ever draw the attention of the military authorities to the necessity of providing relief for the women where there are large garrisons?—I am sure I have done so constantly in my monthly reports.

350. Is Dublin a large garrison town?—A very large garrison town.

351. Have you had any experience of the practical effect of the relief that is given in Dublin through the Lock Hospital upon the women with whom the soldiers are in the habit of cohabiting?—No, I have not.

352. Is the country put to a great expense in consequence of soldiers contracting these diseases?—Immense, not only in their primary state, by keeping them away from their public duties, but in the constitutional effects. In fact the greater proportion of the men discharged from the service have been discharged more or less from the effects of the venereal disease.

353. *Mr. Grogan.*] You mean that the constitution of the men that were affected by this attack was so debilitated that they were obliged to be discharged the service?—It contributed in a great measure.

354. Then the Committee are to understand, that a great number of trained and efficient soldiers are annually discharged from the service in consequence of their having contracted the venereal disease?—There can be no doubt of it.

355. *Mr. Percy.*] The chief proportion of diseases in a regiment are venereal, are they not?—Perhaps one-third in some instances; one-half in others.

356. *Chairman.*] So that there is not only the absolute expense of curing the soldiers, but also the inconvenience to the service in losing so many trained soldiers?—It is in the young soldiers.

357. *Mr. Grogan.*] Do you remember any correspondence between the Irish Government and the Treasury lately, or have you been called upon for any returns with regard to the diminution of the grant to the hospital?—No, I have not; I have only expressed my opinion every month to the authorities, as to the effect of the female being allowed to continue her ravages among the men.

358. *Chairman.*] Are military hospitals exclusively for the accommodation of the soldiery?—Entirely.

359. How many are there in Ireland?—Every regiment has one, and every detachment, if possible, has one.

360. Is there a general hospital in Dublin for the whole garrison?—Yes; that is a general hospital of which the whole garrison may avail themselves.

361. There was a circumstance mentioned by Dr. Byrne, that regiments moving to Dublin garrison were followed by certain women; is that the case?—That is constantly the case.

362. Is it the practice that those unfortunate women march about with the regiment from place to place?—Many do so.

363. Can you state whether when the regiment leaves Dublin, they leave those women behind or not?—I cannot, indeed; my communication has not been directly with the individuals, but through the regimental surgeons.

364. What is your opinion as to the state of disease in the military garrison at Dublin; is it decreasing or augmenting, or stationary?—I think it is very much stationary.

365. Do you believe that the hospital relief for diseased women in Dublin is inadequate to the wants of the town?—I am sure it is.

366. *Dr. Brady.*] Then how do you account for the disease being stationary?—I can only account for it in this way, that probably many of the soldiers, seeing the consequence of the disease upon their comrades, abstain from intercourse with the women.

367. It has some moral influence over them?—Some moral influence; the treatment of the disease is better understood than it was; men do not suffer from the remedy as they did; they now suffer from the disease.

368. *Chairman.*] What is the average length of time for which the soldier

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is rendered unfit for duty in the primary stage of the disease?—I should think from three to six weeks.

369. What is the length of time if afflicted with secondary disease?—I thin it is hardly fair to ask me that question, because it must depend so much upon the constitution, how long they have been subject to it, and whether the secondary disease appears in a very virulent form; formerly it used to appear with loss of nose and palate.

370. Dr. Brady.] That arose in a great measure from the treatment?—No doubt of it.

371. Mr. Percy.] Do you think that there are adequate means of instruction in Ireland for the medical profession with regard to this disease?—I should say not; I should think not.

372. Chairman.] Have medical students sufficient opportunities of witnessing the progress of the disease in the female?—There is a great difficulty in the first place on the part of some of the females in having their persons exposed.

373. Dr. Brady.] You allude now to general hospitals?—To every hospital where the female is admitted; I remember that in the London Lock Hospital it was very difficult; the women would not consent to be examined by any one but the resident surgeon, and the consequence was that they were of no use to the pupil.

374. Mr. Grogan.] Are your remarks confined to Ireland, or do they apply generally to the United Kingdom?—To Ireland, because it is there I have been upon the staff.

375. Do you know anything of the management of hospitals of a similar character in foreign parts, in Germany and other places?—I do not; I never had but one transient look at them.

376. Mr. MacGregor.] Does not it appear to you almost a *sine quâ non* that female venereal patients should be separated from other patients, and retained in the hospitals until they are cured?—I do not think that that is necessary.

377. The Committee were informed by Dr. Byrne that that would be exceedingly desirable?—With regard to the women, I am satisfied that Dr. Byrne is right, because if there is no separation, that is the surest means of propagating the disease; the one corrupts the other. With the soldier it is not so; he does not look upon it as any immoral act.

378. But viewing it merely for the advantage of the community?—That is the reason why it appears to me advisable that married women who become affected by the wickedness of their husbands should not be placed by the side of prostitutes.

Mr. Jolliffe Tufnell, called in; and Examined.

Mr. J. Tufnell.

379. Chairman.] ARE you Surgeon to the Military Prison in Dublin?—I am surgeon to the Military Prison in Dublin, and the City of Dublin Hospital also. I lecture upon military surgery in Dublin to pupils educating for the army.

380. Have you had opportunities of seeing the effect of syphilis on all classes of the military?—Yes.

381. Have any particular complications of the disease struck you as frequent?—Yes, one in particular, namely, bubo. The rough notes which I present to the Committee have been taken for the last six or seven years, with a view to professional purposes, and making an abstract from them; I find that of 635 cases which I have registered, the average time that the men have suffered from that disease in the hospital is 64 days; some of them have been in the hospital for the whole year, but the average time is 64 days. I have every man's name down here, and the regiment to which he belongs.

382. Mr. Grogan.] Then, independently of the effect upon his constitution, the man is disqualified for that length of time?—For the length of time that he is in the hospital.

383. Chairman.] Are soldiers discharged from hospital before they are fit for duty?—In most regiments men go from the hospital, as convalescents, before they go directly to night duty.

384. Does that return fairly represent the average length of time lost to the public by the soldier being subject to this disease?—From 635 cases I have registered, the average time is 64 and a fraction; but many were 120 days in the hospital; those are men who subsequently came under my notice as surgeon of the

the prison, having the mark of suppurating bubo. I am satisfied they have been the subjects of bubo, whether syphilitic or the result of scrofulous constitutional tendency; where I find that disease has existed, and come to inquire into the circumstances connected with it, I find, dividing the number of days by the number of individuals, that 64½ days is the average to each man.

385. Dr. Brady.] You are speaking of criminals?—I speak of soldiers who become the subjects of courts-martial, and are sent to prison, and it is as prisoners that they come under my observance; I see all ranks of the service come, and I judge from those men; of course, they are a fair sample of the army.

386. Chairman.] You think that that number represents fairly the state of the disease in the army generally?—Decidedly, because the men who are the subjects of regimental courts-martial are not the most weakly men in the regiment.

387. Mr. Percy.] Can you take the average of the duration of the disease, if you have not the whole number of soldiers who have had the disease; your case is only those of the prisoners?—All those soldiers are in the same position as any other soldiers until they become the subjects of a court-martial; I have 635 of those men registered, and I find that out of 635, which is a large proportion, each of those men, on an average, had spent 64 days in the hospital from bubo.

388. Mr. Grogan.] Your remarks would apply to men exclusively connected with the Dublin garrison?—Of course, at the time they became the subjects of the prison they were within the Dublin district.

389. Dr. Brady.] Are you aware that they were so long confined in the hospital?—I am perfectly certain of it, from the men's assertion. The soldier's pay is deducted to a certain extent; they are very particular about time, and every soldier will tell you to the very day, if you ask him, how long he was in the hospital; he can tell you whatever it is, because he reckons by his pay.

390. Mr. Percy.] I suppose a prison soldier is likely to be a drunkard, and therefore he gets the disease in a worse form than another?—Certainly; but my reason for alluding to this is, that I have no doubt if a woman has a simple sore, and she cannot be taken under hospital treatment, if she goes on drinking and having connexion, she converts that simple sore into an irritable sore, and she produces a degree of virus in connexion with that sore which, in an irritable constitution, will produce a worse form of sore than she otherwise might have had; and I have no doubt, where we find this is a disease of irritation, if you get a man with an irritable sore, he will be more likely to have the complication of bubo than not.

391. Chairman.] If the complication of bubo is so troublesome, what means would you advise to put a stop to it?—I certainly should recommend that in every large garrison town, such as Portsmouth, Plymouth, and Dublin, there should be a ready receptacle for women.

392. Mr. Grogan.] Are you aware that the Government are acting upon that principle in this country at present with regard to Portsmouth?—I am; and I think it is money well spent.

393. Chairman.] Do you regard syphilis as very prejudicial to the ultimate health of the soldier?—Particularly so, especially at the age it is contracted, and in scrofulous constitutions.

394. Mr. Percy.] Do you think that 250 beds for the women in Dublin would be more than sufficient?—I think, certainly, not beyond that; occasionally you get great outbreaks of syphilis, but, generally speaking, I think that would be more than sufficient.

395. What number of beds would you say?—I should think 150 or 200 beds would be sufficient.

396. Sir T. F. Lewis.] Are the women, in general, willing to come to the hospital as soon as they find themselves diseased?—I think that depends upon the treatment; there is, I understand, or there was, a very foolish rule existing at the Lock Hospital in Dublin, that of cutting off the women's hair. I think if you keep up an institution of this kind, and your first view is the protection of your soldiers and sailors, you should make it such as to induce women to apply to it with primary sores, and that they should rather be encouraged to apply.

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397. Chairman.]

Mr. J. Tufnell.

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397. *Chairman.*] Do you think they should be treated with kindness and consideration?—With firmness. Lock Hospitals, of course, morally, cannot be so established as that the public may look upon them as for the purpose of encouraging prostitution. Prostitution is absolutely necessary; if it is discouraged amongst the soldiers, you would reduce the moral character of the men. It is much better that soldiers should have free access to women, or they will have worse, and you cannot remove it. In regiments in which I have served, I have greatly discountenanced punishing soldiers for having syphilis, for you either make them conceal the disease, or it tends to have a demoralising effect upon the individual.

398. *Sir T. F. Lewis.*] Has it ever occurred to you to consider whether it would be possible to submit women who attach themselves to regiments and barracks to any examination?—I think the French system should be introduced throughout the United Kingdom, that all prostitutes should be examined. I do not think you can do it solely in reference to prostitutes with whom soldiers cohabit, because it is impossible to say who is a soldier's woman, and who is not; they take them indiscriminately.

399. *Dr. Brady.*] Do you think it would be advisable to have an institution like the Lock Hospital attached to general hospitals?—No.

400. It was stated by Dr. Byrne that the general students have not an opportunity of learning the disease, in consequence of females not being admitted who are labouring under syphilis in the general hospitals, and that he thought it was necessary that they should learn the disease from the appearance which it presents upon the female, and that, from the fact of there being no such institution for students, they laboured under great disadvantage?—I made a note of a question which was put as to whether medical pupils in London were able to attend the Lock Hospital or not. I myself, when a pupil of St. George's Hospital, attended the Lock Hospital, and I did so preparatory to entering the army, for the sake of getting a good knowledge of syphilitic diseases. I say that it is necessary that a man in the army should know the treatment of syphilis well, but it equally appertains to civil society; for when a question comes in a medical, legal, or domestic case for the examination of a female, it is absolutely necessary that an individual should have a thorough knowledge of the condition of the female parts in irritation and disease, or he may give a damaging opinion; and it is right, I maintain, that every student should have an opportunity at least, whether compulsory or not, at all events, of acquiring a knowledge of the disease in the female.

401. *Chairman.*] Do you consider that the rule which prevails in the Lock Hospital of excluding medical students is a bad one?—Most damaging.

402. *Sir T. F. Lewis.*] It was very discouraging to young women suffering under this disease, to offer themselves when their hair used to be cut off; will you be good enough to say whether it would be discouraging to females to know that they would be exposed to a clinical lecture; that is to say, that their sores should be exposed to young students, and they should be taught what was to be seen by looking at them?—It is absolutely necessary, and after a moment or two it is got over; but they know it is the rule, and they know that there is greater attention paid to them on that account. I know in the general hospitals poor persons would not have the same attention paid to them if they were not clinical hospitals. The fact that a class of students are watching the surgeon, and forming their opinion for future practice, and conducing to their means of practice; their opinion of him of course being formed from his treatment, makes the surgeon very guarded in his treatment of those individuals who come under his care, because his own character is at stake; and I believe the individuals soon appreciate it, and they are aware that when they are treated under the surveillance of a class of pupils, they are not likely to be neglected.

403. *Mr. Percy.*] The whole thing may be conducted with perfect delicacy by the use of screens?—Yes; I perfectly agree with what I heard dropped from Dr. Byrne, that it is not necessary that the whole of the house should be open to the students, because 30 selected cases would be much better than a greater number.

404. *Dr. Brady.*] To your own knowledge, have you ever known in private society

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society the happiness of a family to be injured by a medical man giving a rash opinion, saying that a man or woman was labouring under the disease, when in reality it was nothing more or less than an irritated sore?—Yes; I have seen within this month a case where, on consultation afterwards, the referee called in decided with one party that it was non-syphilitic, after the opinion had been incautiously hazarded that it was syphilitic.

405. And to your knowledge it was not syphilis?—Yes.

406. Thereby society is injured?—I think it desirable that no opportunity should be lost to give a student the means of qualifying himself.

407. *Mr. Percy.*] Is not a student in Ireland particularly ill situated in that respect?—I do not know what are the rules with regard to the Lock Hospital in London now, whether it is open or not.

408. It is open.—Then certainly the student in Ireland labours under a disadvantage; that is the only point upon which he is deficient.

409. Regarding the 635 soldiers who were on the average 64½ days in the hospital, if you could add to it the period over which this average extended, and the number of soldiers who occupied the district, it would almost amount to a demonstration of the loss sustained under those circumstances?—This return begins on March the 10th, 1847, from March 1847 to 1854; and this is a registry of every case admitted under my charge in the military prison in which the soldiers have been the subject of bubo.

410. The records would show how many soldiers have been admitted to the military prison during that time?—Yes, there is a regular roster of every man admitted. In fact, I have an extract to that effect: Memorandum, of 1,059 Soldiers admitted into the prison from March the 10th, 1847, to May the 6th, 1849; 38 had double bubo, or an average of one man in 27; 193 had been the subject of single bubo, or an average of 1 in 6½.

411. *Dr. Brady.*] Do many of those men suffer from secondary symptoms?—Not at the time they come under my observation, because no man is admitted into a military prison who is not able to undergo the labour to which he is sentenced by the court-martial; several of them come there that have had the disease in its secondary form.

412. *Chairman.*] What is the age at which soldiers are usually discharged from the army from the effects of syphilis?—About 25 or 26 years of age, I should say; they are young soldiers; they are men who have imbibed venereal poison, perhaps in some few cases aggravated by mercurial treatment; either the venereal poison alone or the venereal poison combined with mercury, has produced a disposition to enlargement of the glandular system, particularly about the neck; and when a soldier (the majority of them having been brought up without wearing anything round their necks) comes to have the irritation of the stock, and then to have the glands of the neck enlarged, that leads to unfitness and disqualification.

413. Are they generally discharged from the effects of the disease just at the time they are becoming useful?—I would say just as they are fit to be sent to the colonies, after from three to five years' service.

414. Are they discharged at the very time that they have been most expensive to the public, without having given to the public any adequate return for that outlay?—A great many are discharged under three years' service, because a soldier discharged under three years' service is entitled to no pension whatever; consequently when he shows this disposition he is got rid of; but then if it is argued that the country is no loser by it, it is wrong, because that man has been kept and trained for three years; it is like buying horses at three years old, and selling them at five, and getting the same price for them.

415. *Mr. Percy.*] Have you ever tried to calculate the proportion that the venereal disease bears to any other disease in a regiment?—I have not; I believe evidence will be produced to show that.

416. *Chairman.*] What is the proportion in the military prisons?—They have very little disease there, except cases that break out after the men come in, because, as I have already said, no man is admitted into the prison who requires hospital treatment; a certificate accompanies him that he is fitted to undergo the labour he is sentenced to.

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417. He is not admitted if there is any appearance of the disease?—No.

418. Dr. Brady.] What is the duration of imprisonment, generally speaking?—From 48 days to two years; as a general rule, I would say four months; long imprisonments are decidedly bad.

419. Chairman.] From your general knowledge of Dublin, can you give the Committee any opinion as to what the effect would be of the discontinuance of the Lock Hospital?—It would be decidedly prejudicial among all classes; there would be a great increase of disease; it goes from gentle to simple, and from simple to gentle.

420. Is the Lock Hospital the only place where diseased female patients can be relieved?—As a general rule; of course they are sometimes smuggled into other hospitals; I occasionally take them into the City of Dublin Hospital under my own care, but it is not desirable; of course they are generally maid-servants, and that class of people.

421. Are the other Dublin hospitals totally inadequate to the treatment of this disease in women?—Yes; and another thing is this, that in an hospital which is supported only by voluntary contributions, if a subscriber is unable to obtain the admission of a patient, and he finds that you have a syphilitic patient under treatment, he grumbles at it.

422. Dr. Brady.] Do you think it would be advisable to treat certain mild cases of syphilis as out-door patients, supposing this Lock Hospital were to be continued?—In men, of course; but in women with severe gonorrhoea and chancres, decidedly not.

423. I am speaking of a mild case of syphilis?—No; you see a sore to-day upon an individual; she lives hard for three or four days, drinks, and has repeated connexion, and the disorder increases. You simplify the treatment by taking in an individual at the very first moment. I would encourage them to come into the hospitals. When in the army, I encouraged the men to come and report themselves the very instant they saw the disease break out.

424. Mr. Percy.] Do you think it would be impossible to support such an institution without the assistance of the Government?—It is perfectly impossible; the general hospitals themselves are not properly supported.

425. Do you think that the workhouses would be unsuitable?—They cannot be made suitable.

426. I mean the infirmary of the workhouse?—They cannot be taken in until they are brought to the situation of paupers.

427. But they may apply for admission as sick persons, may they not?—No, they must be reduced to the condition of paupers. I do not know what the working would be with regard to the *morale* of the system; but I do maintain that in Portsmouth, Plymouth, and Dublin, and elsewhere, there should be a Lock Hospital, and the women should be encouraged to go to it.

428. Dr. Brady.] Do you think any arrangements could be made in the other hospitals of Dublin by which the pupils should have an opportunity of visiting the Lock Hospital?—The attendance of a pupil is perfectly optional; the ticket is required by the examining bodies; he may obtain his medical education wherever he wishes, and students frequently do take part of one winter session at one hospital, one at another, and a third at a third; their object being to see the practice of the different surgeons at each hospital, comparing one with another.

429. You do not seem to understand what I wish to convey to you; I wish to know if you think there could be some arrangement made with the different hospitals, by which all the pupils might have an opportunity of going to this Lock Hospital if it is continued; at the present time they are excluded. Supposing the Government came to the conclusion that they should be admitted for the future, do you think that the fees which are received at the hospitals might in some measure go to compensate the trouble to which the medical officers belonging to the establishment would be put?—The fee paid by the student, when he attends the practice of a hospital, is for the clinical instruction which he receives in that hospital. Of course it is optional for a pupil to go where he likes; if the Lock Hospital is thrown open, he has then the power of going there as readily as he has now of coming to the City of

of Dublin Hospital. At the present moment he cannot do so, but I maintain that it should be thrown open to him; he should have the option of going, but he should not have it free to him, for if you gave it freely, they would not attend regularly; where they pay nothing, they never value it. But what, in my opinion, should be done is this, that the surgeon of the Lock Hospital should have the option of admitting pupils, but he should pay one or two guineas, and it should go to the surgeon of the institution for the clinical instruction which he gives. It would be his object then to give as good value, as the pupils call it, for their money as possible. If they find that he gives them a short practical course of instruction, and they get a good deal for their two guineas, one brings the other.

430. Chairman.] Do you think that attendance on the Lock Hospital should be requisite for obtaining degrees?—No; I think for the army it should be necessary, and for the public services.

431. But not for general instruction?—The student at present is almost over-worked, he has so much to attend to.

432. Do you think that the most thorough knowledge of syphilitic disease should be given to those students who are educating for the army?—I think so, decidedly; for the navy it is, perhaps, not so much required, because a sailor is enlisted only for a certain time, and before he gets into a fresh ship he has to be retaken, but the country is saddled with the soldier in a particular regiment.

433. Is syphilis common on board ship?—Yes; if there is a preference at all, it should be given to the army; but I think, for all students educating for the army, the navy, and the East India Company, it is desirable.

434. Dr. Brady.] The Boards presiding over those departments ought to require it?—I think the Boards would willingly do so if they were aware that a pupil had the power of attending the Lock Hospital, if he is educated in Dublin.

435. Mr. MacGregor.] Is it your opinion that if the Government incur the additional outlay which would be necessary to increase the number of beds in the Lock Hospital in Dublin from 40 to 200, or other requisite number, to provide for the reception of women who should be admitted to the Lock Hospital if proper measures were adopted to quell disease, that the additional expense thereby incurred would be saved to the Government in avoiding the cost of maintaining so many soldiers in hospital, as well as ensuring their better health and efficiency?—I have no doubt that the Government would be well repaid by affording a receptacle for those women; as to the number, it is impossible to state it.

436. Mr. Percy.] Would it be possible to have wards, instead of having a lock hospital; do you think it would be preferable to have a ward attached to each hospital for that purpose?—No; there are a number of rival institutions; you could not do it to one without exciting the jealousy of the others; and it is much better to have a large number of beds in one hospital, and that the surgeon should, from his knowledge, be able to select a few out of those beds, than to have the patients distributed all over the town.

437. Chairman.] Does the City of Dublin Hospital receive no grant from the Government?—None whatever, and it has at this moment 40 beds closed for want of funds.

Dr. Joseph William Macdonnell, called in; and Examined.

438. Mr. Grogan.] WHAT situation do you hold in the Army Medical Department?—I am Secretary to the Department at Dublin.

439. What are the peculiar duties of that office?—I receive all the reports, make up the general reports to the commander of the forces, and to the director-general of the department in London.

440. Of all the troops in Ireland?—Yes.

441. Of the men that are sent to the hospital?—Yes, the Army Medical Department.

442. Are you able to state to the Committee what is the average strength of the troops in Ireland, and the number of invalided soldiers?—Yes.

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443. Could

Mr. J. Tufnell.

2 May 1854.

Dr.
J. W. Macdonnell.

Dr.
J. W. Macdonnell.
2 May 1854.

443. Could you conveniently turn to it?—I have prepared a return for Dublin from the 1st of January 1849 to the 31st of March 1854, showing the average strength of the garrison of Dublin, the number of admissions into hospital of all diseases, and the number of admissions into hospital from the venereal disease.

444. Would you state, shortly, the average in the different quarterly periods, of diseased soldiers, and of syphilitic diseased?—In the first quarter of 1849 the average strength was 6,175; number of admissions from all diseases, 1,723; number of admissions from venereal disease, 739, or 1 in $8\frac{1}{2}$ of the average strength. In the next quarter, 5,930 is the average strength; the number of admissions from all diseases, 1,886, and the number of admissions from venereal disease, 584, or 1 in $10\frac{1}{4}$. In the next quarter, 5,973 average strength; number of admissions from all diseases, 2,299, and the number of admissions from venereal, 688, or 1 in $8\frac{1}{2}$ of strength. In the fourth quarter, 5,874, average strength; of admissions from all diseases, 1,744; and number of admissions from venereal, 503, or 1 in $11\frac{3}{4}$. In the first quarter in 1850 there were 5,919, average strength; number of admissions from all diseases, 1,530; number of admissions from venereal, 518, or 1 in $11\frac{1}{2}$. In the second quarter there were 5,930, average strength; number of admissions from all diseases, 1,863; number of admissions from venereal, 620, or 1 in $9\frac{1}{4}$. In the third quarter, average strength, 5,878; number of admissions from all diseases, 1,620; number of admissions from venereal, 628, or 1 in $9\frac{1}{4}$. In the fourth quarter, average strength, 5,937; number of admissions from all diseases, 1,430; number of admissions from venereal, 547, or 1 in $10\frac{1}{2}$. In the first quarter in 1851 there were, average strength, 5,938; number of admissions from all diseases, 1,300; number of admissions from venereal, 480, or 1 in $12\frac{3}{4}$. In the second quarter, average strength, 5,151; number of admissions from all diseases, 1,167; number of admissions from venereal, 330, or 1 in $15\frac{3}{4}$. In the third quarter, average strength, 5,615; number of admissions from all diseases, 1,774; number of admissions from venereal, 608, or 1 in $9\frac{1}{4}$. In the fourth quarter, average strength, 5,075; number of admissions from all diseases, 1,293; number of admissions from venereal, 476, or 1 in $10\frac{3}{4}$. In 1852, in the first quarter there were, average strength, 5,740; number of admissions from all diseases, 1,420; number of admissions from venereal, 515, or 1 in 11. In the second quarter, average strength, 6,206; number of admissions from all diseases, 1,651; number of admissions from venereal, 513, or 1 in $12\frac{1}{10}$. In the third quarter, average strength, 6,472; number of admissions from all diseases, 1,587; number of admissions from venereal, 627, or 1 in $10\frac{1}{4}$. In the fourth quarter, average strength, 6,516; number of admissions from all diseases, 1,299; number of admissions from venereal, 525, or 1 in $12\frac{3}{4}$. In the first quarter in 1853, there were, average strength, 5,936; number of admissions from all diseases, 1,248; number of admissions from venereal, 434, or 1 in $13\frac{3}{4}$. In the next quarter, average strength, 6,232; number of admissions from all diseases, 1,431; number of admissions from venereal, 437, or 1 in $14\frac{1}{4}$. In the third quarter, average strength, 6,171; number of admissions from all diseases, 1,436; number of admissions from venereal, 456, or 1 in $13\frac{3}{4}$. In the fourth quarter, average strength, 5,935; number of admissions from all diseases, 1,369; number of admissions from venereal, 475, or 1 in $12\frac{3}{4}$. In the first quarter in 1854, average strength, 5,805; number of admissions from all diseases, 1,486; number of admissions from venereal, 508, or 1 in $11\frac{3}{4}$.

445. *Chairman.*] Is the average nearly 1 in 3 of all the diseases admitted in the hospitals, and in 11 of all the strength?—Yes.

[The following Table was delivered in, and read, as follows:]

RETURN,

Dr.
J. W. Macdonnell.
2 May 1854.

RETURN, showing the AVERAGE STRENGTH, the ADMISSIONS into HOSPITALS of all DISEASES and the ADMISSIONS of VENEREAL, in Quarterly Periods, from 1st January 1849 to 31st March 1854.

PERIODS.	Average Strength.	Number of Admissions from all Diseases.	Number of Admissions from Venereal.
1 January to 31 March 1849 - - - -	6,175	1,723	Average Strength. 739 - 1 in $8\frac{1}{2}$
1 April to 30 June 1849 - - - -	5,930	1,886	584 - 1 in $10\frac{1}{4}$
1 July to 30 September 1849 - - - -	5,973	2,299	688 - 1 in $8\frac{1}{2}$
1 October to 31 December 1849 - - - -	5,874	1,744	503 - 1 in $11\frac{3}{4}$
1 January to 31 March 1850 - - - -	5,919	1,530	518 - 1 in $11\frac{1}{2}$
1 April to 30 June 1850 - - - -	5,930	1,863	620 - 1 in $9\frac{1}{4}$
1 July to 30 September 1850 - - - -	5,878	1,620	628 - 1 in $9\frac{1}{4}$
1 October to 31 December 1850 - - - -	5,937	1,430	547 - 1 in $10\frac{1}{2}$
1 January to 31 March 1851 - - - -	5,938	1,300	480 - 1 in $12\frac{3}{4}$
1 April to 30 June 1851 - - - -	5,151	1,167	330 - 1 in $15\frac{3}{4}$
1 July to 30 September 1851 - - - -	5,615	1,774	608 - 1 in $9\frac{1}{4}$
1 October to 31 December 1851 - - - -	5,075	1,293	476 - 1 in $10\frac{3}{4}$
1 January to 31 March 1852 - - - -	5,740	1,420	515 - 1 in 11
1 April to 30 June 1852 - - - -	6,206	1,651	513 - 1 in $12\frac{1}{10}$
1 July to 30 September 1852 - - - -	6,472	1,587	627 - 1 in $10\frac{1}{4}$
1 October to 31 December 1852 - - - -	6,516	1,299	525 - 1 in $12\frac{3}{4}$
1 January to 31 March 1853 - - - -	5,936	1,248	434 - 1 in $13\frac{3}{4}$
1 April to 30 June 1853 - - - -	6,232	1,431	437 - 1 in $14\frac{1}{4}$
1 July to 30 September 1853 - - - -	6,171	1,436	456 - 1 in $13\frac{3}{4}$
1 October to 31 December 1853 - - - -	5,935	1,369	475 - 1 in $12\frac{3}{4}$
1 January to 31 March 1854 - - - -	5,805	1,486	508 - 1 in $11\frac{3}{4}$
TOTALS - - - -	- - -	32,556	11,211

Joseph W. Macdonnell, M.D.,
Army Medical Department, Dublin.

446. *Mr. Grogan.*] Returns must be made to you monthly of all soldiers who from disease or accident are obliged to go to the hospital?—Yes.

447. And the return which you have just handed in is formed from those monthly returns so made to you?—Yes.

448. *Sir T. F. Lewis.*] This return applies to Dublin only?—Yes.

449. *Mr. Grogan.*] Have you any return applying to Ireland generally?—I have not prepared one, but I could do so.

450. Have you any reason to think that the number of syphilitic cases among the soldiers is greater in any of the provincial garrisoned towns than in Dublin?—In some; for instance, in Limerick, there is a great deal of venereal disease, and perhaps rather more in proportion than in Dublin. In Cork, Fermoy, Templemore, and Limerick, I think there is more in proportion than in other provincial garrisoned towns.

451. *Sir T. F. Lewis.*] Is there as much in Belfast?—No.

452. *Mr. MacGregor.*] The result of your evidence is, that 2,242 soldiers are admitted every year into hospital for the venereal disease; have you a statement to show what is the average loss of time to the Government upon those men; how long they remain in the hospital?—In taking the whole number of cases of syphilitic disease, gonorrhoea, and primary syphilis in the regimental hospitals, the average time would be about 12 days each man.

453. *Chairman.*] Does the proportion of cases of venereal disease increase in proportion to the size of the garrison; is there a greater amount of venereal disease in a large garrison in proportion to the number of men, than in a small garrison in proportion to the number of men?—Certainly, in the larger garrisons the amount of venereal disease is far greater than in the smaller garrisons, such as Limerick, Fermoy, and Templemore. There is not so much at Belfast.

454. Can you give any reason for that?—I cannot give any reason why it is not so prevalent in Belfast as in the others, except that there are not such a number of women in the others.

455. *Mr. Grogan.*] In the case of a soldier being attacked with syphilis, in however slight a form, would he have to go to the hospital?—Yes; there is an inspection

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Dr.
J. W. Macdonnell.
2 May 1854.

inspection made of every man in the regiment every week by the surgeon of the regiment, and he is taken at once into the hospital if he has the venereal disease. The moment he gets the disease he is sent into the hospital; he is never allowed to continue on duty.

456. *Chairman.*] However slightly he may be affected?—No matter how slightly.

457. *Mr. MacGregor.*] Are there cases of a soldier doing his duty, and not reporting himself as labouring under the disease?—He is subject to punishment if he does so, and it is for that purpose that a weekly inspection is made.

458. *Dr. Brady.*] There is no punishment inflicted upon him for contracting the disease?—No; he is punished for concealment, not for having the disease.

459. *Chairman.*] Have you a return of the number of men discharged from the service in consequence of having contracted syphilitic disease?—Yes; I have a return here for the last five years. In 1849 the number of soldiers discharged the service in Ireland, being incapacitated in consequence of venereal disease, was 57.

460. *Mr. Grogan.*] Does that apply to Ireland generally?—Yes. In 1850 there were 70 discharged; in 1851, 105; in 1852, 91; and in 1853, 50.

461. *Chairman.*] Were they all discharged, from the effect of syphilis, from the army in Ireland generally?—Yes.

462. *Mr. Kershaw.*] They were rendered incompetent for service, I suppose?—Rendered incompetent for service.

463. *Mr. Grogan.*] Have you any means of knowing after how many years of service as soldiers the men to whom you allude were discharged the service from syphilitic attacks?—From venereal disease and its consequences, they are generally discharged under five years' service.

464. That is in the prime and vigour of a man's health, and after he has acquired a knowledge of his profession?—Yes.

465. Have you any Return, showing the number of admissions into hospital from venereal disease, of the regiments at present in Dublin, and for the month prior to their arrival from the country?—Yes. In some places it shows a remarkable difference; for instance, with regard to the 91st regiment, at Enniskillen, in March 1853, prior to their coming to Dublin, the admissions from venereal disease were only 14; and in April 1853, on their coming to Dublin, the admissions during the month were 40.

[The following Returns were delivered in, and read, as follows:]

RETURN, showing the Number of ADMISSIONS into HOSPITAL from VENEREAL DISEASE, of the REGIMENTS at present in *Dublin*, and for the Month prior to their Arrival from the Country.

			No. of Venereals admitted during the Month.
3d Dragoon Guards	Longford	February 1854	7
Ditto	Dublin	March 1854	1
11th Hussars	Newbridge	May 1852	10
Ditto	Dublin	October 1852	10
16th Lancers	Dundalk	March 1853	1
Ditto	Dublin	April 1853	6
27th Foot	Enniskillen	February 1854	5
Ditto	Dublin	March 1854	10
63d Foot	Limerick	April 1852	38
Ditto	Dublin	May 1852	33
90th Foot	Cork	July 1852	43
Ditto	Dublin	August 1852	36
91st Foot	Enniskillen	March 1853	14
Ditto	Dublin	April 1853	40

28 April 1854.

(signed) *Joseph W. Macdonnell, M.D.,*
Army Medical Department, Dublin.

RETURN.

RETURN, showing the Number of SOLDIERS Discharged from the Service, being incapacitated in consequence of VENEREAL DISEASE.

Dr.
J. W. Macdonnell.
2 May 1854.

YEARS.	Number of Soldiers discharged the Service from Regiments in Ireland.
1849	57
1850	70
1851	105
1852	91
1853	50

TOTAL in Five Years - - - 373

28 April 1854.

(signed) *Joseph W. Macdonnell, M.D.,*
Army Medical Department, Dublin.

Jovis, 4^o die Maii, 1854.

MEMBERS PRESENT.

Mr. Grogan.
Mr. Percy.
Sir Frankland Lewis.
Mr. Whitmore.
Mr. Shirley.
Mr. Kershaw.

Mr. Byng.
Lord Alfred Hervey.
Dr. Brady.
Mr. Digby Seymour.
Mr. Moody.

THE RIGHT HONOURABLE LORD NAAS, IN THE CHAIR.

Dr. Robert Shekleton, called in; and Examined.

466. *Chairman.*] ARE you Master of the Lying-in Hospital in Dublin?—*Dr. R. Shekleton.*
I am. 4 May 1854.

467. How long have you held that office?—Six years and a half.

468. Can you give the Committee a short history of the foundation of the hospital?—The present hospital was built by Dr. Mosse, and was opened by him on the 8th of December 1757; he first took a house in George's-lane; one of the first lying-in hospitals that was ever known or established in Great Britain; and after a residence of 10 years there, finding the great utility of it as an institution, he undertook the building of the present house.

469. Was there, previous to that, a charter of incorporation granted?—Yes, naming the governors and the officers of the establishment; Dr. Mosse was appointed master for life by that charter, but he only lived two years after the hospital was opened; he died in his 47th year.

470. Does the charter name certain persons who are *ex-officio* members of the Board?—There are 11 *ex-officio* members of the Board.

471. What is the qualification with respect to the rest of the members?—All the ex-masters are governors by courtesy, and the rest are governors by subscription either for life or annually, according to the amount of the subscription.

472. What is the qualification of a governor not *ex-officio*?—A life governor pays 100 *l.*, and an annual governor pays 10 *l.* a year.

473. How often do the governors meet?—We have eight stated Boards in the year; four quarterly and four charter Boards as they are called; and then we have a monthly Board for settling the monthly accounts, and drawing drafts upon the Bank for the sums that are required for meeting the expenses of the institution.

474. What is the difference between a charter Board and a monthly Board?—Nothing in point of duty; but according to the terms of the charter we are obliged to have them; it requires seven to form a committee at a charter Board, and five at the other Board.

475. Are the officers of the institution elected by the Board?—Some of them; the master and the two assistants, the registrar and the matron.

476. By whom are the other officers of the institution elected?—The nurses are all nominated by the master, and the ward-maids and under-servants by the matron; I may include among the officers the keeper of the Rotunda Rooms; the gardener is elected, and the porters are chosen by the master.

477. What is the qualification requisite to be appointed a master?—He must have been an assistant, and spent three years in the hospital before he can be appointed.

Dr. R. Shekleton.

4 May 1854.

appointed as master; he must be a fellow or licentiate of the Royal College of Surgeons, or the Royal College of Physicians.

478. Do the most eminent men in this branch of the profession from time to time hold the office of master of the Lying-in Hospital?—I never recollect an individual who was not of the first character.

479. Is it not well known that almost all the men who enjoy the highest standing in the profession, in this particular branch, have been masters of this institution?—Yes; there are some eminent men who could not be masters, because they have never been assistants in the hospital.

480. Will you have the kindness to give a list of the officers and servants of the establishment at present?—I have not the names; I could tell the number; the registrar has the names.

481. What does the income of the master arise from?—From the fees of the pupils; he has no emolument from the hospital beyond 9*l.* odd a year for coals.

482. Does he receive the fees payable for the instruction of female pupils?—He does for some; those who come from the country do not pay a fee to the master.

483. Can you show the average amount of fees received by the master since 1842 for the instruction of pupils?—No, I cannot; I did not bring my pupil's book with me; I was not aware that it would be necessary; I think I can give the Committee a rough calculation of it.

484. Be kind enough to do so?—The rough calculation for the six years and a half that I have been master, is 3,699*l.*

485. Does that include the sum received from female pupils?—Yes.

486. Will you state what the duties of the master of the Lying-in Hospital are?—The master resides in the institution, and is responsible for all the patients who are in it; he visits the hospital twice every day, every morning at half-past eight, and every evening at seven, and sees every patient in the institution; at various other times he visits the labour ward, and sees how the cases are going on there; he makes it his business to be in the way on all occasions when his services are required.

487. Is he ever absent from the institution?—Yes; I attend to my private practice, because there are two assistants resident in the institution, who take the duty monthly, and they are responsible for everything which occurs during their monthly duty; they call upon the master to assist wherever they see a necessity for it.

488. Is there a consulting surgeon attached to the institution?—There is.

489. Does he receive a salary?—No; there is a consulting physician also attached to the institution.

490. Are their services ever required?—Never.

491. The next two officers are the two assistant physicians; what are their duties?—To look after the sick.

492. Are they resident in the hospital?—They reside in the house both of them, with their families, and each assistant takes a month's duty; he keeps the ward book, enters all the cases, the names of the patients, and all the particulars.

493. Is there any other medical assistant in the house?—No.

494. Are there resident pupils?—There are a few resident pupils.

495. How many resident pupils are there?—It varies; sometimes there are none at all; sometimes two; sometimes five; it is very uncertain; the resident pupils are all either foreigners or English gentlemen; the Irish pupils are externs.

496. How many nurses are there?—There are at present 10, and 10 ward-maids; we had 13, but the number has been reduced.

497. How many beds does each nurse take charge of?—On an average, 11 beds.

498. Is there an apothecary resident in the institution?—No; we compound our own medicine ordinarily; the head midwife does that under the assistant on duty.

499. Are the medicines purchased as drugs?—Yes.

500. What number of pupils are there at present connected with the institution?—I think about 50 or 54; I am not quite sure as to that; they are varying every day; they do not all come at the same time; pupils may enter at any period of the year on any day.

501. What

501. What number of pupils have passed through the institution since you have been master?—About 340. Dr. R. Shekleton.

502. What fees do they pay?—Ten guineas is the fixed fee.

503. Dr. Brady.] Is there a perpetual fee?—There is a fee for the six months.

504. Have you no perpetual fee?—No; no pupil attends beyond six months; there are many who do not pay a fee at all.

505. Chairman.] Do the resident pupils stay the same length of time in the institution as the extern pupils?—No; ordinarily they do not stay more than three months.

506. Do you grant a certificate at the close of their course?—At the termination of the six months they are examined, and get a diploma from the institution.

507. By whom are they examined?—By the master and the two assistants.

508. Is that diploma necessary for obtaining a degree in surgery?—No, it is not; but a certificate of having attended the lectures, and having attended 30 cases of labour, is required by all the colleges for licence in their bodies. The diploma of the institution is not required by the colleges.

509. Dr. Brady.] Is not that diploma very much esteemed?—It is very much sought after.

510. And it is very much esteemed upon the Continent, is it not?—Particularly so.

511. Chairman.] Is a certificate of attendance on 30 cases required by the colleges?—Yes, we are obliged to give a certificate of each pupil having attended 30 cases.

512. Are there any pupils who merely qualify themselves so far as to attend 30 cases?—There are many who attend 60, but all that the colleges require is attendance on 30 cases.

513. Are there any who do not stay six months?—There are, many.

514. Must they stay six months to get the certificate of having attended 30 cases?—Yes; they can get no certificate under six months' attendance.

515. Are female pupils received into the hospital as well?—Yes.

516. What do they pay?—The externs pay 10*l.* and the interns pay 20*l.*

517. How many female pupils have you had since you have been master?—I cannot exactly say the number of female pupils; on an average I have had 10 every year.

518. By whom are they recommended?—Most of those who now come in are sent in by ladies who wish to oblige respectable servants; they pay a fee for them.

519. What becomes of them after they leave the hospital?—Many of them stay in Dublin and become regular nurses; some go to England; two or three went out a short time ago on speculation to America, having got their diploma of six months' attendance at the hospital. Two or three soldiers' wives were sent in lately, and 10*l.* paid by the officers of their respective regiments, to enable the women to acquire a knowledge of the practice of midwifery, in order to attend the soldiers' wives.

520. Mr. Percy.] Does the whole amount of the fees paid by female pupils go to the master?—No; half of it goes to the hospital.

521. Mr. Grogan.] To pay for the cost of their maintenance during the time they are in the house?—Yes.

522. Are those female pupils what you call midwives?—Yes.

523. Dr. Brady.] Do those female pupils whom you speak of undergo a system of education?—Yes, they attend lectures, and finally they undergo an examination before they get their certificate.

524. Mr. Grogan.] You stated that at present they were generally respectable servants, recommended and paid for by ladies or their mistresses: do you draw a distinction by the use of the word "present;" was the system formerly different?—We formerly had midwives from different counties; the grand juries of the counties were enabled, by a former Act of Parliament, to levy the sum of 30*l.* Irish, for the purpose of sending an individual to the hospital for education, 10*l.* of which went to the master for instruction, 10*l.* to the house for diet, and 10*l.* to the individual herself, for her expenses; that system has been abolished.

525. Chairman.] Was that system of instruction attended with great benefit to the country?—I think so.

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526. The

Dr. R. Shekleton.

4 May 1854.

526. The Commissioners for inquiring into Dublin Hospitals, in 1842, made a recommendation with regard to the payment of fees by the pupils to the master in the Lying-in Hospital. They recommended that the fees paid by the pupils should go to the general credit of the institution, and that the master should be paid by a fixed salary. Was that plan adopted?—No.

527. Will you give the Committee your opinion as to the propriety of adopting that plan?—If you will permit me, I will read the Resolution of the Board of Governors upon that subject:—"Charter Board, 5th February 1847. Present: Dr. Labatt, in the chair; Sir John K. James, Bart.; W. Furlong, Esq.; Ralph S. Cusack, Esq.; Dr. Collins; John Moore, Esq.; Dr. Johnson; Henry George Hughes, Esq., q.c.; Arthur E. Gayer, Esq., LL.D., and q.c.; Charles T. Webber, Esq. On the subject of Dr. Collins's notice of motion, as stated on the minutes of 15th October last, as to the necessity of ascertaining the intention of Government relative to the Report of the Commissioners appointed in 1842, 'to examine into the condition of the several charities in Dublin receiving aid from Government,' Dr. Collins made the following communication to the Board for their consideration:—"The governors feel it their duty, previous to the election of a master to undertake the medical charge of the charity, (which, agreeable to the charter, is to take place next November), to record their unanimous opinion, that it would be injurious to the best interests of the institution, as well as highly detrimental to its prosperity as a practical school in this department of medical science, to adopt the suggestion of the Commissioners, as far as their recommendation has reference to the master being paid a fixed sum of 350 l. yearly out of the funds of the institution, together with one-third of the amount paid to him as fees, for assistants and pupils. The governors, in conscientiously expressing their decided dissent to the recommendation of the Commissioners, state the grounds upon which they do so. That great and inestimable as they feel the good which has resulted to a multitude of our poor fellow-creatures, from the unremitting care and medical skill bestowed upon them within the walls of this truly benevolent charity, they unhesitatingly state it to be as nothing compared with the universal good derived by the public, from the most exalted in rank to the most humble cottager, by the sound education the medical practitioners not only of Ireland, but from most parts of Great Britain, and many parts of the Continent of America, have acquired in this excellent practical school of experience; thus qualifying them by the knowledge acquired therein to benefit both rich and poor to an extent which in no other way could be accomplished. That it is our undivided opinion, that to place the master chiefly upon a fixed salary, and not to leave him only dependent, as hitherto, for his emolument upon his own exertions and character as a teacher, would inevitably make him careless as to the prosperity of our school, and thus effectually deprive the students and the nation of what we firmly believe to be of the greatest value. That the principle at present acted upon by the governors has existed since the foundation of the charity, now nearly a century ago, and it is their opinion, in contradistinction to that of the Commissioners, that the hospital charter fully sanctions, and was intended to sanction, a reasonable remuneration to the master for the instruction of pupils. That no physician of established character, such as the master of the institution has invariably been, could possibly be expected to devote by far the greater portion of his time, as is required during his seven years' residence, to the care of the hospital and instruction of pupils, if he did not gain just compensation for his incessant and arduous exertions. That the present master has voluntarily furnished us with a statement of all the fees received by him since his appointment, and that, after deducting the unavoidable expenses incurred by him for materials for lectures, including his museum, library, extensive advertisements, in newspapers, almanacks, and periodicals, the smallness of the sum to his credit fully justifies our opinion of the imprudence of the proposed alteration; and when we consider the truly fluctuating nature of this resource, and how completely it must ever depend upon the master's exertions, we feel it would be alike injurious with regard to the funds of the charity, as it would be ruinous to the promulgation of that knowledge which this noble institution, unequalled in its own department, has afforded for such a lengthened series of years to the members of the medical profession." The above statement having fully received the sanction of the governors, it was moved by G. H. Hughes, Esq., q.c., and seconded by A. E. Gayer, Esq., LL.D. and q.c., 'That having

having regard to the charter of George II., and the constitution of this Corporation, the governors have not power or authority to interfere with the emoluments of the master of this hospital, derivable from pupils or assistants, and that even if the governors had such power or authority, it would be unwise and impolitic to interfere with the natural stimulant to exertion on the part of the master, and particularly as neither the public nor institution could possibly be benefited by so doing."

528. What is the date of that resolution?—The 5th of February 1847.

529. Does your opinion as master of the hospital concur with the opinion laid down in that resolution?—Certainly. I would beg to make one observation: the amount of fees, as stated, may appear large, but there is no individual of character or rank in his profession who goes into that hospital who does not materially lose in his private income; his private practice falls off; my own income fell off to the amount of 400 l. a year, and the income of Dr. Johnson fell off to the amount of 600 l. a year. The reason for that is, that ladies who are in the habit of attending at our private houses for opinions, will not come to a public charity and have their vehicles seen there, to be prescribed for by the master. It is a popular belief, also, though unfounded, that there is always sickness in the Lying-in Hospital, and ladies are afraid of being attended by the master, for fear of his conveying the infection to them.

530. Then it is your opinion, that if the mode of payment recommended by the Commissioners were adopted, the institution would not be able to obtain a first-rate medical man as master, as hitherto?—Certainly not. I should also state, that in respect of fees I have taken in many pupils, sons of medical men who could not afford to pay anything; only half the fee is paid on entrance; and during the time that I have been at the hospital, 154 pupils have spent their six months there, and gone away, leaving the other half of the fee unpaid.

531. Does the repute of the hospital as a medical school depend very much upon the character of the master?—Quite so.

532. Would that be interfered with if the master were a man of inferior standing?—The high character of the master is an inducement to pupils to come.

533. Mr. Percy.] Does the amount of the fees vary?—£.10. 10s. is the fee, but the pupils only pay one-half on entrance, and of course you are dependent entirely upon the honour of the individual whether he chooses to pay up the other half.

534. Chairman.] Is there any other institution in Ireland where pupils can be educated in midwifery?—There is the Coombe Hospital in Dublin, but that is a private institution; I do not know what number of pupils go there.

535. Is there an hospital in the provinces of that kind?—No.

536. Is the Coombe Hospital a very small one?—Yes; it contains, I believe, about 30 or 40 beds.

537. But pupils are received there?—Yes; the master takes pupils; that is a mere private speculation.

538. Mr. Byng.] Is the number of pupils restricted?—No.

539. Any number may come?—Yes.

540. And by paying the requisite fees they may have instruction?—Yes.

541. Dr. Brady.] You say you have never had occasion to call in the consulting surgeons who were appointed?—No.

542. Have you ever had a Caesarean operation?—No; there was one patient laid out for it; but it was postponed; and it was not performed; upon that occasion I had Sir Philip Crampton called in.

543. Mr. Grogan.] You stated that the fee for pupils was 10 l. 10 s.; how long has that arrangement been in force?—Since Dr. Kennedy was there; it is 14 years since he left.

544. About 1840?—Yes; when I was a pupil at the hospital myself many years ago I paid 20 guineas, but since that it has been reduced to 10 guineas.

545. My question refers to the recommendation of the Commissioners in 1842, that the Board of Governors should determine the amount of fees payable by the pupils; that amount has been determined in the manner you speak of?—It has never been determined by the Board.

546. But it is an ascertained amount?—It is a private matter between the pupil and the master; the Board never interfere; the master might reduce the fee to five guineas.

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547. Chairman.]

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547. *Chairman.*] Has it been the same since the foundation of the institution?—It has never varied; Dr. Kennedy reduced the fees when he came in as master.

548. *Mr. Percy.*] It is left entirely to the master?—Entirely; the governors never interfere with it, as that resolution which I have just read proves.

549. With respect to the qualification of a governor, I observe it is stated in this report of the Commissioners in 1842, that they consider the qualification too high, and they recommend that to the consideration of the Board?—That amount has always been paid; we have 13 life governors now.

550. *Chairman.*] Have the Board ever taken into contemplation the alteration of the qualification for a governor not *ex officio*?—No; a governor must be proposed and seconded by some other governors, and they are always gentlemen of character.

551. Do you agree with the Commissioners of 1842, where they state that they consider the qualification for a governor too high?—I would say not; 60 governors are allowed by the charter, and we have at present 58.

552. *Mr. Percy.*] Is the hospital restricted to married women?—We never make inquiries; they all pass as married women; they give the names of husbands whether they have them or not; we sometimes find out afterwards that they are not married women.

553. *Chairman.*] Will you have the kindness to state the number of patients admitted for the last year?—Two thousand and two; 59 went out undelivered; 1,906 were delivered in the hospital of 978 boys and 934 girls; total number of children 1,912; of those 29 were twins; 48 children died; 150 were still-born, and 17 women died.

554. What is the mode of admission to the hospital?—There is a blank form of ticket which they get at the porter's lodge, and they take that ticket to a clergyman, or any respectable householder, who fills up the blanks, and recommends the parties; that is brought in the morning at half-past eight o'clock, and countersigned by one of the assistants or myself.

555. Are women admitted before they are actually taken in labour?—Under very peculiar circumstances they may be in the hospital three or four days previously, but, generally speaking, they do not come into the hospital till their labour comes on.

556. Is it the usual practice not to admit them until they are actually in labour?—No, because they would occupy the beds, and make an hotel of the house.

557. Is that the general practice in the Lying-in Hospital in London?—Yes; but it is not the practice abroad; there they take them in for weeks before the time of labour.

558. What is the average length of stay of each patient?—Eight days. The time of their stay depends upon their state of health; we do not let them go until they are perfectly well; we keep them in occasionally 10, 15, and 20 days.

559. What is the average cost of each patient?—About 1 l.

560. What is the number of beds in the institution?—We have 140 beds in the house, but they are not all occupied by patients.

561. What is the number of beds available for patients?—We have 103 beds available for patients and nurses; we have three wards closed up in consequence of the reduction of the grant; those three wards contain 24 beds.

562. Though you have closed three of the wards in consequence of the reduction of the grant, have you reduced the number of admissions?—No, we have not. I can account for that in this way: in consequence of the great health of the hospital for the last four years, no epidemic disease prevailing, we have been able to let the patients remain in the wards in which they were delivered; but if an epidemic broke out, we should separate the sick from the healthy, and that would oblige us to open the other wards.

563. Has the closing of those three wards occasioned a reduction in the expense of the establishment?—It has.

564. In what way?—We discharged three nurses and three ward-maids.

565. *Sir F. Lewis.*] What is the species of epidemic to which you refer?—It is puerperal fever; sometimes it has existed to a great extent in the hospital; for the last four years we have had none.

566. Taking the 200 beds in the hospital, would the proportion of mortality be greater in the hospital, or out of it?—Lately there was an epidemic prevailed in

in the city of Dublin; amongst private families the mortality was very great Dr. R. Shekleton. and no deaths occurred in the hospital.

567. Has it ever been the other way?—No; I think we were always just as healthy in the hospital.

568. You think that the proportionate number of deaths is not greater in the hospital than out of it?—I think not; it is much smaller in our hospital than all the hospitals on the Continent.

569. Are the lives of children lost oftener in the hospital than out of it?—No, certainly not.

570. *Chairman.*] Have you a return of the cases of puerperal fever that have occurred in the hospital since you have been the master?—No, I have not here.

571. *Sir F. Lewis.*] Will you be good enough to explain this: in the year 1847 it was returned, that 308 women went out not delivered; what does that mean?—When the women first come into the house, the porter takes their names; he has a distinct and separate registry; but, of course, he does not know in what circumstances the women may be, and sometimes they come to the hospital when they are not in labour; then when the master goes round and finds a woman not in labour, she is discharged; otherwise she would make a home of the hospital.

572. *Mr. Percy.*] Would not the mortality be greater in the poorest class, in consequence of the dirt and the want of attendance, and a variety of other things?—That must be previous to their coming in. Everything in the hospital is clean. I think it would be the case out of doors.

573. *Mr. D. Seymour.*] Have you separate wards in the hospital?—We have twelve large wards and two small ones off each of these.

574. Suppose a person of the kind which has been described to you coming to the hospital very much reduced in condition and want of cleanliness, would you place her next to the bed of a woman of greater respectability?—Such a person would be washed immediately from head to foot, and their clothes taken away entirely.

575. *Dr. Brady.*] Do they make use of their own clothes, or do you provide clothing at the hospital?—No, they wear their own clothes when out of bed; but if they are very dirty, we send them at once to be washed. We do not let the patients out until the eighth or tenth day after delivery.

576. *Chairman.*] Is puerperal fever very infectious?—It is.

577. You would attribute the power which the institution have had to keep up the usual number of admissions to the absence of puerperal fever?—Yes.

578. Suppose puerperal fever to break out, would you be obliged to reduce the number of admissions?—Certainly.

579. What is the course taken when puerperal fever does appear in the establishment?—We remove the patient immediately out of the large ward into a small ward; each of the small wards contains two beds, and any particular case we put into one of those wards.

580. Is it necessary when a ward has been appropriated to a patient suffering from puerperal fever to leave that ward empty for some time after?—We always whitewash it and paint it, and clean it thoroughly; everything is washed, the bed-ticks, the curtains, and all.

581. Is that attended with additional expense?—Yes.

582. *Dr. Brady.*] Do you allow pupils who attend puerperal cases to attend other cases immediately afterwards?—Puerperal cases are all delivered before the fever sets in, and, therefore, the pupils have nothing to do with them.

583. But it is the fact, that if after attending upon a puerperal case, a surgeon attends an ordinary case, he communicates the puerperal fever?—The pupils always attend the lying-in, not the puerperal cases.

584. *Chairman.*] Who attends the puerperal cases?—The master.

585. *Dr. Brady.*] Do you mean to say that the pupils are not allowed to see the puerperal cases?—They see the treatment of them.

586. *Chairman.*] Do the pupils deliver patients without the master or the assistants being present?—Yes; all the natural cases are attended by the pupils.

587. *Mr. Grogan.*] You stated that the mortality from puerperal fever in the Lying-in Hospital was less in your opinion than among the same number of women out of doors; you referred to the class of patients who would be admitted into your institution, did you not?—Yes.

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588. What

Dr. R. Shekleton.

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588. What class in general are they?—They are most of them servants' wives or artisans' wives.

589. In humble circumstances in life?—Yes.

590. And in all probability in their own little homes they would not have the cleanliness or other necessities which you supply in the hospital?—No.

591. It is to the fact of all those accompaniments being found in the Lying-in Hospital that you attribute the decreased mortality?—Yes.

592. *Chairman.*] Is there a ward for the treatment of chronic diseases in the Lying-in Hospital?—There is.

593. What has been the yearly number of patients treated in the chronic ward since you have been master?—Last year we admitted 80; the year before 72; in 1851 we admitted 68.

594. Where do those patients generally come from?—The great mass of them from Dublin.

595. How are they admitted?—The master admits them, seeing that they are cases fitted for admission.

596. Are they ever admitted to the chronic ward subsequently to delivery in the hospital?—Yes, often.

597. Are the generality of patients so admitted after treatment in the hospital?—No; the great mass of them are diseases of the womb that occur years afterwards probably, and a variety of other diseases; there are 10 beds in the chronic ward.

598. *Mr. Grogan.*] Have you three wards appropriated to chronic cases?—Yes.

599. And you are only able to maintain two of them?—Yes; we closed one of them, as well as two labour wards, at the time of the reduction of the grant.

600. That was merely in consequence of the want of funds, and not from the necessity of keeping it idle?—Yes.

601. *Chairman.*] Do you refuse admission to a number of chronic cases?—Sometimes; we never admit cases of cancer.

602. Do you admit incurable cases?—Never.

603. *Mr. Percy.*] Are the 10 beds in the chronic ward included in the 103 beds which you have mentioned?—Yes.

604. *Chairman.*] What is the average length of stay of a patient in the chronic ward?—Sometimes two months or six weeks; it depends entirely upon the nature of the ailment on account of which the patient has come in.

605. What is the average cost of the patients in the chronic ward?—I have made no separate calculation for them; they are more expensive, of course, than the other patients.

606. Does the average of 1 l. for each patient apply to the whole establishment?—Yes.

607. Will you be kind enough to state the rule of admission to the chronic ward; under what circumstances are patients admitted?—They present themselves at the dispensary in the morning, and if the master sees that they are fit cases for admission, and that they are likely to be benefited by the treatment which they will receive for a given time, he takes them in.

608. *Mr. Grogan.*] Are you obliged to refuse any chronic cases from the want of funds?—No, except the closing of that ward.

609. *Mr. Whitmore.*] Do you find that women are in the habit of coming more than once to the hospital for the purpose of being confined; do some women come regularly year after year?—Yes.

610. *Mr. D. Seymour.*] What proportion of the number of patients admitted have been in the hospital before?—I cannot say; I only know by asking the patient.

611. *Chairman.*] Do you admit every woman who presents herself at the door for admission?—Yes, if she comes in labour to the gate, there is no question asked.

612. *Mr. D. Seymour.*] Has it ever occurred to you that a woman coming eight or nine times to be delivered is making rather a business of coming there?—I should say not; they are very poor; the circumstances of such a woman are just the same the last time she comes as the first.

613. *Mr. Whitmore.*] Do you ever ask any questions with respect to women if

if they come more than once to ascertain whether they really are objects of charity?—No.

614. If they were to come half a dozen times, would you make any inquiry?—That must be within 10 or 12 years; we never refuse a woman admittance; we have no power to do so.

615. Whether she is poor or not?—No.

616. You take it for granted that she is poor?—Yes.

617. *Chairman.*] Are there any wards where patients are received, and payments made by the patients who are put there?—Yes; we admit a few women, who pay 1 l., but they do not exceed eight or ten in a year.

618. Are there any payments made by the general patients?—No.

619. The practice of payments being made would be discountenanced if it were known?—Yes. At the same time I have no doubt that respectable patients do give the nurses something.

620. *Sir F. Lewis.*] Is any advantage taken by a class who are not entitled to charity to contrive to obtain charity by means of the institution?—I am not aware of it.

621. Should you know it if it were so?—Yes. Any person of that class could come in as one of the class which I have described who pay 1 l.

622. *Chairman.*] If a shopkeeper's wife were to present herself at the door, would you put her into the common ward or the paying ward?—Into the common ward.

623. Suppose you were to discover afterwards that she were a person in comfortable circumstances, and able to pay, would you make any charge?—No.

624. *Mr. Whitmore.*] There is no check upon a woman coming into the hospital and being delivered of an illegitimate child?—None whatever.

625. *Mr. D. Seymour.*] Do you ever take any steps to inquire into the condition of life of the husband?—Never. A Roman-catholic clergyman generally recommends the patients.

626. *Mr. Grogan.*] Who signs the recommendation on which you admit those women?—Usually the Roman-catholic clergymen of the parish in which they live.

627. Who is presumed to know the state and circumstances of the patient?—Yes.

628. Is there any other class who are admitted, as soldiers' wives, for instance; are they admitted?—Yes, always.

629. Do they amount to any number annually?—From 90 to 100.

630. Upon whose recommendation are they admitted?—The officer of the company.

631. *Mr. Whitmore.*] Is there no means of checking a woman coming into the hospital regularly, to be delivered of an illegitimate child?—None whatever.

632. The same woman might come six times in a dozen years, and be delivered of an illegitimate child?—Certainly.

633. If you discovered that, would you refuse her admittance?—No; we have no power of refusal.

634. *Mr. D. Seymour.*] Do you ever ascertain what becomes of the children who are born in the hospital; have you any means of ascertaining whether those children are properly taken care of at home?—No, we have no means.

635. You said that you had no check as to a woman coming to be delivered of an illegitimate child repeatedly; supposing a woman has come for a third or fourth time for admission, do you ever take any steps to inquire what has become of the other children?—No.

636. You take no steps to inquire that?—No; it would be interminable to inquire into the circumstances of every patient; all the inquiries that we make are entered in that book.

637. *Chairman.*] Does a private subscription entitle a subscriber to send a patient to the institution?—We never refuse admission to any one; probably a patient who was recommended by a governor would be taken a little more care of.

638. Do you ever refuse a woman admission who comes in labour to the gate of the hospital?—Never.

639. Do you afford any external relief from the Lying-in Hospital to lying-in women?—Not ordinarily; in an extreme case, if they send to the hospital for assistance, we send one of the senior pupils or assistants.

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640. What

Dr. R. Shekleton.

4 May 1854.

Dr. R. Shekleton.

4 May 1854.

640. What do you call an extreme case?—Cases of hæmorrhage, or anything sudden.

641. Mr. Percy.] Do sometimes more women apply than you have beds for?—No.

642. Then you do not require more beds?—We should if sickness prevailed; sickness might prevail after delivery; fever, for instance.

643. You think that 103 beds are sufficient for the wants of the population of Dublin?—I do, as long as health continues.

644. So long as you are not obliged to detain the patients a long time in the hospital?—Yes; if the fever appears in a ward with seven or eight women, we must take away the woman attacked with the fever, for fear of infecting the others.

645. Mr. D. Seymour.] Is there any regulation connected with the poor-houses in Dublin, with respect to giving accommodation to women applying, that they should be paupers?—I do not know.

646. Chairman.] Is there a dispensary attached to the institution?—Yes.

647. What description of patients are relieved there?—Generally those women who have been confined, and have either caught cold in going home, or their children are not well; and they attend at the dispensary and receive medicine.

648. And if a bad case occurs, is the woman put into the chronic ward?—Yes, she is put into the chronic ward.

649. Do you keep any list of the applicants for admission?—No, never; we take them in just as circumstances occur.

650. You keep no list of the applicants?—No; if we cannot take them in, we tell them to come again.

651. That is at the dispensary?—Yes.

652. Mr. Percy.] Is there any other lying-in institution in Ireland?—I think not.

653. Chairman.] Can you tell where the greater number of the patients come from?—They come chiefly from the city.

654. Have you any from the country?—Yes, from the county of Dublin, Clontarf, and Rathmines, &c.

655. Have you many patients not residents at Dublin?—Yes; a great number of soldiers' wives, for instance.

656. Can you tell the Committee the number of soldiers' wives annually relieved in the institution?—From 90 to 100.

657. Do soldiers' wives come in consequence of Dublin being a large garrisoned city?—Yes.

658. Mr. Whitmore.] If a woman die, is the institution at the expense of the funeral?—Not generally; it does not often happen that we bury them at the expense of the charity.

659. Or the children either?—The still-born children we bury.

660. Mr. Grogan.] Are there any critical or difficult cases sent up to you from the country?—Yes, cases of deformity, where the medical men do not like to undertake the charge of them, are sent to us from the country sometimes.

661. They are sent up for the purpose of having the benefit of the superior experience of the hospital?—Yes.

662. Chairman.] Are there chaplains attached to the institution?—Yes, there is one chaplain.

663. Is he a Protestant chaplain?—Yes.

664. Is there spiritual assistance given by a Roman-catholic clergyman to the Roman-catholic patients in the hospital?—Always in cases of sickness; we always send for a clergyman.

665. Are children baptized in the institution?—Only the Protestant children, of which there are very few.

666. Mr. Byng.] What is the proportion of Catholics and Protestants?—About one Protestant to every 10 Catholics.

667. Dr. Brady.] Is the chaplain paid?—He is; the chapel was formerly a source of income to the charity; it is not now.

668. Chairman.] Are precautions taken against children being changed when four or five women are delivered in the same ward?—Every care is taken.

669. Mr. Percy.] What precautions are used on that occasion?—The moment a child is born it is handed over to the nurse of the ward, who immediately washes it, dresses it, and puts it into the bed which the mother is to occupy.

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The women are generally confined upon a couch, and after their confinement they are carried to a clean bed.

670. Mr. Whitmore.] If the mother dies, what becomes of the child?—It is generally taken away by the friends.

671. In case there are no friends, what is generally done with the child?—Then it is taken care of by the parish.

672. You cannot get rid of the child at once?—It takes a certain time.

673. Chairman.] Are children in that situation treated as deserted children?—They are. It very seldom happens that the friends do not take them away.

674. Is the Protestant chaplain paid from the funds of the institution?—The chaplain always received a salary out of the funds of the institution until the reduction in the grant took place; the chapel formerly was a source of income to the institution. There was always a balance left, after paying the chaplain, forthcoming to the funds. Since the reduction of the grant, the governors communicated with the chaplain; he undertook to receive as his salary the balance left after paying all its expenses, varying from year to year, but never amounting to what it was formerly.

675. Are the chapel or the chaplain any expense to the institution?—No.

676. Mr. Grogan.] The income of the chaplain arises from people taking seats for the purpose of attending public worship in the chapel?—The patients never go to the chapel; it is for the inhabitants of the square, and parties round, who rent pews, or go there for the sake of hearing the clergyman, and a collection is made after the service.

677. Mr. D. Seymour.] What are the duties of the chaplain?—He officiates every Sunday.

678. If the inmates of the hospital do not attend the chapel, does the chaplain go to see them in the wards?—The chapel never was built for the patients at all.

679. It is supported out of voluntary subscriptions, and not out of the funds of the hospital?—Yes.

680. Mr. Whitmore.] The Protestant children are baptized in the chapel, are they not?—Yes.

681. Mr. Grogan.] Does the chaplain attend all patients who may be desirous of seeing him?—The Protestant chaplain attends all patients who desire to see him, and a Roman-catholic clergyman attends the Roman-catholic patients.

682. Mr. D. Seymour.] For doing that, the Protestant chaplain is not paid out of the funds of the institution?—No.

683. Chairman.] Is the Roman-catholic chaplain paid?—No.

684. Is there a library and a museum attached to the hospital?—Yes.

685. To whom does it belong?—To the master.

686. What arrangement does he make with his predecessor with regard to it?—He pays for it. I paid 100*l.* for the museum, and 20*l.* for the library.

687. What objects are contained in the museum?—All subjects connected with that branch of the profession, pathological preparations, and everything useful and valuable to the student.

688-9. Is the library and museum accessible to all the students?—Yes.

690. What books are found in the library?—Nothing but medical books.

691. Then the library and the museum appertain properly to the educational part of the institution?—It does.

692. Mr. D. Seymour.] Do the specimens in your museum exceed those in the museum in the College of Surgeons?—Yes, in our own particular department.

693. Dr. Brady.] Have you any wax models?—We have.

694. Chairman.] Do many medical gentlemen from England and from foreign parts, France and America, come to study in the institution?—Yes, a good many; probably there are 15 in a year.

695. Are they attracted there by the excellence of the school of midwifery?—Entirely.

696. Mr. D. Seymour.] They do not come to practise?—No; they come from America, from Canada, from Newfoundland, and the Mauritius; they come to Dublin specially to attend the Lying-in Hospital. Some of them wait for diplomas, and some do not. The majority stay for three months.

697. Do they reside in the hospital?—They may do so if they wish; there are generally three or four or five resident in the hospital; they provide for themselves;

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selves; I hire a person to take care of the rooms, and provide them with what they require.

698. *Chairman.*] You have a resident surgeon who sleeps there always, have you not?—No.

699. Are the assistants in the hospital young gentlemen going into the profession?—No; they are always licentiates or fellows of the College of Surgeons, or Physicians, and they must be fully educated men; they come in there for three years in order to perfect themselves for the practice of midwifery alone.

700. *Mr. D. Seymour.*] They consider it worth their while to give their services voluntarily to the institution, in order to get the benefit of having a diploma of having attended the hospital for three years?—Yes.

701. Can you mention the names of any surgeons who have received their diplomas in midwifery from your institution; did Dr. Kennedy receive his diploma from your institution?—Yes.

702. He was master of the institution?—He was.

703. *Dr. Brady.*] You stated that you do not treat cancer in your hospital; do not you think it would be a very advisable thing that there should be some ward where that disease should be treated?—I think not, in a Lying-in Hospital.

704. Have you a Cancer Hospital?—There is the Incurable Hospital, which takes in cancer.

705. Is it extensive?—Yes; it is in the receipt of a grant from the Government.

706. *Mr. D. Seymour.*] I understand that you have at present in the hospital sufficient accommodation, assuming the present state of health of the inmates to continue, but that when infections spread, or break out in the hospital, you require to open up wards which are now closed; assuming that you are compelled to open up those wards, what additional outlay or expense would that involve?—We should have back the three nurses who were dismissed.

707. Supposing you could get the full amount of what you say is required in a given event, that is, assuming the necessities of the hospital to require the opening again of those wards, and assuming that you desire to be placed in that position, what would be the outlay required to place you in that position?—It just amounts to the same thing; we saved 64 *l.* 19 *s.* 6 *d.* by dismissing three nurses, and we saved 66 *l.* 19 *s.* 6 *d.* by dismissing three ward-maids; and then there is the wear and tear of linen and blankets.

708. Can you say whether a sum of something like 200 *l.* a year in addition to the existing grant would be sufficient to enable you to meet any emergency?—Yes, that would enable us to occupy every bed in the house.

709. *Mr. Percy.*] Are there any restrictions with respect to diet?—No.

710. *Chairman.*] Will you put in an account of the usual dietary of the institution?—Yes.

[*The same was put in, and is as follows:*]

A Patient's diet from the first to the third day.—Whey, 3 pints; gruel, 3 pints; bread, 10½ ounces.

Fourth day, to the dismissal.—Whey, 1 quart; gruel, 1 quart; broth, 1 quart; bread, 13 ounces.

The above is the average diet; some require more; some take less.

Mr. John George Strickland, called in; and Examined.

Mr.
J. G. Strickland.

711. *Chairman.*] ARE you registrar of the Lying-in Hospital in Dublin?—I am.

712. How long have you held that office?—Eleven years.

713. By whom were you appointed?—By the Board of Governors.

714. What salary do you receive?—£.138. 9*s.*

715. Can you give the Committee a short financial history of the institution from its foundation, beginning with the grants made by the Irish Parliament?—The institution was founded in 1756.

716. Was it founded by charter, and principally owing to the exertions of Dr. Mosse?—Yes.

717-18. Did he spend his entire private income upon the hospital?—Yes, entirely; so much so that grants were made to his widow after his death.

719. Did

719. Did he leave his family quite unprovided for, in consequence of the exertions that he made in founding the hospital?—Yes.

720. What assistance did the institution receive by grants from the Irish Parliament?—In 1756 there was a grant of 6,000*l.*; in 1757, 8,000*l.*; in 1759, 3,000*l.*; and in the same year a grant of 1,000*l.* was made to Mrs. Mosse; in 1761, 3,000*l.*; and also a grant of 1,000*l.* to Mrs. Mosse; in 1763, 1,000*l.*; and also to Mrs. Mosse, 500*l.*; and in 1765, 2,000*l.*; making altogether 25,500*l.* granted to the hospital before the Union.

721. What use was made of those grants?—They were appropriated to the building of the hospital.

722. Were there any grants made by the Irish Parliament for the support of the establishment of the institution?—There were no annual grants made up to the year 1803.

723. *Mr. D. Seymour.*] Were there any grants made?—Yes; grants for the purpose of the building, but not for the support of the institution.

724. *Chairman.*] Will you state what are the present sources of income of the establishment?—I have followed up the table in the Commissioners' Report of 1842, heading it precisely as it is done there, from the period at which it left off to the present day.

725. What page is that of the Commissioners' Report?—Page 86.

726. Do you put this in as a continuation of the return which is to be found in the Report of the Commissioners of 1842, page 86; that brings it down from the year 1842 to the present day?—Yes.

727. The first heading is "Chapel;" have you any remarks to make upon that?—The chapel was the source of considerable income in former years to the hospital; but gradually, from the seats not letting, it became rather an expense to the hospital; and the governors, not feeling that it was actually necessary, (although, being a very handsome chapel, they did not wish to discontinue its use,) agreed with the chaplain, that if he was willing to take the amount of the seat rents as his salary, and pay the organist, clerk, and sexton himself, they would continue to keep it open; and he agreed to do so; and the consequence is that the income and expenditure of the chapel is precisely the same; there is neither gain nor loss to the institution.

728. The next item is "Bed Money Subscriptions"?—That was the old term for subscriptions; people used to subscribe for a bed; it was at that time 25*l.*; it is only 10*l.* now.

729. I find a great inequality in this bed money; in various years it differed; in 1850 it was only 25*l.*; in 1853 it amounted to 815*l.*; can you state to the Committee what the reason of that difference is?—At the expiration of the present master's mastership there will be a contest for the office between two medical gentlemen, and their friends have come forward and become governors for the purpose, as is supposed, of being able to vote for them, which has filled up the list to the full amount allowed by the charter; that has thrown into the institution a large amount of funds; but, afterwards, those persons may not continue their subscriptions.

730. Has this 815*l.* been applied to the current expenses of the year, or has any portion been invested?—It has been invested.

731. Was the entire sum so invested?—Very nearly, I think.

732. *Sir F. Lewis.*] Can you explain what it was that brought the bed money up to 345*l.* in the year 1847?—That was the period of the election of a master also.

733. The preceding year it was only 45*l.*?—Yes.

734. *Mr. Grogan.*] When the period is approaching for the election of a new master, there are fresh subscriptions from the friends of the candidates, in order to enable them to vote for the master?—If there be a contest, it is so; in some cases there is no contest.

735. *Mr. Kershaw.*] The subscriptions are paid, in fact, in order to obtain a vote for the appointment of one of the masters?—Yes, that is supposed to be the case, but I cannot speak of my own knowledge.

736. *Mr. D. Seymour.*] Money may sometimes get the better of merits in that way?—The master must be fitted for the situation; no money would lead to the election of an ineligible master.

737. What check is there upon the appointment of a governor; is there a qualification

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qualification for a governor?—He must be proposed and seconded by present governors and balloted for; the governors are noblemen and gentlemen.

738. Mr. Grogan.] What class are your governors in general?—We have, I think, four members of Parliament, and several of the highest gentlemen in Dublin, magistrates, and others.

739. Mr. D. Seymour.] You stated that sometimes governors became governors before an election, and then after the election fall away; in the list of governors here are the governors for the existing year; have you any means by which the Committee could ascertain any case in which the number of governors has increased before an election, and afterwards fallen away from their paying their subscriptions?—The table before you will show you.

740. Is a governor's subscription an annual one?—Yes, 10*l.* per annum, or 100*l.* in one sum.

741. How long previously must he have paid it to enable him to vote for a master?—Two years.

742. Chairman.] The next item is under the head of "Rotunda Rooms and Vaults;" from what does that arise?—The Rotunda Rooms are let for concerts, assemblies, balls, religious meetings, and all public purposes, and the profits arising therefrom are applied to the hospital; but those rooms are subject to a rent, that is, the interest on debentures raised to complete them, which amounts to 400*l.* a year; so that, although they may produce a gross receipt of something like 800*l.* a year, when this interest, and a variety of expenses connected with such an establishment are deducted from it, the net profit is not half the amount of the gross receipt.

743. Does the column under the head of "Interest on Debentures" represent the interest upon the money employed to complete the building?—Yes.

744. Does the income vary a good deal from the rooms and vaults?—There are bad seasons. During the Exhibition we had a very profitable season. The amount received from the rooms fluctuates, according to circumstances.

745. Mr. D. Seymour.] Would it not depend very much upon the nature of the attraction, such as a popular orator appearing during the meetings in April?—For meetings they give a fixed rent for the rooms.

746. Chairman.] What is the rent given for the use of them for one day?—The round room for one day is eight guineas.

747. What does the income arising from the gardens come from?—Parties speculating take the gardens by the month or season, and exhibit fireworks, and there is also singing, balloon ascents, and those sort of entertainments, and they make an agreement with the governors for so much a month.

748. I see that the income has decreased very much since 1842; in 1842 the income was 276*l.*; in 1853 it was 52*l.*; what has caused that decrease?—There have been other gardens established in Dublin, which have almost destroyed the value of those gardens as a source of income.

749. What do the rents arise from?—Houses, some of which were left as legacies, and others have been purchased from time to time from the surplus funds.

750. As investments?—Yes.

751. Can you distinguish between the benefactions and the legacies?—There are certain legacies which are annual; they amount to perhaps about 70*l.* a year; and the others are casual. What I mean by annual legacies is, that parties have left a sum of money in the funds, bequeathing the interest to the charity.

752. What proportion does that form of the 158*l.* in the last year?—About 70*l.*

753. Mr. Percy.] What was the date of the last purchase of houses or lands that has been made out of the surplus funds of the institution?—In 1847 3,309*l.* 5*s.* was invested in the purchase of a portion of the Blessington estate.

754. Has there been any other investment since?—None, except investments in the funds.

755. Chairman.] From what source was that money derived in 1847?—It was merely transferred from the funds into houses that year.

756. I see that in 1852, 1,150*l.* was invested; was that invested in ground-rents and houses?—In the funds; owing to the large increase of subscriptions and money derived from other sources in that year, it was invested to replace funds sold out in former years.

757. Mr.

757. Mr. D. Seymour.] Does that remain still invested?—It does.

758. By whose recommendation was it invested?—By the recommendation of the Board.

759. Chairman.] Has the Parliamentary grant remained the same for the last three years?—Yes.

760. There has been no reduction since 1852?—No.

761. What is it now?—£. 600.

762. What was it in 1848?—£. 1,000.

763. How long previously to 1848 had it remained at 1,000*l.* a year?—From the year 1837.

764. Was it for some years previous to that considerably more?—It amounted to 3,000*l.* and upwards in some years.

765. What is the nature of the Rutland-square Tax?—There was an Act of Parliament passed a great many years ago, entitling the governors to a tax from the houses round Rutland-square, but providing that they should light the square with gas; and they do light it with gas; and the surplus beyond the expenses goes to the benefit of the hospital.

766. What is the surplus?—From 100*l.* to 120*l.* a year; the lighting of the square costs 123*l.*, the gardener's salary is 30*l.*, and there are various expenses amounting to 20*l.* or 30*l.* more.

767. Does that come under the expense of the gardens, not the lighting?—The lighting and the gardens are separate.

768. What is the difference between the expense of lighting and the tax obtained from the square?—The difference between the lighting and the tax is about 180*l.*

769. What is the net profit accruing to the institution under that head?—One hundred pounds a year, I should say, after paying all the expenses of the gardener, gravel, shrubs, and other things.

770. Is the lighting of the hospital included in that?—No, it is not.

771. I see that the sum derivable from the interest upon stock has been considerably reduced in 1854 from what it was in 1847; it was 249*l.* 16*s.* 1*d.* in 1854, and in 1846 it was 366*l.* 3*s.* 7*d.*; explain that?—The rental has been increased; the money has been invested in houses.

772. Was that owing to the transfer in 1847?—Yes.

773. I find that in 1851 it was considerably less; it was 194*l.* in that year, and in 1854 it is raised to 249*l.*; how does that arise?—There has been an investment, I think, you will find.

774. Have there been funds sold since 1850?—No.

775. Were considerable sums of money sold out of the funds, and applied to the current expenses of the institution, in past years?—Yes.

776. When did that last occur?—In the year 1849, 500*l.* was sold out; in the year 1845, 486*l.* was sold out; and in the year 1843, 460*l.* was sold out; and the investments are nearly equal to the amount sold out.

777. Has there been an investment since 1852?—No.

778. Mr. Percy.] Since the grant was reduced?—Yes.

779. Chairman.] Was there an investment of 500*l.* the year before the grant was reduced?—Yes.

780. Mr. D. Seymour.] Previous to the reduction of the grant were investments generally made every year?—No, very rarely indeed; they were looked upon as only temporary investments, and might be demanded at any period when they were required for the current expenses.

781. Some years the calls upon the hospital were not so great as others?—In some years the income happened to be larger than in others.

782. What is the total income of the hospital for the year 1854?—£. 3,026. 14*s.* 7*d.*

783. Mr. Grogan.] Is that inclusive of the grant?—Yes, that is the gross income, including all the receipts from the Rotunda Rooms establishment; it does not belong to the hospital strictly, and involves a large expenditure.

784. Chairman.] Have you any other source of income except what is mentioned in that paper?—No.

785. Mr. Percy.] What steps do the governors take to raise the subscriptions?—They have frequently appealed to the public by circular letters, and other means.

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786. Mr.

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786. Mr. *Shirley*.] What is the whole income of the hospital exclusive of the grant?—The whole income of the hospital, exclusive of the grant, the gross income, is about 2,500 *l*.

787. Mr. *D. Seymour*.] What proportion is derived from voluntary subscriptions, irrespective of money paid for the qualification of governors and patrons?—£. 81 is the amount of casual donations in the year 1854.

788. Can you give the Committee the amount for 1853?—The amount for 1853 was 78 *l*.

789. What is the amount of the sum paid by governors?—For these last two years it has been very large, but in former years it was very trifling indeed.

790. What has it been for the last two years, and what was it for the two years previously?—In the year 1853, the subscriptions of governors were 815 *l*.; including several life subscriptions; and in the year 1854, the subscriptions were 185 *l*.

791. So that the amount of the subscriptions had fallen to the extent of 700 *l*.?—Yes.

792. *Chairman*.] I find that there is a sum of 64 *l*. this year for the expenses of the Rotunda Rooms; what is the nature of those expenses?—The keeper of the rooms, who resides in the rooms and superintends them, receives 48 *l*. a year; and then there are certain other expenses connected with the rooms; but that amount does not include the repairs or lighting of the rooms.

793. The expenses of the Rotunda Gardens are the gardener, 30 *l*., and some other expenses for trees?—Yes.

794. Mr. *D. Seymour*.] Is the oversight of these matters all in your hands?—Yes.

795. *Chairman*.] Has there been a reduction in the establishment charges, salaries, and wages, since the reduction of the grant?—The salaries and wages in 1828 were 557 *l*., and in 1854 they were 490 *l*.

796. Why was that reduction made?—I think it was principally in consequence of the reduction of the grant.

797. Was that the only reduction made in the expenses of the hospital?—There were various other reductions.

798. What other reductions?—The master relinquished an income of 73 *l*. a year voluntarily for the instruction of female pupils, and instead of having the work of repairs done by tradesmen, we employed a working man, and bought our own glass and paints, and, in fact, did our own plumbing, and everything that possibly could be done to keep down the expenditure.

799. Was it the custom to pay the master a salary for the instruction of female pupils before, in addition to the fees paid by the female pupils themselves?—Yes.

800. When was that discontinued?—In 1852.

801. Was it reduced in the former year to 30 *l*.?—Yes.

802. Does the charge for coals and candles include the lighting by gas?—No; that is a separate charge.

803. There has been a great reduction under the head of provisions; I find that in 1842 the charge for provisions was 1,015 *l*.; in 1854 it was 627 *l*.; how does that difference arise?—The dietary of both the nurses and patients was reduced to the lowest ebb at which the hospital could with efficiency be carried on; the governors were anxious to avoid closing the hospital against patients, and they did make every reduction that could be made; they took the beer away from the nurses, for instance, which amounted to about 30 *l*. a year; and they took away a variety of minor allowances.

804. Still there has been an increase in the year 1854 over the year 1851, for provisions, of upwards of 100 *l*.?—Provisions have increased in price; the contract has been higher.

805. What is the nature of the debentures that are mentioned here, upon which interest is paid?—I have a copy of them here; the Government guarantee the payment of the interest upon those debentures.

806. What is the history of those debentures; when were they issued?—The Rotunda Rooms were in an unfinished state in the year 1790, and the Government allowed the hospital to issue debentures at 4 per cent. to complete those rooms, and they guaranteed that in the event of the hospital not paying the interest, the parties holding the debentures might go to the Treasury and demand it, and they would be paid.

807. Mr.

807. Mr. *Grogan*.] Were they issued under an Act of Parliament?—They were. There was an Act of Parliament, of which the hospital availed itself.

808. *Chairman*.] Was there an Act of Parliament applying to all charitable institutions?—Yes.

809. Would it be possible to apply the money which is now invested in the funds to paying off of those debentures; has that subject been alluded to in the history of the institution?—It has. The governors felt that money contributed by charitable individuals could not well be disposed of in that way. Indeed, the sum of 3,193 *l*. they have not the power to sell; they only receive the interest of it.

810. Mr. *D. Seymour*.] What is the amount of the interest?—£. 400 a year is the interest payable on the debentures.

811. *Chairman*.] Has this interest been regularly paid by the hospital?—Yes.

812. Mr. *D. Seymour*.] Suppose the grant was taken away, would that lead to the destruction of the institution?—It would greatly cripple it.

813. If the institution was greatly crippled, and brought to such a state, the Government then would not be obliged to pay?—They would not, as they could make the revenues of the Hospital liable for the payment.

814. Mr. *Grogan*.] Practically, your grant only amounts to 200 *l*.?—

815. Mr. *Percy*.] The hospital would be obliged to pay?—If the Government chose to press them.

816. Into whose hands would the property go?—The Government have a mortgage on the property if they chose to enforce it.

817. Mr. *Shirley*.] Have you taken any means of obtaining subscriptions?—At the time of the reduction of the grant a general application was made, and it was quite a failure.

818. Have you tried it again?—We have tried it frequently.

819. Mr. *Percy*.] Have you only tried by circulars?—In various ways.

820. Have you ever tried the expedient of public dinners and entertainments, and other contrivances?—No; that has never been tried.

821. Mr. *Kershaw*.] Did you ever try solicitation from house to house?—Frequently. We have a collector who goes round collecting subscriptions, and he has done so to a certain amount.

822. Mr. *Whitmore*.] Could it be let on lease?—It could, but it would perhaps not produce so good an income as it does at present. It was occupied during the Rebellion of 1798 as a barrack for soldiers.

823. Mr. *D. Seymour*.] Supposing, instead of that chapel being given to the chaplain, it was separated from the institution altogether, and offered for sale, to become the property of the person who would give the best terms for it, would there be any advantage in that?—It is a very small chapel, not much larger than this room, and I do not think there would be any advantage.

824. You do not think that anything could be produced by a change in the management?—I think not.

825. Dr. *Brady*.] You say that the chaplain derives no income from it?—He derives an income from it, but it costs the hospital nothing.

826. *Chairman*.] It has been suggested that those debentures should be paid off by the application of the sum invested in the funds for the benefit of the institution; do you think that that would be objectionable?—I think it would.

827. Why do you think so?—Because it would leave the hospital nothing to fall back upon in case bad years came, and their income fell short, and it would prevent persons leaving legacies.

828. Would it be a violation of the objects of the persons who bequeathed those legacies?—It would; besides, we have not more than 4,000 *l*. in the funds, and the debentures are 10,000 *l*.

829. Does the item of building and repairs include the buildings connected with the gardens?—It does; and also the Rotunda rooms.

830. Mr. *D. Seymour*.] Who are the principal holders of the debentures?—The gentry and various persons in Dublin, who have invested their money in them; in general, parties hold three or four or ten of them together.

831. *Chairman*.] What is the total expenditure for the year 1854?—The total expenditure for the year 1854 is 2,915 *l*.

832. When does the year end?—In March.
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833. Was

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833. Was there a surplus?—No, the treasurer was overdrawn.
834. Mr. Grogan.] What is the market value of those debentures?—They are below par.

835. Chairman.] Was the year 1853 a peculiarly prosperous year for the institution?—Yes.

836. What was the reason of that?—Several life governors came forward that year, and the Industrial Exhibition brought a great number of persons to Dublin, and the Rotunda Rooms were in great demand, and it was a peculiarly healthy season.

837. Did that lessen the expenditure?—Yes.

838. Has every reduction been made that is possible, in the expenditure of the institution?—I think so; I have before me the returns, if you wish for them in detail: the master, 73 l.; assistants, coals, 9 l. The chapel is a saving of about 33 l. a year by the new arrangement. Collector, in lieu of salary, 18 l.; beer, 30 l. Six nurses were struck off, which amounted to a saving of 120 l.; and there was a reduction in the medicines of about 60 l. a year.

839. Lord A. Hervey.] Can you state when those reductions were made without reference to the grants?—In the year 1849.

840. Chairman.] Supposing the Government were to take upon themselves the payment of the interest upon those debentures, what sum would then be required for the maintenance of the hospital?—I think if the payment of the interest upon the debentures were taken off the hospital, 300 l. or 400 l. a year would keep it up in a very efficient state.

841. In case of the hospital becoming bankrupt, and being unable to fulfil its duties, would the payment of those debentures devolve necessarily upon the Government, under the Act of Parliament?—Yes.

842. Mr. Kershaw.] Do you consider that the property of the institution would be full value for the guarantee of the Government?—Yes; Dr. Shekleton omitted to mention the recommendation which the patients bring with them to the hospital; with the permission of the Committee, I will read the recommendation:—"Sir, I recommend the bearer as a proper object to receive a ticket of admission to the Lying-in Hospital, being satisfied, from a personal inquiry into the circumstances, that she is unable to provide the necessaries for her approaching confinement." That is signed by a clergyman, or governor, or some other individual, and also by the master or assistant.

843. Mr. D. Seymour.] Is it a printed form or a written form?—A printed form; every patient gets one; Dr. Shekleton stated that the expense of each patient was 1 l.; that includes the expense of the whole establishment, officers and everything else.

844. Mr. Percy.] What is your estimate of the expense of a bed per annum?—It used to cost 25 l. a year in olden times; but it was done then in a more expensive way than it is now.

845. Mr. D. Seymour.] Is it your opinion that an addition of another 200 l. a year to the existing grant would, besides enabling you to pay the interest on the debentures, enable you to meet any emergency that might reasonably be supposed to arise?—Yes, I am quite sure it would.

846. Would less than that be sufficient?—I do not think it would.

847. Dr. Brady.] Do you think that it would be advisable to have the wards which are now closed re-opened?—I think it would: that is more a question for the master; but I think the more there is change of air the more healthy the institution is likely to be.

848. Chairman.] Was it the custom, before those wards were closed, to transfer the patients from one ward to another?—Yes.

849. Do you put in this return of the income and expenditure of the Lying-in Hospital from 1842 to 1854 inclusive, and also a copy of the debentures?—I do.

[The same were put in, and are as follow:]

GROSS

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GROSS INCOME of the LYING-IN HOSPITAL, Dublin, from 1842 to 1854; inclusive.

Y E A R ended	Chapel.	Bed Money or Subscriptions of Governors.	Rotunda Rooms and Vaults.	Rotunda Gardens.	Rents of Houses.	Benefactions and Bequests.	Parliamentary Grants.	Rutland-Square Tax.	Interest on Stock.	Female Pupils and Patients.	Incidents.	Funds Sold.	TOTALS.	Admitted during the Period.
1842	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	2,159
1843	148 17 9	259 12 3	1,060 8 8	276 15 9	209 15 3	54 15 -	1,000 - -	222 15 8	388 3 2	84 - -	- 1 -	- - -	3,705 4 6	2,327
1844	146 2 3	96 18 6	1,072 3 6	178 4 -	224 14 8	58 19 9	1,000 - -	246 4 6	388 3 2	109 4 7	- 17 6	- - -	3,521 2 5	2,440
1845	125 15 3	65 - -	994 15 -	124 3 -	226 12 5	177 19 -	1,000 - -	330 17 8	388 3 3	42 - -	1 18 11	460 - -	3,937 5 6	2,428
1846	184 2 7	55 - -	1,153 11 7	16 5 6	221 19 -	371 9 6	1,000 - -	208 9 10	324 2 -	70 - -	1 2 3	486 3 8	4,102 5 11	1,621
1847	113 16 -	45 - -	1,034 11 4	37 7 6	213 1 4	679 13 1	1,000 - -	355 5 4	366 3 7	64 - -	1 4 9	- - -	3,910 2 11	2,255
1848	116 18 2	345 - -	792 18 -	56 - -	217 16 1	155 13 10	1,000 - -	367 7 10	369 9 3	117 - -	- - -	3,630 3 2	7,168 6 4	2,143
1849	94 3 5	135 - -	697 12 -	39 8 6	209 17 5	174 15 -	1,000 - -	260 12 6	212 7 7	70 - -	- - -	- - -	2,893 16 5	2,062
1850	84 1 11	35 - -	733 11 6	78 6 5	327 4 -	153 9 3	1,000 - -	344 1 5	201 6 1	112 - -	- - -	500 - -	3,569 - 7	2,268
1851	104 1 9	25 - -	920 17 11	92 3 3	552 18 8	303 13 7	800 - -	238 1 5	205 5 4	81 13 4	- - -	- - -	3,323 15 3	2,141
1852	113 8 9	65 - -	824 5 -	81 5 -	289 11 9	596 4 8	700 - -	318 2 3	194 3 11	40 - -	- - -	- - -	3,222 1 4	2,212
1853	101 12 -	475 - -	866 9 4	43 11 -	360 11 3	441 16 8	600 - -	296 7 5	203 5 10	108 - -	- - -	- - -	3,496 13 6	2,131
1854	119 19 2	815 - -	752 18 -	52 8 6	359 19 3	200 2 3	600 - -	269 - 10	242 12 4	80 - -	- 1 9	- - -	3,522 2 1	2,082
1854	96 13 1	185 - -	1,001 15 -	81 5 6	355 18 3	158 - 4	600 - -	286 6 4	249 16 1	12 - -	- - -	- - -	3,026 14 7	28,269
TOTALS	£. 1,549 12 1	2,601 10 9	11,905 17 10	1,157 3 11	3,769 19 4	3,526 11 11	11,300 - -	3,773 13 -	3,733 1 7	980 17 11	5 6 2	5,076 6 10	49,398 11 4	

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Mr.
J. G. Strickland.
4 May 1854.

EXPENDITURE of LYING-IN HOSPITAL (including Rotunda Rooms and Gardens) from 1842 to 1854, inclusive.

YEAR ended	Chapel Salaries, &c.	Rotunda Rooms.	Rotunda Gardens.	Salaries and Wages.	Insurance.	Washing.	Medicines.	Coals, Soap, Gas, and Candles.	Provisions.	Furniture, Bedding, &c.	Instruction of Female Pupils.	Interest on Debentures on Rotunda.	Building and Repairs.	Lighting, Rutland-Square.	Stationery, Printing, &c.	Incidents.	Investments.	TOTALS.	
1842	£. s. d. 145 5 4	£. s. d. 64 8 6	£. s. d. 52 8 -	£. s. d. 825 7 -	£. s. d. 59 13 6	£. s. d. 240 - -	£. s. d. 102 12 8	£. s. d. 180 15 7	£. s. d. 1,015 11 1	£. s. d. 175 5 3	£. s. d. 73 10 10	£. s. d. 400 12 3	£. s. d. 370 10 3	£. s. d. 203 10 -	£. s. d. 20 8 7	£. s. d. 0 18 0	-	-	£. s. d. 3,702 12 2
1843	£. s. d. 143 1 4	£. s. d. 50 10 -	£. s. d. 56 17 -	£. s. d. 825 12 10	£. s. d. 17 15 -	£. s. d. 240 - -	£. s. d. 148 11 0	£. s. d. 168 15 2	£. s. d. 950 3 10	£. s. d. 105 14 4	£. s. d. 73 10 10	£. s. d. 339 12 11	£. s. d. 470 2 1	£. s. d. 208 10 -	£. s. d. 30 10 -	£. s. d. 11 12 0	-	-	£. s. d. 3,703 10 7
1844	£. s. d. 143 3 4	£. s. d. 200 18 3	£. s. d. 53 12 10	£. s. d. 531 1 10	£. s. d. 17 15 -	£. s. d. 240 - -	£. s. d. 120 0 3	£. s. d. 147 4 10	£. s. d. 933 15 8	£. s. d. 100 12 0	£. s. d. 73 10 10	£. s. d. 431 10 11	£. s. d. 200 18 4	£. s. d. 208 10 -	£. s. d. 37 13 7	£. s. d. 14 - 2	£. s. d. 270 18 0	-	£. s. d. 4,007 8 1
1845	£. s. d. 211 7 4	£. s. d. 110 12 3	£. s. d. 50 12 4	£. s. d. 540 5 4	£. s. d. 35 15 -	£. s. d. 180 - -	£. s. d. 86 6 10	£. s. d. 131 9 9	£. s. d. 900 15 6	£. s. d. 107 10 7	£. s. d. 73 10 10	£. s. d. 353 12 3	£. s. d. 322 10 2	£. s. d. 210 15 6	£. s. d. 30 5 3	£. s. d. 12 2 0	-	-	£. s. d. 3,425 0 5
1846	£. s. d. 137 8 -	£. s. d. 67 - 7	£. s. d. 49 5 2	£. s. d. 564 - 3	£. s. d. 20 - 5	£. s. d. 180 - -	£. s. d. 130 4 2	£. s. d. 140 15 8	£. s. d. 761 1 2	£. s. d. 100 11 -	£. s. d. 73 10 10	£. s. d. 403 7 8	£. s. d. 832 5 7	£. s. d. 301 5 6	£. s. d. 28 8 -	£. s. d. 17 8 11	£. s. d. 500 - -	-	£. s. d. 4,519 18 11
1847	£. s. d. 118 10 0	£. s. d. 56 4 9	£. s. d. 42 2 4	£. s. d. 104 - 4	£. s. d. 20 5 -	£. s. d. 180 - -	£. s. d. 220 14 1	£. s. d. 160 5 -	£. s. d. 908 8 11	£. s. d. 108 3 9	£. s. d. 73 10 10	£. s. d. 424 12 4	£. s. d. 587 18 4	£. s. d. 250 12 -	£. s. d. 51 13 0	£. s. d. 15 0 7	£. s. d. 3,300 5 -	-	£. s. d. 7,220 10 3
1848	£. s. d. 124 4 -	£. s. d. 50 14 1	£. s. d. 41 2 -	£. s. d. 554 3 11	£. s. d. 20 5 -	£. s. d. 104 4 5	£. s. d. 93 10 11	£. s. d. 173 10 -	£. s. d. 913 4 7	£. s. d. 157 17 -	£. s. d. 73 10 10	£. s. d. 404 0 1	£. s. d. 320 10 2	£. s. d. 100 10 -	£. s. d. 30 11 5	£. s. d. 28 13 2	-	-	£. s. d. 3,302 7 7
1849	£. s. d. 121 12 -	£. s. d. 72 17 6	£. s. d. 31 10 7	£. s. d. 501 15 7	£. s. d. 32 0 3	£. s. d. 102 14 8	£. s. d. 97 2 9	£. s. d. 135 3 7	£. s. d. 763 3 2	£. s. d. 103 17 6	£. s. d. 50 - -	£. s. d. 402 0 1	£. s. d. 544 - 9	£. s. d. 228 12 9	£. s. d. 22 11 4	£. s. d. 50 12 8	-	-	£. s. d. 3,200 10 2
1850	£. s. d. 104 2 -	£. s. d. 48 - -	£. s. d. 32 18 0	£. s. d. 1,480 13 7	£. s. d. 28 1 -	£. s. d. 103 - 7	£. s. d. 85 12 3	£. s. d. 120 7 3	£. s. d. 806 8 8	£. s. d. 54 11 8	£. s. d. 73 10 10	£. s. d. 402 0 2	£. s. d. 186 10 5	£. s. d. 176 3 4	£. s. d. 31 8 3	£. s. d. 37 1 4	-	-	£. s. d. 2,070 10 10
1851	£. s. d. 113 8 0	£. s. d. 105 14 0	£. s. d. 50 4 2	£. s. d. 485 5 3	£. s. d. 28 - -	£. s. d. 170 18 5	£. s. d. 20 10 10	£. s. d. 92 10 10	£. s. d. 517 10 -	£. s. d. 98 - 0	£. s. d. 30 - -	£. s. d. 390 18 5	£. s. d. 292 1 8	£. s. d. 171 0 3	£. s. d. 23 10 1	£. s. d. 108 13 -	-	-	£. s. d. 2,517 10 8
1852	£. s. d. 101 12 -	£. s. d. 77 8 1	£. s. d. 31 17 10	£. s. d. 473 1 4	£. s. d. 28 - -	£. s. d. 174 18 11	£. s. d. 31 0 6	£. s. d. 92 3 11	£. s. d. 550 18 8	£. s. d. 118 4 2	£. s. d. -	£. s. d. 408 - -	£. s. d. 215 10 0	£. s. d. 171 10 2	£. s. d. 33 10 4	£. s. d. 75 10 11	£. s. d. 1,150 3 0	-	£. s. d. 3,744 - 7
1853	£. s. d. 119 10 2	£. s. d. 58 10 -	£. s. d. 41 10 8	£. s. d. 401 10 10	£. s. d. 28 - -	£. s. d. 170 13 10	£. s. d. 47 3 -	£. s. d. 106 3 5	£. s. d. 401 2 -	£. s. d. 101 14 0	£. s. d. -	£. s. d. 402 9 2	£. s. d. 331 4 0	£. s. d. 180 15 8	£. s. d. 10 8 9	£. s. d. 31 2 4	£. s. d. 577 12 8	-	£. s. d. 3,481 18 9
1854	£. s. d. 90 13 1	£. s. d. 64 7 11	£. s. d. 43 3 7	£. s. d. 400 11 4	£. s. d. 28 - -	£. s. d. 174 10 7	£. s. d. 45 17 0	£. s. d. 100 3 3	£. s. d. 627 4 7	£. s. d. 120 1 -	£. s. d. -	£. s. d. 308 15 4	£. s. d. 461 - 8	£. s. d. 183 14 0	£. s. d. 24 4 10	£. s. d. 31 8 1	-	-	£. s. d. 2,003 2 6
TOTALS £.	1,680 0 10	1,103 1 5	577 14 -	6,713 1 2	333 10 1	2,543 7 5	1,300 10 6	1,802 3 3	10,154 10 10	1,050 0 11	670 14 8	5,228 4 7	6,025 10 8	3,019 10 11	413 7 11	452 10 8	5,913 10 8	-	48,874 14 0

* Invested in the purchase of Ground Rents.

WHEREAS by an Act of Parliament made in this kingdom, in the 29th and 30th years of his Majesty's reign, intituled, "An Act for enabling Trustees of Charitable Foundations to promote the Purpose and extend the Benefits of the same;" it was thereby enacted that it should and might be lawful for the trustees of any charity or charitable foundation, being a body corporate, and actually possessed of the duties therein specified, and their successors, to raise and borrow by loan or debentures any sum or sums of money whatsoever, at any rate of interest whatsoever, not exceeding the rate of 4*l.* per centum per annum: Provided that no sum to be borrowed by any such corporation be greater than a sum, the interest of which, at the rate aforesaid, would not exceed the net amount or produce of such duties, exclusive of any other revenue, certain or casual. And it was in and by the said Act further enacted, in case default should be made by any such corporation, on payment of the interest to become due on any debenture to be issued in pursuance of such Act, at any time after one year's interest should be due, the Treasurer of such Corporation should from time to time, as often as it should so happen, on demand of the holders of any such debenture at any time after 10 days from the time such year's interest should be due, give to the person holding or producing the same a certificate under his hand, specifying the amount of the interest due and unpaid on any such debenture (such Treasurer being subject to a considerable fine or forfeiture in case of refusal), and that the Vice-treasurer or Vice-Treasurer's receiver or Paymaster-general of this kingdom, his or their deputy or deputies, so often as any debenture, the interest due on which shall be unpaid, together with such certificate as aforesaid, should be produced to him or them, should out of any monies in his or their hands, subject to the payment of the interest of principal sums due by debentures or Treasury bills issued by the officers of his Majesty's Treasury, on demand of the person producing any such debenture or certificate as aforesaid, well and truly pay to every such person the interest so certified to be due on any such debenture, and he or they should be allowed on his or their accounts so much:

Now, we, the Governors and Guardians of the Hospital for the Relief of Lying-in Women in Dublin, do hereby acknowledge that [] has paid unto us, in pursuance of the said Act, the sum of 100 *l.*, for which the said [] is entitled to an interest for the said 100 *l.*, at the rate of 4 per centum per annum, to commence from the 24th day of June 1790, and to be paid unto the said [] his executors, administrators, or assigns, by half-yearly payments in the manner as is prescribed in and by the said Act, and until the said principal sum of 100 *l.* shall be paid off at one entire payment.

Ralph Smith Cusack, Esq., called in; and Examined

850. *Chairman.*] ARE you a governor of the Lying-in Hospital at Dublin? *R. S. Cusack, Esq.*
—I am.

851. Have you any remark that you wish to make to the Committee with regard to the election of governors?—Yes; with regard to the election of the master, I wish to state that it is impossible that an incompetent person could be elected as master, even although his friends could pay the money in order to give them a right to vote. In the first place, the master must have been originally a pupil of the hospital, and then an assistant at the hospital for three years; and in order to be an assistant he gives up every other branch of the profession, and becomes solely a practitioner in midwifery; and he pays the master at the time a very large fee for getting him in; he resides in the institution as an assistant, and therefore one would suppose that he cannot be an incompetent person.

852. *Mr. D. Seymour.*] Do you mean, where there are two candidates, the qualifications are so nearly balanced that it is perfectly immaterial which is elected?—I think so; and in addition to that, when there is an election, it is known to the governors who are in at the time who the candidates are; and if one of them is an incompetent person, they would not allow his friends to come in as governors.

853. Do you think it a laudable course, with reference to a public institution of this kind, that such a contest should arise, which depends not upon the merit of the individual, but upon the amount of money possessed by persons who pay up their subscriptions as life governors?—Perhaps not; but the mode of electing governors is, that they should be elected upon payment of a certain subscription.

854. *Dr. Brady.*] Do you think that it would be to the advantage of the institution to throw the mastership open to the profession generally, and to admit candidates from other hospitals rather than from your own institution solely?—I am not a medical man, and cannot answer the question.

855. *Mr. D. Seymour.*] Do many of the ex-masters become governors afterwards?—Yes.

856. *Chairman.*] Are you chairman of the North Dublin Union?—I am.
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R. S. Cusack, Esq.

4 May 1854.

857. What is the number of paupers in the house at present?—There were 2,888 on the 1st of May.

858. What is the number in the hospital?—On hospital diet there were 1,528; but of those there were 122 nurses, who are paupers, and are allowed to get extra diet.

859. What is the number of chronic cases?—There were 308 cases of acute disease, 848 chronic, 250 children, and 122 nurses; making altogether 1,528.

860. What is the number of venereal patients?—I think 26 on the female side.

861. How many on the male side?—I am not quite certain; but the medical gentleman is here, and he will inform the Committee.

862. It was stated by a former witness that there is no classification in the Dublin Union for venereal patients; is that so?—No, it is not; that statement is incorrect. On the female side of the house the venereal patients are not only kept separate, but they are kept in a detached building.

863. Does any classification exist among the venereal patients themselves, or are they all in the same room?—They are all in the same ward.

864. Dr. Brady.] Would a married woman going into that institution, who had unfortunately contracted the disease from her husband, be placed in the same position as a common woman of the streets?—I do not think we could make any distinction, because women might tell us that they were married when they were not so.

865. Mr. Grogan.] Have you sufficient accommodation to enable you to separate married women from common prostitutes?—No, we have not at present; we have one of the wards occupied by venereal and other such patients.

866. You are obliged to put all the venereal patients into one ward?—At present the ward is not quite full; we are obliged to do so.

867. Chairman.] Are the inmates of the union hospitals all destitute persons?—Yes.

868. Are they the class of persons generally relieved in the Dublin Hospitals?—Not at all.

869. What is the difference?—In Stevens's Hospital the class of people are artisans, and mechanics, and tradespeople who have met with accidents.

870. Would they be relievable in the union?—No, certainly not.

871. Mr. D. Seymour.] Is the class of patients relievable at the union different from the class of patients relievable at the Lock Hospital?—In that hospital they may be the same, but at no other.

872. Mr. Grogan.] Do you consider that the class of venereal patients has been latterly on the increase or decrease in your institution?—On the increase, from the fact of their being rejected at the Lock Hospital; at present we have about 26 female venereal patients in the Workhouse Hospital, 10 of whom came from the country to seek admission into the Lock Hospital, and they came on to us because they could not be admitted there.

873. Has this information been ascertained from the parties themselves?—It has been obtained from the parties themselves; I went round the ward and collected the information.

874. Mr. D. Seymour.] You know the opinion entertained by medical men in general; I believe you are the son of the celebrated Dr. Cusack?—Yes.

875. Can you speak from your own knowledge of the opinion which prevails among the medical profession in Dublin, as to whether it would be desirable to improve the condition of the Lock Hospital?—The general impression is, that the Lock Hospital should be thrown open as a school of medicine.

876. Mr. Grogan.] As a general rule, would you, if there were sufficient accommodation in the Lock Hospital for venereal patients, decline to receive them in the Union Hospital?—We were in the habit of doing so till the last few years; they always took them from us; if paupers were admitted to our house, and the surgeon found out that they had the venereal disease, they were sent to the Lock Hospital.

877. Chairman.] Do you know whether there is an indisposition on the part of women of this character to go into the workhouse when they are suffering from the venereal disease?—I cannot say.

878. Do you know whether they give the preference to the Lock Hospital, or to the workhouse?—They give the preference to the hospital, I believe.

879. Dr.

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879. Dr. Brady.] In which institution do they get the best treatment as regards the dietary?—I am not aware of the treatment in the Lock Hospital; we treat them on a regular scale of hospital dietary.

880. You have never made yourself acquainted with the fact of the treatment of venereal patients at the Lock Hospital?—No.

881. Mr. D. Seymour.] Who attends them in the Union Hospital; is it the surgeon to the poor-house?—Yes.

882. Is he generally as fully qualified a man as the surgeon to the Lock Hospital?—Yes.

883. Mr. Percy.] Is he permitted to take pupils?—He does not take pupils; I do not think he would be allowed to do so.

884. Dr. Brady.] He does not reside in the institution, does he?—No; the apothecary resides in the institution. The surgeon is sent for if there is anything serious.

885. Mr. D. Seymour.] Do you give relief to out-patients?—Not at all.

886. Chairman.] That is done by the dispensaries under the medical charities, is it not?—Yes.

887. Mr. Percy.] Is the hair of those patients cut off?—No, not with us.

888. Mr. Grogan.] The discipline of your house would not admit of pupils attending the hospital, would it?—No; I think it would interfere with the discipline very much.

889. Is the expense of a hospital patient with you the same as out of doors?—I am not sure.

890. The expense of a hospital patient with you is a half more than that of a healthy person?—Yes.

891. Mr. Moody.] That arises from the alteration in the dietary?—Yes, it is about 2 s. a week for a healthy person, and 3 s. for a person in the hospital.

892. Mr. D. Seymour.] In your opinion would it be advisable for all women who come to the workhouse with the venereal disease to be sent to the Lock Hospital?—Yes.

893. Why do you think so?—First, on account of the numbers; after they get cured, when they have been at all convalescent, we have to put them with the other paupers, and they must to a certain extent demoralise them.

894. Mr. Whitmore.] Do you think that with the medical experience of the surgeon in the Lock Hospital as to that particular disease, they would be cured sooner if they went into the Lock Hospital instead of coming into the Union Hospital?—I should not like to say anything against our medical men.

895. Still the surgeon of the Lock Hospital must have more experience of that particular disease?—Yes.

896. Mr. Grogan.] The only claim for admission into the Union is, that the party should be destitute?—Any person destitute or coming sick to the door is taken in by the master, and all destitute people are admitted at the Admission Board.

897. In regard to the cases of venereal patients, are those primary or secondary cases?—In the ward I have alluded to, most of them are primary cases.

898. And those are the patients who are secluded from the other females in the house?—Yes.

899. But in the case of a secondary attack, what becomes of them; are they mixed up with the general inmates of the house?—They must be to a certain extent, because it would take a very large hospital if we were to keep all of them separate.

900. You have no detached place for their accommodation?—No.

901. Mr. D. Seymour.] In your opinion, does that tend to spread immorality?—No doubt.

902. And it would be desirable that that source of spreading immorality should not remain?—Certainly.

903. There is no classification after convalescence, is there?—No.

904. Dr. Brady.] Do you think that the fact of those women being allowed to mix with the general women of the institution tends to create a prejudice against the institution in the minds of those respectable women who are reduced in circumstances, and prevents their going into the house?—I cannot say that it prevents their coming into the house, because the majority of the people who come there are totally destitute; hunger will prevail over feelings of the kind mentioned in the question.

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905. Have

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905. Have you ever known of women having given expression to discontent at being obliged to mix with those people?—I have heard that they have.

906. Mr. Percy.] You mentioned 2s. and 3s. as the weekly sum required for maintenance and clothing; does that include the staff and every thing?—Yes.

907. Chairman.] Does that include establishment charges and everything else?—Yes.

908. Mr. Grogan.] What is the amount of rates charged upon the north part of the city?—Two shillings and seven pence; but I fear very much that that will not carry us through the year.

909. Mr. Percy.] Do you consider the Lock Hospital as contributing towards the reduction of the rates?—To a very slight extent; it is a fraction upon the rates; we have only 26 venereal patients in the house at present, and the saving which would be effected, if they were taken into the Lock Hospital, would be a mere fraction.

910. Mr. Grogan.] Have you any means of knowing, with regard to those 26 patients, how many were natives of Dublin, and how many were strangers?—I stated that 10 of them had come from the country, and had applied to the Lock Hospital, and were unable to obtain admission.

911. Mr. Whitmore.] Those 26 are now actually under treatment?—Yes.

912. Chairman.] Why is it that if the North Dublin Union pay for fever paupers in the Hardwicke Fever Hospital, the reduction of the hospital grants prevents them from still admitting them?—Within the last 10 days I called on the master of the Hardwicke Fever Hospital, and applied to him to take in fever patients for us, and he then explained to me the reason; and it was this, that on the reduction of the grant they reduced the establishment, and discontinued an entire ward in the hospital; and he said, "If we take in your patients, we shall have to get a new staff of nurses and everything else, and we cannot do it unless you make up your minds to take this ward entirely from us."

913. Mr. Grogan.] That paper which you hold in your hand appears to be a return of the inmates, and their chargeabilities in the union, of which you were chairman for the year 1853?—Yes, it is a return of the admissions; they were not all in the house at the same time.

914. The column to the left is the different chargeability to the electoral divisions unions of the parties; there is an item there of the union at large; what class of paupers are those; are they paupers, generally speaking, who have no right of chargeability to any of the electoral divisions?—They are parties who have not resided for the length of time required by the Act of Parliament in any particular division. For instance, those very parties which I mentioned, who came up from the country to get relief, had no settled home in our union.

915. And those figures would intimate in some degree the number of strangers received in your house, and not residents in the city of Dublin?—Yes.

916. Will you be good enough to give the number?—The total number admitted in the year 1853 was 5,994, and of those 3,227 were chargeable to the North Dublin Union.

917. How many does that leave not chargeable?—Two thousand seven hundred and sixty-seven strangers.

918. Can you state how many of those strangers appear to have come from England?—The entire number of paupers transferred to us from England and Scotland in 1853 was 539.

919. Have you any reason to doubt that in the number of patients in the infirmary of the institution, something of the same proportion of strangers exists?—About the same proportion; about one-half of those that were in the hospital.

920. Mr. Percy.] Has any attempt been made in the union at the classification of the different patients?—We classify the fever and the midwifery patients.

921. Do you classify the syphilitic patients, distinguishing the prostitutes from the others?—Only while under treatment.

922. Mr. Moody.] All the patients, whether syphilitic or others, are together, unless labouring under acute disease?—Yes; but we have an auxiliary house, and those who conduct themselves badly, we generally try and separate from the others, and send them there. It is a small house, which holds about 200, and if any of the women conduct themselves badly, we generally transfer them there.

923. Mr. Percy.] Therefore, a girl who has been brought up in the union to the

the age of 15, will very likely, after a few years, find a bed in the Lock Hospital, owing to her having associated with these vicious characters while in the workhouse?—I am afraid they are frequently led astray.

924. Chairman.] You have had some very serious cases of contamination in the Dublin Union from time to time?—So I understand.

925. That has not been the case since you have been chairman?—I have only been chairman since March, but I have been informed that that has been the case.

926. Chairman.] Do you put in returns of the number of patients in the hospitals of the North Dublin Union in 1854, and also a return showing the chargeability and classification of paupers in the North Dublin Union Workhouse on the 1st of January 1853?—I do.

[The same were delivered in, and are as follow:]

RETURN of the Number of PATIENTS in the Hospitals of the NORTH DUBLIN UNION, 1st May 1854.

Male adults:—Acute, 62; chronic, 337; delicate, 18; total on diet, 417.

Female adults:—Acute, 112; chronic, 615; delicate, nil; total on diet, 727.

Sick and delicate children and infants:—Boys: sick, 31; delicate, 60. Girls: sick, 73; delicate, 190. Infants: sick, 30; delicate, nil; total, children on diet, 384.

Total number on hospital diet, 1,528.

Ward nurses, 122.

Patients, 1,406.

RETURN showing the CHARGEABILITY, CLASSIFICATION, &c. of PAUPERS remaining in the NORTH DUBLIN UNION WORKHOUSE on the 1st day of January 1853; the Chargeability and Classification of those admitted from the 1st day of January 1853 to the 1st day of January 1854; the Counties they were born in, and the Trades or Occupations they respectively followed, for the Year 1853.

CHARGEABILITY of the Number remaining in the House on the 1st day of January 1853.		CHARGEABILITY of the Number admitted into the House during the Year 1853.	
DIVISIONS.	Number.	DIVISIONS.	Number.
Blanchardstown - - - -	10	Blanchardstown - - - -	35
Castleknock - - - -	28	Castleknock - - - -	53
Coolock - - - -	17	Coolock - - - -	35
Clontarf - - - -	10	Clontarf - - - -	24
Drumcondra - - - -	14	Drumcondra - - - -	22
Finglas - - - -	22	Finglas - - - -	45
Howth - - - -	8	Howth - - - -	25
Glasnevin - - - -	13	Glasnevin - - - -	34
Government - - - -	10	Union at Large - - - -	2,642
Union at Large - - - -	942	North City - - - -	3,079
North City - - - -	1,484	TOTAL - - - -	5,994
TOTAL - - - -	2,558		

CLASSIFICATION of PAUPERS remaining in the House on the 1st day of January 1853.

Able-bodied.		Aged and Infirm.		Children under 15 Years of Age.	TOTAL.
Men.	Women.	Men.	Women.		
211	570	298	421	1,058	2,558

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CLASSIFICATION

R. S. Cusack, Esq.

4 May 1854.

CLASSIFICATION OF PAUPERS admitted into the House during the Year 1853.

Able-bodied.		Aged and Infirm.		Children under 15 Years of Age.	TOTAL.
Men.	Women.	Men.	Women.		
1,212	1,864	542	663	1,713	5,994

NUMBER transferred from the Infant to the Adult Class.

BOYS.		GIRLS.	
23		—	

CLASSIFICATION OF PAUPERS remaining in the House on the 1st January 1853, who were sent from England or Scotland.

Able-bodied.		Aged and Infirm.		Children under 15 Years of Age.	TOTAL.
Men.	Women.	Men.	Women.		
18	27	7	18	64	134

CLASSIFICATION OF PAUPERS admitted to the Workhouse during the Year 1853, and who were sent from England or Scotland.

Able-bodied.		Aged and Infirm.		Children under 15 Years of Age.	TOTAL.
Men.	Women.	Men.	Women.		
100	160	37	43	199	539

Showing the NUMBER admitted respectively from the undernamed Counties during 1853.

COUNTIES.	Number.	COUNTIES.	Number.
Dublin - - - - -	3,227	Armagh - - - - -	16
Louth - - - - -	75	Londonderry - - - - -	23
Wicklow - - - - -	147	Monaghan - - - - -	41
Wexford - - - - -	100	Cavan - - - - -	136
Longford - - - - -	107	Down - - - - -	39
Westmeath - - - - -	176	Donegal - - - - -	2
Meath - - - - -	392	Tyrone - - - - -	22
King's County - - - - -	88	Fermanagh - - - - -	21
Queen's County - - - - -	115	Galway - - - - -	200
Carlow - - - - -	83	Leitrim - - - - -	22
Kilkenny - - - - -	85	Mayo - - - - -	53
Kildare - - - - -	195	Sligo - - - - -	28
Limerick - - - - -	92	Roscommon - - - - -	45
Waterford - - - - -	39	England - - - - -	92
Cork - - - - -	80	Scotland - - - - -	15
Tipperary - - - - -	146	America and India - - - - -	30
Clare - - - - -	62		
Kerry - - - - -	13		
Antrim - - - - -	17		
		TOTAL - - - - -	5,994

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The various TRADES or OCCUPATIONS of the Number admitted during the Year 1853.

R. S. Cusack, Esq.

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MALES.		FEMALES.	
Trade or Occupation.	Number.	Trade or Occupation.	Number.
Clergyman - - - - -	1	Dressmakers - - - - -	38
Medical Doctor - - - - -	1	Plainworkers - - - - -	70
Solicitor - - - - -	1	Dealers - - - - -	164
Chemist - - - - -	1	Flax-dressers - - - - -	3
Engineer - - - - -	1	Hat-picker - - - - -	1
Clerks - - - - -	36	Cap-maker - - - - -	1
Printer - - - - -	1	Garden-women - - - - -	8
Carpenters - - - - -	30	Comb-polisher - - - - -	1
Coopers - - - - -	6	Shoe-binder - - - - -	5
Smiths - - - - -	9	Milliner - - - - -	1
Shoemakers - - - - -	44	Embroideress - - - - -	1
Tailors - - - - -	36	Washerwomen - - - - -	67
Bricklayers - - - - -	9	Factory-women - - - - -	4
Painters - - - - -	22	News-vender - - - - -	1
Cabinet-makers - - - - -	8	Mantua-maker - - - - -	1
Sawyers - - - - -	8	Gloveress - - - - -	2
Comb-makers - - - - -	5	Staymakers - - - - -	4
Nailors - - - - -	4	Servants - - - - -	1,466
Weavers - - - - -	30	No business - - - - -	689
Bakers - - - - -	8		
Slaters - - - - -	6		
Butchers - - - - -	10		
Corkcutters - - - - -	3		
Sweeps - - - - -	3		
Harness-makers - - - - -	2		
Tobacconists - - - - -	4		
Basket-makers - - - - -	6		
Brassfounder - - - - -	1		
Coachmaker - - - - -	1		
Turners - - - - -	4		
Stonecutters - - - - -	2		
Mat-makers - - - - -	5		
Servants - - - - -	124		
Labourers - - - - -	1,322		
TOTAL - - - - -	1,754	TOTAL - - - - -	2,527

2 March 1854.

P. Byrne.

Dr. Frederick Kirkpatrick, called in; and Examined:

927. Chairman.] ARE you the medical officer of the North Dublin Union?
—I am.

928. How long have you held that office?—Since the year 1840, when the union was first established.

929. Have you observed any alteration in the number of applicants labouring under syphilis since the reduction of the grant to the Lock Hospital?—There has been a marked increase, and a progressive increase each year.

930. What is the reason of that?—On account of their being refused admission into the Lock Hospital, they naturally were obliged to seek admission within the workhouse; and a worse class of cases, and a far greater number of cases have occurred since, than ever presented themselves previously.

931. You think that there has been a decided increase of the disease among the population of late years?—As far as my experience goes, and that of my colleague, Dr. Monaghan, there is no doubt of it. The return which I have here, gives the number of 82 syphilis cases for the year 1850; 120 for the year 1851; 153 for 1852; and 164 for the year 1853; and I should mention here, that that return is far short of the truth. When a patient is admitted to the union he is registered at once; his name is put down, and his disease is registered almost immediately; and where there are such a vast number of inmates as in our union, the registry would never be kept if the disease of the patient was not taken down as soon as he came in. Paupers suffering from that disease generally conceal it; they mention some other disease, and it is not till some time

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after that the fact comes out; and consequently not one-fourth of the cases of syphilis are recorded in this return from that circumstance; they mention any other diseases they may have, such as pains or chest disease.

932-3. When patients are admitted into the hospital, are they put down in the book as labouring under the disease which they then state, which in some cases is stated falsely, while in reality they may be labouring under syphilis?—Yes, and the number is so great that an alteration is not made in the book when it is found out afterwards that they are labouring under syphilis, so that our documents cannot be accurate; there may be 50 or 60 patients examined, and the medical officer inspects them, and they are put down in the registry; then one or two days after it is found that some of them have syphilis.

934. Mr. D. Seymour.] Do you think that if those women could get accommodation at the Lock Hospital they would feel the same delicacy?—Not one would come to us then.

935. Would the circumstance of their having to be registered and giving their names at the poor-house affect them in their choice of the Lock Hospital?—No, I think not; it is the difference of diet and seclusion.

936. Dr. Brady.] They are better treated in the Lock Hospital, are they not?—Yes.

937. Chairman.] Was it your custom formerly to send bad cases of syphilis to the Lock Hospital?—Yes, in every case that we could.

938. What was your object in so doing?—It was done to keep syphilis out of the union, as there were some cases reported by the master of the workhouse of women who had come in for syphilis, after they were cured, remaining in the house, and getting the confidence of young girls, and inveigling them out and making them prostitutes. There were some cases many years ago brought before the Board, and a stringent order was passed by the Board that all cases of syphilis should be removed to the Lock Hospital.

939. Do you think the exclusion of syphilitic patients from the workhouse altogether would conduce very much to the better regulation of the institution?—I should say that it would be most desirable indeed.

940. Do you think it would prevent that contamination which is almost unavoidable in a workhouse?—There are a vast number of young girls reared up in that workhouse at present, upwards of 500, and when they come to the age of 15, they associate with the able-bodied women, and may come in contact with prostitutes without any circumspection or check.

941. Is it the case that prostitutes seldom come into a workhouse except they are afflicted with syphilis, or are going to be confined?—Yes, those admitted with syphilis are always bad cases.

942. Mr. D. Seymour.] You said that you had been in the habit of making orders to send patients afflicted with syphilis to the Lock Hospital; have you given up doing so of late years?—Yes.

943. For what reason?—In no case would they be received.

944. Is that on account of the insufficiency of the funds of the Lock Hospital to receive those cases?—I should say so.

945. That is the cause which you assign?—Yes.

946. Mr. Percy.] Is it still the custom to send those girls at the age of 15 into the adult ward?—Yes.

947. Has there been no alteration recently?—No; the master and matron endeavour to prolong the time, knowing the evil of the law.

948. No alteration has been recently made?—None whatever; a boy that is carefully reared and taught and well fed, and has had all attention paid to him, the moment he comes to the age of 15 (it is generally prolonged to 16 by our connivance), is then treated as a pauper; the test of destitution is applied to him, and he may be placed to break stones, and generally is; and a girl is placed in a juvenile laundry which we have in the institution, and retained there until 16, and sometimes longer, by the kindness of the matron.

949. Chairman.] Must a girl of 15 be put in the same room, and associate with every female pauper who is admitted into the institution?—Yes.

950. Mr. D. Seymour.] And with convalescent prostitutes?—Yes.

951. Chairman.] Do you think that if there were a hospital in Dublin for the treatment of syphilitic diseases, sufficient for the wants of the town, prostitutes could be excluded from the institution?—They could be excluded altogether by a very

a very simple arrangement, for if 10 beds were set apart in the Lock Hospital it would be nearly sufficient.

952. Would that have the effect of excluding prostitutes generally from the institution?—A few might come in still.

953. Would it have the effect of excluding the greater number?—Yes.

954. Mr. Percy.] Would the union have no power to enter into an arrangement with the Lock Hospital for the appropriation of 10 beds for their patients?—There is no provision under the Act. It has been frequently attempted with regard to fever, and we never could effect such an arrangement.

955. Mr. D. Seymour.] If the tendency of the mixture of these convalescent prostitutes with the other females is to increase prostitution, in your opinion would not it tend to lessen the increase of the venereal disease if all venereal patients were sent to the Lock Hospital?—Undoubtedly it would.

956. As a medical man, do not you consider that that would also afford greater means (and thus be another means of checking the disease) for the study of that particular disease by the medical profession in Dublin?—Certainly, it is a great evil that the Lock Hospital has been shut up from students.

957. In your opinion, if the students had greater opportunities of studying that particular disease, would it not tend to their improved education, and thus check the disease in its earlier forms?—There is no opportunity of a young man ever seeing syphilitic disease in the female till he gets into practice in Dublin.

958. Therefore, in your opinion, by preventing the increase of prostitution, which is the result of these women of bad character being associated in the same ward with women of virtuous character, and indirectly, by affording the means of increased education to the medical profession, would the sanitary effect produced upon the health of the inhabitants of Dublin be very great if that plan were carried out?—Yes.

959. Dr. Brady.] Do not you think it would be advisable that the Lock Hospital should in some measure be connected with the other hospitals of Dublin?—Yes. I met a medical gentleman the other day, who was of 10 or 12 years' standing, and we were talking on the subject, and he admitted to me that he had never seen three cases of primary disease in the female in his life, and he is in charge of a hospital.

960. Mr. D. Seymour.] Is the opinion of the medical profession in Dublin in favour of extending the means of education to the students, by an increase of the means of the Lock Hospital?—I should think it is.

961. Are you aware that that want is expressed and felt by the medical profession in Dublin, in the absence of such means of education?—Certainly.

962. Is that the general feeling of the profession?—Yes.

963. Dr. Brady.] Then you would not keep the Lock Hospital in its present position?—No, I would throw it open.

964. Mr. D. Seymour.] Do you know the dietary of the Lock Hospital?—No, I do not.

965. What is the cost to the Poor-law Union of supporting a pauper?—At present, about 2s. a week.

966. We have been told by a previous witness that 20l. a year is the expense of each bed in the Lock Hospital, and you say that 2s. a week is the cost of each pauper to the Poor-law Union?—Yes, and 3s. a week is the cost of a pauper in the hospital.

967. Does the 3s. a week include the house and the diet?—Three shillings a week is the price of a sick man's diet, but does not cover his other expenses.

968. If 3s. a week would more than include the house and diet for a pauper affected with disease in the workhouse, in your opinion, would not the same amount support a person in the same class of life at the Lock Hospital?—I should say not; there is no class of patients who require better food than syphilitic patients.

969. Then if the Lock Hospital pays three times as much, if it pays 20l. a year for each bed, would you say that that might be reasonably accounted for from the superior dietary required?—Yes, certainly.

970. As a medical man, are the Committee to understand you to say, that the dietary of the workhouse is not suited to the condition of venereal patients?—It is not in many cases.

971. You have given in answer that you consider that the extra expenditure

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in the Lock Hospital may reasonably be accounted for from the superior food which the necessities of the disease call for?—I think so.

972. The Committee would like to have your opinion as a medical man as to how much extra above the cost of maintaining a pauper patient at your establishment would be sufficient to supply food at another hospital?—Three shillings a week extra.

973. Dr. Brady.] Then you would say 5s. a week?—Yes, from five to six shillings.

974. Mr. Percy.] Is not it a fact that you cannot compare such an amount in two hospitals where the numbers are so very different, because the establishment charges, with a very few patients, are a very much larger amount per head?—My answer was restricted to the cost of diet alone.

975. Mr. D. Seymour.] Suppose an institution like the Lock Hospital maintaining a great number of women upon a large scale, would not the expense of medicine and other matters be saved in proportion to each individual; taking the 150 patients at the Lock Hospital, would not the average expense of each individual be less in medicine and other matters than in your institution; if you had to make up a larger quantity of medicine for a larger number of patients, would not that lead to greater economy in the expenditure on the medicine?—No, I do not think it would make any remarkable difference.

976. Mr. Percy.] Do you send any patients to the other hospitals in Dublin?—We have done so occasionally; we pay so much a week to the Hardwicke Fever Hospital to take the fever patients off our hands.

977. Mr. D. Seymour.] Do you ever receive from the Lying-in Hospital any persons who have been confined there?—Yes.

978. Did you say that you occasionally received into the workhouse a woman who comes direct to you after being confined in the Lying-in Hospital?—Yes.

979. Dr. Brady.] You say that you think it is necessary that the medical profession should be better informed upon the syphilitic disease; do you, of your own knowledge, know of any injury having happened to society from the fact of a medical man making a mistake with reference to an irritable sore, deciding that it was syphilis?—I have heard of such mistakes being made, but I think they very rarely occur; but I do not think there is any other disease except syphilis in the female which there is an impossibility of learning in Dublin; that disease cannot be learned in Dublin; a medical man may pass through his course of study without ever having seen a single case of it in the female.

980. Are there no syphilitic wards at all in Dublin?—In Stevens's Hospital there are syphilitic wards, but they will not take female syphilitic cases unless the female has a certificate of marriage; and in such a case the person would be seen privately by the medical man, and the class would not be allowed to see her. I lived four years and a half in Stevens's Hospital, and I never saw a female patient with primary syphilis there.

981. Mr. D. Seymour.] In the primary condition of the disease might not the system of out-door attendance to venereal patients be prudently adopted?—They do go to the dispensaries in the city.

982. In the bulk of venereal cases which have come within your experience, as a medical man, what proportion does the number of cases which you consider should be treated as in-door cases, bear to the number which you think might be treated as out-door patients?—I think with syphilis, no matter how minute the sore, the sooner it can be treated the better. It appears to be a very slight and painless disease at first; then is the time to take it. If it is allowed to go on for two months sometimes medical aid cannot cure it; it takes years, sometimes, to do so; it is an animal poison introduced into the system, and should be promptly arrested.

983. With reference to out-door medical relief to persons afflicted with syphilis, in your opinion, are there many persons among that class who have a habitation to which the doctor could go to see them as out-door patients?—I think not.

984. Do you think that there are any considerable proportion among them who use the house, and receive the advice of the doctor, who could maintain themselves irrespective of the gains of their unhappy livelihood?—No.

985. Would not those be two reasons against the suggestion of out-door relief?—Certainly.

986. Your opinion is that those reasons apply very generally?—Yes.

987. Chairman.] Has your experience, as a medical officer in the Dublin Union,

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Union, shown you the evils of admitting fever patients into the workhouse?—It has.

988. Will you be good enough to state some cases in which those evils were most apparent?—I should state that the North Dublin Union is a particularly healthy institution; it stands high, its arrangements are probably as good as any other workhouse in Ireland, and we never had fever in the workhouse in the first few years of its establishment; ventilation, cleanliness, and the absence of crowding prevented it.

989. Where were the fever patients then treated?—In the hospitals of the city; but we never had fever in the union.

990. Mr. Percy.] Or erysipelas?—Not to any extent.

991. Or hospital gangrene?—No, neither disease was epidemic. In the year 1846 fever first obtained a footing in the workhouse, being admitted at the gate. The Hardwicke Fever Hospital is in close vicinity to the workhouse, and as long as they could give admission to all the fever patients we remained free. The moment the Hardwicke Hospital became crowded, the fever patients came to us, and the law is such, that if a man with typhus fever is brought up to our gate, the guardians have no resource but to admit him.

992. Chairman.] Did I understand you to say, that the fever broke out in your union in 1846 for the first time?—Yes.

993. Can you attribute that to any cause?—Directly to the admission of infected persons within the walls.

994. From whence did they come?—From the city at large.

995. Why was it necessary in that year first to admit fever patients within the walls?—From the crowding of the Hardwicke Hospital.

996. Has it been the practice to send fever patients, who apply for admission to the workhouse, to the Hardwicke Fever Hospital?—It has.

997. Has that practice continued?—It has always been attempted, but the absence of room in the Hardwicke Hospital frequently interferes with it, and on many occasions the greatest evil has resulted from the introduction of fever patients within our walls.

998. Where is the fever hospital situated in the workhouse?—We have no proper arrangement for it in the workhouse; we are obliged to place the fever patients in wards which are exposed to constant communication with the other wards.

999. Mr. Percy.] Is not that the case with the hospitals in London?—I am not aware of the fact.

1000. Are not fever patients interspersed with other patients, and not put into separate wards?—Unless there is a first-rate system of ventilation, it is a most dangerous proceeding; wherever it has been tried in Dublin workhouses it has been followed by the most fatal results. I have reports that bear strongly upon the point.

1001. I suppose you allow very few cubic feet to your patients?—Not as many as would be desirable.

1002. Do you know at all the number of feet allowed?—I think from 600 to 800 cubic feet.

1003. Does that arise from the inability of the house to afford more ample accommodation to the hospital department?—It does; there has been great attention paid to the subject, and as a workhouse the ventilation is better probably than many others in Ireland, but still there is not at all a sufficient amount of ventilation for the treatment of fever patients.

1004. Chairman.] Can you say the same of the small-pox and scarletina?—I can. Several cases of both diseases have been admitted within the union, and they have spread, and produced epidemics.

1005. Would that be the case if the Hardwicke Fever Hospital was capable of containing a sufficient number of patients?—It would not. Whenever the Hardwicke Fever Hospital could take away our fever patients, we have been free from epidemics.

1006. Mr. Percy.] Your epidemics are only typhoid, are they?—Scarletina, small-pox, and typhus.

1007. Chairman.] Have the beds been reduced in the Hardwicke Fever Hospital?—The beds have been reduced in the Hardwicke Fever Hospital.

1008. Does not the union pay for the support of those fever paupers who make application to the union, and are then sent on to the Hardwicke Fever Hospital?—

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At present, there is 4 s. 8 d. paid weekly for a fever patient, who is sent to the Hardwicke Fever Hospital.

1009. Is that sufficient to support them in the hospital?—I should think amply so.

1010. Why is it that a reduction of beds in the Harwicke Fever Hospital, as regards paupers, has taken place?—They take them when they can. Their medical officers are most courteous to us, and they take all they can; but it so happens that whenever fever becomes epidemic and we look for assistance from the Hardwicke Fever Hospital, their doors are closed against us: their beds are full, and we are then obliged to take in all the patients who apply to that hospital, and cannot get admission into it.

1011. Is it impossible for the Hardwicke Fever Hospital to make arrangements for the admission of paupers to the amount required, under their present system?—I should say not impossible.

1012. Mr. D. Seymour.] Which, in your opinion, would be preferable, the Hardwicke Fever Hospital being enabled to increase its accommodation for patients afflicted with epidemic fever, or your workhouse means being increased to accommodate them?—The great point is to have a separation. If there were an hospital built for our workhouse, separate from the house, it would answer the purpose.

1013. Dr. Brady.] How many patients would be likely to be labouring under typhus fever in the various workhouses in Dublin during the year, weekly; is typhus fever generally prevalent in the summer?—No; it prevails at certain periods.

1014. I thought that fever seldom left Dublin?—Fever leaves the North Union, and only visits it when there is an epidemic through the city, and it is then admitted at the gates of the workhouse.

1015. Chairman.] Can you take it on yourself to say that the non-admission of fever patients would ensure the absence of fever in the union?—I would even hazard that statement. I have never found fever generated within the walls, having had 14 years' experience.

1016. Have you never known a single case of fever breaking out within the walls of the union when the city was in a healthy state, in a pauper who had been for some time in the union?—I have known a single case, but never a number of cases; in all my reports there are not more than three or four cases registered.

1017. Mr. D. Seymour.] Are the Committee to understand you to give it as your opinion, that provision ought to be made in the Hardwicke Fever Hospital to prevent the arrival of a person afflicted with epidemic disease at the North Dublin Union?—I fear that that hospital does not contain a number of beds sufficient to protect the North Dublin Union in case of epidemic.

1018. Chairman.] Is it your opinion that the North Dublin Union has felt the reduction of the hospital grants?—Yes, considerably.

1019. In what way?—From the difficulties in getting their patients admitted into the Cork-street and Hardwicke Hospitals; before the reduction of the grant they were enabled to get them admitted.

1020. Do you think that the reduction of the grant has directly tended to the admission of fever into the workhouse?—Directly.

1021. Have you any reports in corroboration of that opinion?—I have.

1022. What reports are they?—My own reports to the Board of Guardians. The first that I will read is dated "5 November 1851. Since last Board day eight cases of fever have been admitted, and since the 1st of October, the number of persons labouring under fever that have been received amount to 30. Owing to the want of room in the Hardwicke Hospital, and the refusal on the part of the authorities at Cork-street to receive patients from this institution, the majority of the above patients have been treated in the male hospital wards here. The ward, No. 5, set apart for the purpose of a fever ward, is filled; and serious apprehension of the disease spreading amongst the inmates may be entertained, unless some check is placed to the further admission of fever patients."

1023. Mr. D. Seymour.] To whom is that report addressed?—To the Board of Guardians.

1024. By you?—Yes.

1025. Mr. Percy.] What is the reason that the Cork-street Hospital will not accept

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accept your patients?—They gave us every facility when they could, but from their own wards being full, and particularly when the reduction of the grant limited their power of receiving our patients, they were not able to do so; they were at all times most courteous in endeavouring to relieve us.

1026. Chairman.] Will you read a report made at a different time?—This is an extract from a report made 12th February 1851: "Here it may be mentioned that no epidemic diseases have been generated within the workhouse, and that those cases of fever and dysentery that have occurred were admitted in the diseases. This absence of epidemic disease occurring within the house is a most favourable fact, and an unusual one under such circumstances of pressure as exist at present upon the medical department, and is doubtless mainly to be attributed to the great improvement that has taken place in the arrangements of the wards with respect to ventilation, cleanliness, and absence of crowding. This improvement in the condition of the hospital wards at the North Union, and at the same time the great reduction in the public hospitals of the city, owing to the withdrawal of the Government grants, have conjointly aided to direct to this institution a vast number of invalids that have sought and found its shelter solely as an hospital; and the result is, that the wards now are filled with an important class of cases that call for a more careful medical investigation, involving infinitely more of the medical officer's time than the routine cases of mere destitution that presented themselves heretofore. This pressure upon this institution from the reduction in the city hospitals must continue and increase as a further reduction of their funds is expected annually to be made." At the end of the report, I say, "Another subject which I think it necessary to bring strongly under the consideration of the Board is, that although there is a Commissioner's order, and also a Board order against the admission of contagious disorders, yet if a destitute person now presents himself labouring under small-pox, scarletina or typhus, if he has a relieving officer's ticket, he must be admitted, and placed in a ward in close proximity to other patients. In this manner heretofore has contagious disease been introduced, and the establishment will never be free from the danger of an epidemic until arrangements are made for the complete exclusion of such objectionable cases."

1027. Is it your opinion, that a distinction should be made between the relief of destitute sick and the ordinary cases of destitution?—It is.

1028. And that there is great difficulty in treating them in the same institution?—A separation should be strictly made with regard to contagious disorders.

1029. Is a workhouse adapted for an hospital?—I think not. There are many reasons which would make it impossible to use the North Dublin Union as an hospital.

1030. Dr. Brady.] Do you think it would be advisable to have the hospital away from the workhouse?—Decidedly.

1031. Mr. Percy.] Is the dietary sufficient for sick persons?—Great attention has been bestowed upon the dietary of the North Union, and it is very well suited to a number of the cases that come before us; but still it is in some respects a deficient dietary. There is no one diet that is sufficient to pull up a man that is thoroughly weakened.

1032. Dr. Brady.] Have not you power, as a medical man, to order any extra refreshment that you think proper?—Yes; but there is a limit fixed. The highest meat dietary that there is contains only a quarter of a pound of meat per day.

1033. Supposing that a patient is merging from severe typhus fever, have you not power to order an increase of the diet?—Yes, we have.

1034. Mr. Percy.] Have you had latterly any increase of applications from lying-in women for relief at the workhouse?—I think not. I have the number of births here in the year; they show an advance. In the year 1850, there were 57 women delivered; in the year 1851, 62; in the year 1852, 65; and in the year 1853, 94.

1035. That is a gradual increase?—Yes.

1036. That cannot be attributed in any degree to the diminution of the beds in the Lying-in Hospital, can it?—I do not know.

1037. Sir F. Lewis.] You stated in one of your answers, that a great many syphilitic patients were admitted, whose diseases were not made known in the first

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first instance; how does that arise; is it that the persons themselves are ignorant of their disease, or are they shy of making it known?—They are shy; they say that they have a chest affection, or something of that sort. They generally have some other disease.

1038. Does that apply to primary symptoms or secondary symptoms?—To both; the system of registration prevents the statistics of poor-houses in Ireland being depended upon; the urinary diseases for the whole of Ireland on one particular day, according to the census, amounted to only 61; that will give the Committee an idea of the inaccuracy of the return.

1039. *Chairman.*] Could you furnish the Committee with a return of the number of paupers in the hospitals of the North Dublin Union for the last 10 years?—No, I could not.

1040. *Mr. Percy.*] You stated that there was a gradual increase in all the figures?—In all the figures.

1041. Can you account for that in any way?—The country has not sufficiently recovered.

1042. *Lord A. Harvey.*] What means have you of knowing that the number of fever patients has increased since the reduction of the Parliamentary grant?—I have my reports accurately for every year.

1043. *Sir F. Lewis.*] Are the persons who come in in this syphilitic condition generally ignorant of the state in which they are themselves?—No; generally speaking they have been on the town for weeks, with the disease on them, before they seek admission.

1044. *Dr. Brady.*] Do not you think it would be advisable that the medical man should have power to order proper nourishment for the patients whom he is attending, irrespective of the control of the guardians?—It is understood that he has.

1045. But you say that you are restricted?—We have consented to a dietary; there has been a great deal of attention paid to the subject.

1046. Then you wish the Committee clearly to understand you to say that the present dietary is quite insufficient for a patient recovering from typhus fever?—I think so; I do not think that we have a sufficient dietary. It takes a considerable time now to bring a patient round, whereas he might be brought round in a short time.

1047. Therefore the parish is no gainer by it?—No.

Lunæ, 8^o die Maii, 1854.

MEMBERS PRESENT.

Sir Frankland Lewis.
Mr. Whitmore.
Dr. Brady.
Mr. Percy.

Mr. Kershaw.
Lord Alfred Hervey.
Mr. Grogan.
Lord Naas.

THE RIGHT HONOURABLE LORD NAAS, IN THE CHAIR.

Dr. Daniel F. Brady, called in; and Examined.

Dr. D. F. Brady.

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1048. *Chairman.*] ARE you Vice-chairman of the North Dublin Union?—Yes, I am.

1049. How long have you been so?—Fourteen years a member of the Board.

1050. Have you attended regularly at the Board during that time?—I have.

1051. Do you consider that the reception of syphilitic patients in the North Dublin Union is demoralising?—I consider that nothing could be more so.

1052. Why do you think so?—In a workhouse particularly, where people are driven from necessity, and where classifications are almost impracticable; particularly amongst the females, who at the age of 15 are supposed to reach adult life, it would be impossible to have classifications; and the opportunities of mixing with those abandoned people who seek relief from the venereal disease there has a most injurious effect upon the morality of the population.

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1053. Is classification attempted amongst the adult females?—After they attain the age of 15 it would be impracticable, and it does not take place after that age.

1054-5. Are common prostitutes and virtuous women in daily intercourse?—They are. Syphilitic cases have been on the increase very considerably; I can show, by a statistical report for the last four years, particularly from the time of the hospital grant being partially withdrawn, that they have increased more than 50 per cent.

1056. Have you that return with you?—I have.

1057. Will you have the kindness to produce it?—This shows the four years, under different heads, syphilis, measles, small pox, scarlatina, fever, pneumonia, bronchitis, dysentery, ophthalmia, fractures, disease of joints, disease of kidneys, disease of spine, erysipelas, and so on; taking the males and females, and making a total. It was drawn up with great care. If the Committee compare the number in 1850 and the number in 1853, they will find an increase of 70 per cent. Many of those people are driven to seek workhouse accommodation from the want of a syphilitic hospital. I know cases where women comparatively virtuous have contracted the venereal disease, and from the impossibility of getting hospital accommodation, they have been driven to seek shelter in our workhouse, and probably not only burthen the ratepayers with the expense of a syphilitic patient, but burthen the workhouse with three, four, or five children in addition to that; and from the experience that I have had, and 14 years' experience will warrant its being considered valuable, I find those people have a disinclination to leave the workhouse afterwards, so that they become a permanent expense upon the citizens of Dublin.

1058. Why do you think that classification in the adult female wards in the union is impossible?—They are a fluctuating population, and the accommodation that that would necessarily enhance would add very considerably to the expense. As far as our arrangements have gone, economy is one very material object with us; we have been able to accommodate our paupers, perhaps, at a less rate almost than any other workhouse, taking into account the expense of provisions in the metropolis.

1059. Is the Committee to understand that there are two difficulties with regard to classification; the first as regards the expense, the second as regards the uncertainty of the character of the persons admitted?—Precisely so.

1060. Would it be difficult to discover who are well conducted and who are not, until they have been some time in the institution?—Yes; but independently of that, the accommodation required in the workhouse would increase the expense very considerably. Our workhouses are built with a view of accommodating a certain number; and if you are to insulate those buildings for classification, it would add very considerably to the expense, as well as involve an increase of the staff.

1061. Do you think that the establishment of a hospital for the relief of the venereal disease in females, sufficiently large for the requirements of the town, would have a great effect in keeping prostitutes out of the workhouse?—There is no doubt about it; it would be the best policy, in my mind, that the Government ever adopted.

1062. Is it the case that a great number of the prostitutes who enter into the workhouse come in under syphilis, and then remain?—They do; they come there to be cured, and in some cases they have even come there for very base purposes; cases have occurred where they have come in to take away virtuous females for the purpose of prostituting them.

1063. As procuresses?—Yes.

1064. Have you known instances in which they have been successful in alluring young and virtuous females out of the institution?—I have; and I have known cases where, from close inquiries, it has been detected in time to save them; but in some cases it has not come to our knowledge until it was too late.

1065. Do you admit fever patients into the workhouse?—We must admit every one who is destitute; but we contract with another hospital for the reception of fever patients. I am sorry to add, that the Hardwicke Hospital from necessity has been driven to close one of its wards, and that in some cases we are obliged to take fever patients into the workhouse at very great risk to our other inmates.

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1066. Is that at the hazard of the general health of the inmates of the institution?—Yes, of 2,500 people.

1067. Would it be possible to admit medical pupils into the infirmaries and hospital connected with a workhouse?—I think it could not be done. I think it would interfere with the discipline of the house very materially. I would say that such is the difficulty of keeping up discipline in a workhouse, that it would be impracticable with due justice to the institution; besides, I think it would have other injurious effects; I think it would be too great a temptation, it would demoralise and upset the machinery of the house. Though I set a great value upon means being provided to enable medical men to acquire a knowledge of syphilis, both for the army and the civil service, I still hold that it would be a very unwise thing to afford that means in a workhouse.

1068. Have you known many cases of relapse in fever patients who have been admitted to the hospital and infirmary, and then discharged into the general body of the house?—I have. Economy is the great thing in a workhouse, and with that view we farm our fever cases out, and pay for them 8*d.* a day; but that being a very small price, it is probably not sufficient to recruit the health of the patients sufficiently, as is done in other hospitals, and they come back to us, and in too many cases relapse; for 8*d.* a day, which is 4*s.* 8*d.* a week, would not be sufficient to treat them fairly, and put them upon their legs, so as to give them a fair chance of ultimate recovery.

1069. Are those relapses accompanied with the risk of imparting the fever to other patients in the house?—Yes.

1070. Have you noticed any effect of the reduction of the hospital grants to the city of Dublin, upon the admission of paupers to the workhouse?—There is no question that from 1849, the period when the hospital grants were curtailed, up to the present time, it has thrown a very large additional number upon our workhouse. The people are driven, from necessity for relief, to become paupers before they can get relief; that occurs with servants, and many in the middle ranks of life, from the want of hospital accommodation. People are obliged to become paupers, in order to entitle them to relief in a workhouse. Such cases are by no means rare; they have come under my own immediate knowledge, and I have been frequently applied to to admit patients whom I did not think entitled to relief at the workhouse, when it was evident that their sole object was hospital relief; and I have never given an order of admission until I satisfied myself that they have used due diligence to get into the hospital, and have failed.

1071. Did they make themselves paupers for the purpose of obtaining medical relief in the workhouse?—Precisely so; and not only themselves, but their children also.

1072. Do they, in consequence, lose that position in society which enables them to obtain employment as servants?—They do.

1073. Have you known many cases of that kind?—I have; and further than that I know, not only with reference to Ireland, but also to England, when once persons have been habituated to workhouse life, they are such people as I should be very sorry to employ; as far as regards agricultural labour, they are valueless; I would not employ myself, in farming pursuits, a labourer who had spent two years in a workhouse.

1074. Does that objection apply still more strongly to domestic servants?—I think it applied equally to domestic servants.

1075. Mr. Kershaw.] Are there many cases in which domestic servants contract syphilitic disease?—I would say not so many; there are some.

1076. Are there many among the labouring class?—I would say there are probably some agricultural and farming servants and domestic servants. I have never observed any particular class.

1077. In that case, your objection cannot apply very largely to that class of individuals; you have stated that domestic servants contracting the disease and going into the workhouse do not make good servants afterwards, and that you would not like to employ them?—Yes.

1078. Then I asked the question whether there were many domestic servants who contracted this disease. Your reply was, "Not very many." Then I put the same question with regard to the labouring classes. You think, with regard to that also, there are not many who contract the disease; is not the inference, therefore, that your remarks do not apply to a very numerous class, I mean

mean the numerous class of servants, and of the population?—My answer applied to towns; I spoke as the vice-chairman of the North Dublin workhouse; and I also intended to show that syphilitic cases had very much increased in our union from the want of hospital accommodation elsewhere; and I then endeavoured to show that in the year 1850 the applicants for relief were about 30; that they had gradually increased up to 1853, when I think they averaged 150. Of the class of people of which they were composed I am not prepared to speak, because the majority of that class of people labouring under syphilis wish to conceal their circumstances; it would be very hard to say to what class of people they belonged; I would say that probably they were pretty equal.

1079. Chairman.] Did the remarks you made apply to persons who seek admissions from syphilitic diseases only?—No.

1080. Did your remarks apply to those who generally seek the workhouse for the purpose of obtaining hospital relief?—Yes, from every disease.

1081. Dr. Brady.] In your opinion, what number of beds would be sufficient to supply the wants of Dublin as regards female syphilitic cases?—I have not given much attention to the subject further than from my connexion with the North Dublin Union. I would say 300.

1082. Do you think that would be quite sufficient to relieve all the Dublin unions?—I should rather have the authority of those gentlemen who have given more attention to a syphilitic hospital on that point; but I would say 300.

1083. It was stated here by a medical officer of one of the unions that the support allowed to patients recovering from typhus fever was not sufficient, in his opinion; is that your opinion?—I think it is not sufficient to do the patients justice; and I think the same argument would refer to the fact I have just stated; that, with a view of keeping fever out of the North Dublin Union, we farm out the fever patients to the Hardwick Hospital at a small price, far under what I should consider sufficient, so as to perfect their recovery, and in consequence of that there are many cases of relapse, which is just the reverse with the fever hospital at Cork-street, where they do not let their patients out until they are sufficiently recovered; but our object is economy, and we find a great difficulty with our medical officers, who invariably make an effort to establish the health of their patients, and regardless of expense to do that which their medical education tells them to be right, and we as guardians have to contend with that, and we find it extremely difficult sometimes to keep them within bounds; for, although we have a special dietary, the deviations from it are many; but our expenses would run up too high if we did not exercise that control; and this is occasioned by the want of fever, syphilitic, and other hospitals of that nature.

1084. Do not you think it would be cheaper in the end if the medical officers had the power to order, without the superintending control of the Board of Guardians, such nourishment as they thought proper for the advantage of the patient?—As a medical man, I would say, yes; but as a guardian, I would not give that power.

1085. I am speaking as regards the ultimate economy; do not you think that a man being restored to health by proper nourishment would be sooner removed from the workhouse, and thereby lessen the expense to the union?—Anywhere but in a workhouse; in a workhouse you must have a detached hospital to carry that into effect.

1086. I am speaking of the ultimate economy to the union?—I have stated that there is no doubt at all about it anywhere but in a workhouse; in a workhouse the abuses would be too many, and the expenses would be too great; irrespective of a workhouse, I would say, yes.

1087. Mr. Percy.] You said that agricultural labourers lost muscular power in the workhouse; to what do you attribute that?—To the want of employment; employment is tried, but we find it impossible to employ paupers successfully on a large scale.

1088. Dr. Brady.] Has the dietary anything to do with it?—We certainly do not overfeed them; our dietary is very economical; our present rate is about 1*s.* 8*d.* per week for an able-bodied pauper; the expense has been gradually increasing; provisions have been getting up, but our last statistical returns show that our able-bodied paupers stood us in 1*s.* 8*d.* Then we allow 3*d.* for clothing, and 8*d.* establishment charges; establishment charges include the salaries of the doctors and the staff of the institution, and things of that kind; the expense

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of a patient in the hospital is 2s., with the 3d. for the clothing and the 8d. establishment charges, which is about 4d. more than the cost of our able-bodied paupers, so that the diet, no doubt, may have something to do with it.

1089. In your opinion what would be the proper expense attendant upon each bed in the Lock Hospital, taking a bed by the year; supposing there were 300, what would they cost?—Taking them upon the average, I should say 10s. per head per week. I should rather some person more conversant with that particular subject would give an opinion. The Cork-street Hospital, into the details of which a gentleman here will be prepared to enter more fully than I can, would be a very fair criterion to judge by.

1090. How do you reconcile the fact of its costing 10s. a week for syphilitic cases, when you do not allow a pauper to cost 3s. a week?—The secondary symptoms necessitate very expensive treatment. There has been strong evidence to show that patients under secondary symptoms are a very expensive class of people. In the first place, cases of primary symptoms are not so expensive; but I should think, to do the thing fairly, taking the average of primary and secondary symptoms, it would cost 10s.

1091. Have you any knowledge of the treatment observed in the Lock Hospital in secondary cases?—Unfortunately that hospital is closed against pupils; and myself, with others, felt the injurious effects of that when pupils; and consequently I am sorry to say that that branch of education has not the same facilities in Dublin that others have, unfortunately so for the army and the civil service too.

1092. Do you know whether sarsaparilla, which would be the most expensive medicine, I believe, which would be applied in secondary symptoms, is not very commonly used in public hospitals, and more particularly in the Lock Hospital?—I am quite aware of that.

1093. You are aware that it is extensively used?—Yes, not only in the Lock Hospital, but in all others.

1094. Mr. Percy.] What does your medical staff at the North Dublin Union consist of?—We have permanent staff two medical officers, a resident apothecary, and when there is a pressure we allow an assistant. Sometimes we are obliged to have a second assistant; but the permanent staff is three.

1095. Do you think that sufficient for 2,500 persons?—We generally have close upon 50 per cent. either in the hospital or infirm.

1096. Dr. Brady.] What is the amount of money paid for drugs by the North Union yearly?—It varies.

1097. What is the average?—About 300 l. a year.

1098. Mr. Grogan.] Would not a great number of those cases to which you allude be chronic cases?—Yes.

1099. Mr. Kershaw.] Has the number of paupers been diminished in the last two or three years in your union?—It has increased, particularly the percentage of the sick; it would go very close upon 50 per cent. I would say 45 per cent.

1100. Mr. Percy.] You have three medical attendants to 1,500 patients?—Three permanent; but at present we have one assistant in addition, and sometimes we have two assistants, according as a pressure comes. It works our medical men very hard; but they are men of very superior accomplishments and education, and they are very well able to do it.

1101. Dr. Brady.] Not a few of the medical men in the union lose their lives, I suppose, by fever?—I cannot say that is the case in our union; we are very careful of our medical men.

1102. Chairman.] Do you put in a return of the number of paupers in the hospitals of the North Dublin Union during each of the last four years?—I do.

[The same was delivered in, and is as follows:]

RETURN

RETURN of the Number of PAUPERS in the HOSPITALS of the NORTH DUBLIN UNION during each of the last Four Years.

Dr. D. F. Brady.

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DISEASES.	1850.			1851.			1852.			1853.		
	Males.	Females.	TOTAL.	Males.	Females.	TOTAL.	Males.	Females.	TOTAL.	Males.	Females.	TOTAL.
Syphilis - - - -	49	33	82	68	52	120	70	83	153	59	105	164
Measles - - - -	-	-	-	42	33	75	15	9	24	8	21	29
Small Pox - - - -	7	4	11	1	3	4	10	6	16	-	-	-
Scarlatina - - - -	10	3	13	12	5	17	8	3	11	-	-	-
Fever - - - -	167	123	290	105	149	254	234	291	525	23	369	392
Pneumonia - - - -	27	8	35	55	18	73	33	11	44	27	18	45
Bronchitis - - - -	69	58	127	81	78	159	110	87	197	156	92	248
Dysentery - - - -	93	81	174	131	103	234	68	89	157	73	61	134
Ophthalmia - - - -	51	33	84	96	85	181	76	68	144	123	87	210
Fractures - - - -	9	6	15	15	10	25	12	9	21	11	13	24
Disease of joints - - - -	32	21	53	43	28	71	28	16	44	37	29	66
Disease of kidneys - - - -	16	13	29	17	7	24	21	15	36	19	11	30
Disease of spine - - - -	3	5	8	12	6	20	16	-	18	23	-	23
Erysipelas - - - -	4	11	15	14	9	23	13	8	21	14	18	32
Ulcers - - - -	58	34	92	96	42	138	120	90	210	127	108	235
	595	433	1,028	878	630	1,508	836	785	1,621	700	936	1,636
Other diseases; viz. scrofula, skin diseases, consumption, and chronic chest affections, together with those caused by destitution and incident on old age - - - -	-	-	1,247	-	-	1,592	-	-	2,029	-	-	2,269
TOTAL - - - -	-	-	2,275	-	-	3,100	-	-	3,650	-	-	3,905

Daniel F. Brady.

Dr. William Henry Porter, called in; and Examined.

1103. Chairman.] ARE you Professor of Surgery in the College of Surgeons in Dublin?—I am. Dr. W. H. Porter.

1104. With what hospital are you connected?—The Meath Hospital.

1105. What position do you hold in that institution?—I am one of the surgeons to it.

1106. Will you state to the Committee the general history of the hospital?—It was founded at the time that the county infirmaries were established in Ireland; at that time there was a hospital ready built in the Earl of Meath's Liberty; and I believe, with the object of economy, it was selected to be the County of Dublin Infirmary; and from that time the two establishments have been associated under the name of the Meath Hospital and County of Dublin Infirmary, under one roof.

1107. At whose expense was it built?—I cannot tell; it was a very old establishment in the Earl of Meath's Liberty.

1108. Was it established in 1776 as the County Infirmary?—Yes; it was in existence before that as the Meath Hospital.

1109. What accommodation for patients is there in the Meath Hospital?—Sixty-four beds, as belonging to the County Infirmary, to the infirmary portion of it; 36 for fever cases supported by the Government grant.

1110. Is the Government grant applicable then to any portion of the expenses of the hospital, except those connected with the fever beds?—To nothing but the fever beds.

1111. When was that grant first given?—It commenced in January 1828. In the years 1826 and 1827, fever was dreadfully rife in Dublin, and at that time the Government built wooden sheds on the grounds of the Meath Hospital, and pitched tents, which accommodated above 200 patients; and they employed the vacant wards in the building itself for convalescent patients. When that epidemic subsided, the Government thought, for I believe it originated with them, that the empty wards in the house might be applied with great value to the maintenance of fever beds, as a check to the progress of any future epidemic; and they applied to us to know if we would give them those wards. I have a letter, I think, in the time of the late Lord Melbourne, when he was Secretary; and

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Dr. W. H. Porter. and the Lord-lieutenant got those 36 beds under the total control of the Government, and solely for fever purposes.

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1112. Put that letter in?—It is not the original letter, it is only a copy, but I will put it in if the Committee wish.

[The Witness delivered in the following Letter:]

Gentlemen,

HAVING submitted to the Lord Lieutenant your registrar's letter of the 8th instant, suggesting by your directions that 36 beds be retained in the Meath Hospital, for the accommodation of persons affected with fever, the probable annual expense of which is estimated at 551 l. 14 s. 4 d., I am to signify his Excellency's approbation of the same, and to acquaint you that these 36 beds are to be placed at the disposal of his Excellency, to be occupied in such manner as may appear best adapted to prevent the spreading of fever in Dublin, and that no charge shall be made except for these beds, which shall be occupied by fever patients, as the sum to be granted is to be applied exclusively to the support of these patients. His Excellency also desires that a return shall be made quarterly to the General Board of Health of the number of fever patients admitted, discharged, and dead, the number of beds occupied during the quarter, and the expenses attendant thereon. I am to acquaint you that the above arrangement is to commence on the 5th of January next, 1828.

I have, &c.

(signed) William Lamb.

1113. What was the amount of the grant in 1827?—700 l. and odd, I think.

1114. Has it remained at that sum ever since?—It has not; the grant is given by estimate. In the beginning of the season we get orders to make an estimate of what the probable expense of those 36 beds will be; that estimate is sent in, and of course whenever it can be done, we keep within that estimate; but on two occasions, when prices were very high, we were obliged to exceed the estimate, and the Government paid it.

1115. What is the sum which has been paid within the last two years?—The last two years have come down to 560 l.; for there have been 10 per cent. reductions on two occasions.

1116. What was the date of the reductions?—The money is at present 567 l.; it has been cut down from above 700 l. There has been no reduction for the last two years.

1117. Does this sum differ from the grants to other hospitals?—It is not annually voted by Parliament specially for the hospital; it is a charge on the Concordatum Fund.

1118. Is the Concordatum Fund a fund annually voted by Parliament, and placed at the disposal of the Lord Lieutenant for charitable purposes?—I believe so.

1119. Does the Parliamentary grant cover the whole expense of the fever ward in the Meath Hospital?—It does.

1120. Are any of the other funds of the hospital applied to the support of the patients in the fever wards?—None that I know of.

1121. Mr. Grogan.] If the Parliamentary grant were withdrawn, have you funds for the maintenance of those wards?—Not for the maintenance of a single bed.

1122. Chairman.] How are patients admitted to those wards?—The fact of having fever, and applying.

1123. Mr. Percy.] Was the last grant sufficient to maintain the 36 beds?—No, it is not; we keep the beds, but they are not always full; it depends very much upon the applications and the prevalence of fever at the time, whether they should be completely full or not, and it has so happened that we have never been able completely to fill them since the grant has been diminished.

1124. Dr. Brady.] Then fever is less prevalent in Dublin than it was?—Yes.

1125. Mr. Kershaw.] Have you any voluntary contributions to this hospital?—Not to the fever part, but to the infirmary part; there are what we term subscriptions.

1126. Mr. Percy.] To what number have you reduced the fever beds?—We have not reduced the number of beds at all; and in the event of fever being so prevalent as that they should be occupied, I think we should make the attempt to occupy them, trusting that the Government would give us the difference; because

because on occasions when the expenditure has exceeded the estimate the Government have paid it.

1127. Mr. Kershaw.] You mean to say that the beds are not wholly occupied at all times, and then your expenses would be less?—Yes.

1128. They would be greater if the beds were all occupied?—Yes.

1129. Mr. Whitmore.] The fever has not been so prevalent since the grant was reduced, has it?—It has not.

1130. You have not been tried?—We have not been tried; we have the beds there, and of course they are maintained, and we have the establishment quite ready.

1131. Chairman.] What class of patients are generally admitted to the fever wards in the Meath Hospital?—They are generally humble farmers, country labourers, and artisans from the neighbourhood of Dublin, what we call journey-men workmen, and so on, and occasionally servants; gentlemen sometimes send their servants when attacked with fever.

1132. Are they not persons in the condition of paupers?—By no means.

1133. Mr. Percy.] Do you make a selection?—We do not, but sometimes they go to other places; of course, as I mentioned before, any poor person suffering with fever has only to apply, and we take him in.

1134. Mr. Kershaw.] But generally the patients are of the class you describe?—Yes, very humble farmers, cottiers, labourers from the country, artisans, workmen in factories, and that description of people.

1135. And gentlemen's servants?—Yes, but of that class there are very few.

1136. Mr. Grogan.] Do those gentlemen's servants bring recommendations from subscribers?—To the other part of the hospital they would; having fever it is not necessary.

1137. Chairman.] Is the Meath Hospital one of the most important educational establishments for fever in Ireland?—We endeavour to make it so.

1138. What number of pupils annually pass through the hospital?—They vary; but our average is 77.

1139. What fees do they pay?—According to the length of time for which they enter; it is 12 guineas for a year, and seven guineas for only six months.

1140. Was it in the Meath Hospital that the modern system of clinical instruction was first introduced in Dublin?—It was, by the late Dr. Graves.

1141. Do you consider that it is indispensable for a school of medicine that the fever patients should be admitted into an educational hospital?—I think it is the greatest possible advantage to make the education as perfect as possible in one house.

1142. Have the pupils in the Meath Hospital the advantage of seeing the treatment of all diseases?—They have.

1143. Do you grant a certificate of attendance?—Yes; and sometimes special certificates for particular attention.

1144. Is that certificate, or a similar one from another hospital, necessary for obtaining a degree in the College of Surgeons?—Yes; hospital attendance is indispensable for a degree or a diploma.

1145. To whom are the pupils' fees paid?—To the medical men who instruct them.

1146. Are they brought into the accounts of the hospital?—No.

1147. Do the medical attendants of the hospital receive any other payment except that derived from pupils' fees?—No.

1148. Do the physicians and surgeons receive any other emolument derivable from the hospital?—No.

1149. Have they surrendered the sum of 100 l. a year, which they had the power of claiming under the provisions of 13 & 14 Geo. 3?—Yes; that is given up for the use of the hospital.

1150. By whom are the medical officers of the hospital appointed?—By themselves; they fill up their own vacancies.

1151. Has the governing body nothing to do with their appointment?—No.

1152. Do you think that that system works well?—Most admirably.

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1153. Is it found that men of the highest position in the profession are elected as officers of the hospital?—That is a very difficult question to answer; because a man becomes high in his position in consequence of being elected, and after that.

1154. Do you obtain the services of men of sufficient medical position to discharge their duties properly?—Yes; and it is likely always that good men will be chosen from the mode of election, because the character of the hospital depends altogether upon the way in which it is worked, and it is the interest of the medical men that there should be good officers in the hospital.

1155. Dr. Brady.] You would not like to throw it open to competition to the profession?—It is open; every man who is a licentiate of the College of Surgeons is eligible.

1156. It does not follow that because a gentleman is educated there he should be surgeon of the institution?—Certainly not; but it operates in this way; of course the men who are the electors would be much more likely to be acquainted with the men whom they have taught, and their capabilities, and I think it is only reasonable to conceive that they will be more likely to select a man whom they know to be a good man than a person whom they do not know.

1157. Do you know any case of a man being elected as surgeon to that institution who did not originally belong to the school?—Not one; but I would explain it in the way I say.

1158. Then, in reality, the medical officers are appointed exclusively from the junior staff of the institution?—It has worked so with respect to the surgeons, but not so with regard to the physicians. I remember two or three instances differently.

1159. Mr. Kershaw.] May any properly educated man become a candidate?—Any properly educated man may become a candidate; there is no exclusion, further than that kind of exclusion of which I speak, that the medical officers would be much more likely to select a man with whom they are acquainted.

1160. Dr. Brady.] Are you aware, that in Guy's Hospital and St. Thomas's Hospital the surgeons are chosen by the governors of those institutions?—Yes, there are various modes of election; sometimes by the governors, sometimes by the subscribers at large; sometimes by mixed boards, sometimes by the medical men alone; and, as far as I have been able to observe, I think that our system works the best; we have never had a division or dispute; the officers work cordially together, and everything turns out in that way for the benefit of the patients. I think, in a difficult case in the Meath Hospital every officer is as much interested in its success as the person under whose special care he is.

1161. Chairman.] Do you think that the payment of the medical officers of a hospital by fees is preferable to payment by a fixed salary?—I think the medical officers ought always to have the fees, because it is a stimulus to exertion, although a trifling one.

1162. Dr. Brady.] You think that a fixed salary would be injurious?—I would not go so far as to say that it would be injurious; but, suppose them to be equal sums, 100*l.* a year salary, and 100*l.* a year from the pupils, I consider that the latter would be infinitely better.

1163. Mr. Percy.] There is a suggestion in the Report of the Commissioners of 1842 to this effect, that "if an arrangement were made that fever patients should be received as well from the county as the city of Dublin, in the Cork-street Fever Hospital, on the recommendation of dispensary physicians, that hospital with its present means and accommodation might probably be found adequate to the necessities both of the city and adjacent parts of the county." Is there an objection to such an amalgamation of the two, or, at all events, with regard to fever?—I am not so conversant with the working of the fever hospital in Cork-street as to speak to that. I suppose it would be all that would be required so far as regards recovery, but the particular value of the fever cases in the Meath Hospital is educationary.

1164. Chairman.] By that means every form of disease is presented to the pupil under the same roof?—Certainly. Of course if a fever case is brought into the Cork-street Hospital, I have no doubt it would be well taken care of, and the patient would recover just as well as in the Meath Hospital.

1165. Mr.

1165. Mr. Percy.] The Meath Hospital might, without the Parliamentary grant, receive fever patients, might it not?—Not without a Parliamentary grant; it could not.

1166. What other classes of disease do you receive?—Accidents, injuries and chronic disease; the other part of the hospital is principally surgical.

1167. Of the 64 beds, have you none that are beds for chronic cases and physicians' cases?—We have, but we could not take in a fever case amongst them.

1168. It is always done so in London?—Such things may be done in London; I know if a fever patient in Ireland were brought into the hospital and placed among the other patients, they would soon find the evil of it.

1169. Dr. Brady.] Is the fever department of your hospital separate?—It is; it occupies an entire floor above. I would not allow a patient in a maculated fever in Ireland to be placed next to a patient of mine.

1170. I believe the Dublin schools are very celebrated for anatomy?—They are.

1171. And the qualification for a Dublin surgeon is of a very high class?—It is generally considered so.

1172. Chairman.] What is the distance of the Meath Hospital from the Cork-street Hospital?—Probably a mile and a half or two miles.

1173. Mr. Percy.] Might not your pupils attend the fever cases in the Cork-street Hospital?—I think not; I do not think the Cork-street Hospital was ever open for pupils.

1174. Chairman.] Does the Cork-street Hospital admit pupils?—I think not.

1175. Mr. Percy.] Supposing the Cork-street Fever Hospital were to admit pupils, would there be any objection to taking away the fever beds from your hospital?—I would rather you would ask about the propriety of admitting pupils of some gentleman connected with that hospital. I should rather apprehend it would be a hazardous experiment to let a crowd of young men into extensive fever wards; as it is, we lose every year three or four per cent. of our pupils from contagious fever.

1176. Chairman.] Is there any other institution in Dublin in which all forms of disease can be studied by pupils under the same roof?—There is the Richmond Hospital.

1177. Is that the only one in Dublin?—I do not know whether they admit fever cases into Steevens' Hospital; but if they do, that would be available too.

1178. Do many medical students, either preparing for or in the employment of the Crown in the army or navy, study at the Meath Hospital?—Great numbers, I should think. I was curious enough, in company with the apothecary of the hospital, the other day, to go through the Army List, and of those whom we knew we found that one-twelfth of the men in the medical branch of the British military service were educated at the Meath Hospital.

1179. Do they ever come there after they have obtained commissions?—Frequently.

1180. To perfect themselves in their studies?—Either to renew or keep up their knowledge. We admit them always perfectly free; every one in the army is perfectly free to attend the hospital, and they frequently do so, and men very much advanced in rank too.

1181. Mr. Percy.] Would you receive fever patients from the union work-houses?—We have never been tried, so that I cannot exactly answer the question. It has never been proposed to us so to do.

1182. Chairman.] How is the Meath Hospital managed; what is the constitution of the Board of Governors?—It is under the general regulation of what we call the standing committee, elected from subscribers of two guineas a year each. There are 21 gentlemen elected annually; a man must be a subscriber of two guineas annually, or of 20 guineas in one payment, to be qualified to be on that committee.

1183. Are the same body eligible for re-election every year, or do they go out by rotation?—There is no limit; they may be re-elected, or not.

1184. Are they generally re-elected?—Practically, they are generally re-elected, for we seldom elect a man at all unless we know that he wishes it, and that he will be attentive.

1185. Is the Government ward equally under the control of this managing body with the rest of the institution?—Fully.

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1186. Are

Dr. W. H. Porter.

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Dr. W. H. Porter.

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1186. Are there lecture rooms connected with the hospital?—Not for anything but disease; they are merely for clinical lectures; we do not teach anatomy or any of the other things there.

1187. Is there a dispensary connected with the institution?—Extern patients are prescribed for in great numbers every day.

1188. Are venereal patients treated in the hospital?—Females, never. There is, I should mention, a special order on the books from the governors, that venereal cases of all descriptions shall be excluded; occasionally, however, we endeavour to evade it with respect to males, but never with respect to females.

1189. Dr. Brady.] Do you think it would be well that the Lock Hospital, or a portion of it, should be open to pupils?—I remember the old Lock Hospital in Dublin, and it was largely attended by pupils; it was found to be very beneficial. I do not speak theoretically on the subject, but I remember it practically at work.

1190. It would be of essential service to the medical profession in Dublin if the Lock Hospital in Dublin were to be thrown open?—Provided that males were admitted into it. I do not think it would do any good to admit pupils into the hospital if there were females only.

1191. It has been stated here that the great difficulty, and the necessity for having a Lock hospital, arose from the fact that pupils did not have an opportunity of knowing the disease in the female; is that the fact?—It is the fact that they have no opportunity of learning the venereal disease in females.

1192. And consequently it would be advisable that pupils should be admitted to a certain number of wards containing classified cases?—It would be very desirable that they should; but I cannot conceive of their opening the female wards alone, and excluding the males, in instruction.

1193. You have an institution now for females; you have none for males?—Yes.

1194. You also stated that you take an opportunity of admitting male syphilitic cases into your hospital, with a view of teaching the pupils?—We do, but they are very limited; and I believe in other hospitals they do the same; but females are excluded everywhere, I believe.

1195. In your opinion, it would be well to have a hospital for males as well as females?—I think so; but if we cannot have that, I should be glad to have females alone.

1196. Chairman.] Does any medical man reside in the hospital?—Only the apothecary and one of our advanced pupils.

1197. Can you give us the names of the surgeons who now attend the hospital?—Yes. Sir Philip Crampton, I come second, Mr. Smyly, Mr. Rynd, Mr. George Porter, and Mr. Maurice Collis; they are the surgeons. Dr. Stokes and Dr. Lees are the physicians.

1198. Dr. Brady.] Have you such people as dressers analogous to those in the London hospitals?—No.

1199. Mr. Percy.] Who does the dressing?—We generally select the attentive pupils.

1200. Dr. Brady.] Do you not think dresserships are essential?—What I mean is, we have no class of pupils who pay an additional sum for the additional privilege.

1201. Are you aware that those dresserships are thrown open in London?—I was not; but we have dressers in this way, namely, that where we see young men willing to avail themselves of it, we give them the work to do.

1202. Chairman.] Do all the pupils in the hospital attend the fever wards at the same time that they are studying in the other wards?—We have an arrangement that we attend on alternate days. The surgeons attend, say, on Monday, and the physicians on Tuesday, so that we do not clash with each other; but when the physician is going round, the fever wards are open to all the pupils. In the same way, when the surgeon is going round the surgical wards are open to all the pupils. There is no separate entrance for study for either. A young man entering the hospital enters for all.

1203. And continues his studies in fever at the same time as in other things?—Yes.

1204. Mr. Percy.] Are the fever wards in a separate building?—No, they are in the upper storey in the same building.

1205. Mr.

1205. Mr. Grogan.] The original locality of this institution was on the Dr. W. H. Porter. Coombe?—Yes.

1206. And it is one of the poorest districts in the city of Dublin?—Yes.

1207. And its present locality is not much of an improvement, is it?—It is a wretchedly poor district; it is only improved by being nearer to the country and more open.

1208. Chairman.] Is it your opinion that if the grant were withdrawn you would be able to raise sufficient subscriptions from private sources in Dublin to keep the Fever Ward open?—I do not think we should be able to support five beds by subscription.

1209. Why do you think so?—Because the subscriptions to all the charities in Dublin of late have greatly fallen off, and particularly to our own.

1210. Mr. Kershaw.] How do you account for the subscriptions falling off?—I cannot account for it; of course it is an old story to say Dublin is poor and becoming poorer every day; I think that is the case. It is not my business to enter into the statistics of Dublin, or to say why it is the case; but my impression is that it is greatly poorer than it was some years ago. I can mention a striking instance as an example: We were in the habit many years ago of having a charity sermon almost annually for the benefit of the hospital, and in the year 1813 we collected 273*l.*; after the charity sermon in 1843 our collection was 27*l.*; and we have never attempted latterly a charity sermon at all, because we found that it was not worth the trouble.

1211. Dr. Brady.] Do not you think that the fact of the poor-rates being heavy in Dublin has tended to do away with private charity?—Most unquestionably; it may sound rather strangely, but in the last year the income tax has been mentioned as a special reason why men cannot afford to give a half-penny.

1212. Chairman.] Are there any hospitals in Dublin which are supported exclusively by voluntary contributions?—I do not know of one.

1213. Is not that the case with the City of Dublin Hospital?—No; I believe the City of Dublin Hospital is principally supported by the funds given by the pupils.

1214. Mr. Grogan.] How is Mercer's Hospital supported?—It is not supported by voluntary contributions alone; there is an endowment. I venture to say that there is not one hospital in Dublin supported by voluntary contributions; and I would go further, and say, that there could not be one.

1215. You mean by annual subscriptions?—Yes.

1216. Mr. Kershaw.] You say that there is not one hospital in Dublin supported by voluntary subscriptions alone, and you think that one could not be so supported?—I do.

1217. Dr. Brady.] Was not the Whitworth Hospital closed in consequence of the want of funds?—It was.

1218. And its locality was good; in a proper place?—Yes; and I believe there were other hospitals which were closed temporarily when their own funds failed in bad times, because they could not get voluntary contributions to take their place. If we depended entirely upon voluntary contributions, we might shut up three-fourths at least.

1219. Chairman.] Would that ruin the Medical School of Dublin?—It would be utter ruin to the Medical School of Dublin.

1220. Mr. Percy.] What steps do you take for the purpose of obtaining subscriptions?—Personal solicitation; in fact, every means: we send round our registrar, we go ourselves, we speak everywhere for it; we have tried charity sermons; in fact, we have used every means that could be used.

1221. Mr. Grogan.] Have you tried public dinners?—No; I doubt if that would answer in Ireland.

1222. Mr. Percy.] Have you tried concerts, or any other expedient?—I believe that is tried in respect to other institutions, but I do not know whether it is productive; we have never tried it with respect to the Meath Hospital.

1223. Chairman.] Are you aware that the high position which the Dublin Medical School holds in the world is very much owing to the superior quality of the medical education which is afforded in the hospitals?—Certainly. The reputation

Dr. W. H. Porter. tation of the Dublin Medical School was originally based upon its anatomy; but of course, having obtained that reputation, we spared no labour to preserve it.
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1224. Mr. Kershaw.] Naturally, if institutions of this kind could be maintained by voluntary subscriptions, there would be an equal means of obtaining medical education?—Certainly; all we want to maintain is the hospital.

1225. Lord A. Hervey.] Is the fever department of the hospital supported at all by voluntary subscription?—No; it is supported entirely by the Government.

1226. Dr. Brady.] I believe candidates who are rejected by the College of Surgeons in Dublin do not find great difficulty in receiving a degree elsewhere in some instances?—Being a professor of the College of Surgeons, I do not like to make invidious comparisons, but it is a fact that many whom we have rejected have passed elsewhere.

1227. Chairman.] Comparing the course with other schools, is it stricter?—I think it is; and as far as I know, the examination is much more strict.

1228. Lord A. Hervey.] Are there hospitals in Cork, Belfast, or other large towns in Ireland?—There are.

1229. How are they supported?—They are supported in different ways; I believe principally by county grants.

1230. None by Government grants?—Every county hospital in Ireland had that 100 l. a year of which I spoke, from the Government.

1231. That is now done away with?—It is gradually to die off, in proportion as the present possessors move away.

1232. Do you think Dublin is less able to support, by voluntary contributions, charities of this kind than other towns?—I have not the means of drawing comparisons.

1233. You stated your opinion, that Dublin could not support these charities; I want to know if you can account for the fact why other hospitals have been supported by voluntary contributions, not by Parliamentary grants?—It is a fact that I cannot speak to; they are supported by grand jury presentments.

1234. Mr. Percy.] How many vacant beds have you had, on an average, in the fever ward?—They vary so much; but I should say probably, taking one day with another, we have had 10 beds not filled.

1235. Chairman.] Does that arise from your rejecting applicants?—No; we never reject an applicant.

1236. Does the South Dublin Union ever send patients to you?—I think not; the poorhouses of the county, especially in the neighbourhood of Balbriggan, have sent us up fever cases, and we have always taken them; I recollect some few cases, especially from Balbriggan.

1237. And from any of the other country workhouses?—I should think not; it was established for the county of Dublin.

1238. I mean the other county workhouses?—They may have done so, but I do not recollect.

1239. Mr. Percy.] Do more sick people apply than you can accommodate?—Not in the case of fever, but in other cases infinitely more.

1240. Lord A. Hervey.] You mean in the infirmary?—Yes. We wish never to refuse fever cases, because the hospital was established for the purpose of checking the progress of the disease, and whenever we lay our hands on fever cases we take them.

1241. Do you consider the present Parliamentary grant ample for the maintenance of the Fever Hospital?—I think the present grant would not be ample, but the original grant would be ample for the constant supply of 36 beds.

1242. You say you never refuse a fever patient?—We do not.

1243. Chairman.] Looking into the returns which have been given in by the surgeons of the North Dublin Union, showing a great increase of fever in Dublin of late years, how can you account for their not applying to the Meath Hospital?—I think the poor-law persons have no relation whatever, by comparison, with us; we deal with a different class of persons altogether; we have nothing to do with the destitute; those who come to us are generally the poor persons of the county, the labourers and artisans, a class of people altogether above seeking poor-law relief, and a class of people who would almost rather die than apply to the workhouse.

1244. If

1244. If a pauper applied for admission, would you admit him?—Of course, Dr. W. H. Porter. if a pauper applied among the extern patients, and we saw that he had fever on him, we should admit him.

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1245. Mr. Percy.] How is it that paupers do not apply to your hospital?—The paupers go to the poorhouse at once; they do not apply to us.

1246. Do they prefer the workhouse?—They do, because they will be kept there after; whereas in our hospital the moment a man is convalescent he must quit us; we do not keep a man a minute after his recovery.

1247. Chairman.] Does a patient ever go from the Meath Hospital to the workhouse?—Very seldom.

1248. Lord A. Hervey.] With respect to the sufficiency of the present grant, you think that it is not sufficient?—I think the present diminished grant would not be sufficient to maintain the 36 beds in full operation.

1249. Is it sufficient to maintain all the patients who apply to you?—At present it is, but if fever were rife in the county it would not.

1250. You have 10 beds vacant at present, have you not?—At present we have 10 beds vacant.

1251. At present the grant is rather more than sufficient, is it not?—I think not; I think it is all employed, and I will tell you the reason. Last year we sent in an estimate as usual, and it was found, from the dearness of provisions, that our expenditure exceeded the estimate, and the Government met us and paid the excess; of course we could not say that there was an excess granted to us, when our expenditure really exceeded the grant.

1252. Chairman.] Did you send in an estimate to the Government for the support of the 36 beds?—We did.

1253. What will you do next year?—Whatever we are desired to do.

1254. Have the Government desired you to send in an estimate for a certain number of beds, or limited it to a certain sum?—They first of all established 36 beds; at the time of the diminution, I think in 1848 or 1849, they sent to us for the usual estimate, cutting off 10 per cent., which we were obliged to do. The following year they took the estimate again, and diminished the estimate, and they cut off 10 per cent. more, and brought us down to 500 l. and odd, and this was to have been taken away, so as to be ultimately destroyed by gales of 10 per cent. until we lost all. But in 1851 representations were made to the Lord Lieutenant about the schools, and the utter impossibility of working the schools without the hospitals, and I believe by his interest the further diminution was arrested.

1255. Was that representation made to Lord Clarendon?—I think so.

1256. Mr. Grogan.] You say that in 1853 there was a supplemental grant?—Yes; provisions were much dearer, our expenditure exceeded the estimate, and the Government met us by making a supplemental grant.

1257. What is the cost of provisions at present, as compared with 1853?—I think it is increased.

1258. Do you consider that the last three or four years, during which your grant has been at a permanent sum, have been healthy years or otherwise?—I think healthy years; we have had no unhealthy years since 1847.

1259. In fact there has been no occasion to test the sufficiency of your reduced grant?—I think not.

1260. Lord A. Hervey.] Is it a fixed grant?—It is; there has been no further reduction since 1851.

1261. What was the deduction upon?—Upon the estimate that was sent in; we never had a fixed sum; it was always done by estimate.

1262. Mr. Percy.] Are your fever patients required to furnish anything for themselves while they are in the hospital?—Nothing at all; the hospital supplies them with wine and everything that may be necessary for their recovery, save some few things that are termed extras; for instance, chickens; when they are required, the physicians pay for them themselves.

1263. But the patients themselves are not required to procure clothing or tea or anything else?—No.

1264. Chairman.] Have you any patients in the hospital who pay a small sum for their relief?—Not one.

1265. Dr. Brady.] What is the average cost of a bed, taking the fever cases and chronic cases and others into consideration?—That question must be put in a somewhat

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Dr. W. H. Porter. somewhat different form; if we take into account the whole expense of the place, including a large staff, the registrar, the nurses, and so on, it is about 19 l. a year.
8 May 1854. I should say a mere fraction more than 1 s. a day.

1266. *Chairman.*] Can you tell what the average cost would be of the fever patients?—Much less than that; I should imagine that a fever hospital would be maintained for less than an ordinary hospital.

1267. Can you tell what the average cost has been of the patients in the fever ward?—Only with reference to the grant; it is very difficult to separate them. The cost of a fever patient may be little or nothing in one part of his illness, and may be immense towards the latter end. We are starving him at the beginning, and feeding him with the best wine and everything else, at the latter end, to facilitate his recovery.

1268. Mr. *Whitmore.*] Your diet is a great deal better than could be got in the poorhouse, is not it?—It is excellent. We have different scales of diet, according to the different degrees of illness; a full diet, a middle diet, and a low diet.

1269. *Chairman.*] Is the diet arranged solely by the medical attendants in the hospital, without reference to the expense?—Solely by the medical attendants in the hospital, without reference to the expense. Where delicacies are required, and they do not come within the grasp of the funds of the hospital, the physicians buy them themselves.

1270. Mr. *Grogan.*] Can you receive patients on payment?—No, we cannot.

1271. Dr. *Brady.*] Not from anywhere?—No, we cannot; the fact of our being a county hospital precludes it. Over and over again we have had offers from persons to pay.

1272. Lord *A. Hervey.*] You have no means of knowing whom you admit, whether they are gentlemen's servants or any one else; you admit every person in fever?—We admit every person in fever.

1273. You would not refuse any one with fever?—No.

Mr. *Edward Bacon Stanley*, called in; and Examined

Mr. *E. B. Stanley.*

1274. *Chairman.*] ARE you Registrar of the Meath Hospital?—I am.

1275. What are the duties connected with that situation?—The general superintendence of the establishment, keeping all the accounts and books, attending the Board, receiving their orders, collecting subscriptions, superintending the provisions, the repairs of the establishment, and such things.

1276. Do you reside in the institution?—I do.

1277. Can you state to the Committee the sources of income of the Meath Hospital?—I can.

1278. Have you the return for the past year?—The year before last; the past year is only just closed. The Government grant received that year was only 442 l.; but there was a sum of 157 l. which did not come into our account in consequence of being a few days after the time lodged by the Government.

1279. Mr. *Grogan.*] That is additional?—That is additional, but it does not appear in our accounts of that year; it was received a day or two after the close of the year; 599 l. is the entire amount. I take the year ending the 31st March 1854, and the amount was 597 l. 14 s. 9 d.

1280. What is the next item to the Government grant?—The next is 88 l. from the Parliamentary grant, to pay the surgeons. Dr. Porter alluded to that as given by Parliament to pay all the county surgeons, but they have surrendered it for the benefit of this institution; that is payable under the Act of 13 & 14 Geo. 3. Then there are annual subscriptions. Our donations were 26 l.; the bequests that year were 243 l. We only received one half the county grant that year; it came in a few days after the right time. We actually received 276 l. 18 s. 5 d.; we ought to have received, and virtually did receive a few days afterwards, 276 l. 18 s. 5 d., making a total of 553 l. 16 s. 10 d.

1281. *Chairman.*] Can you furnish the Committee with a continuation of the return to be found in the Report of the Commissioners of 1842, down to the present time?—I will do so.

1282. When you speak of private subscriptions, are they annual subscriptions, which are likely to be continued to that amount?—They are.

1283. In what sums are they generally subscribed?—The highest we have is 10 l. 10 s.; 2 l. 2 s. and 1 l. 1 s. are the usual amounts of subscription.

1284. Have

1284. Have you taken any steps to increase the amount of subscriptions?—*Mr. E. B. Stanley.*
Yes, considerable exertions have been made.

1285. Of what nature?—Each member of the committee has made it his business to apply, and I have been sent round to different parties as collector, and made various attempts; on one occasion even one of the governors accompanied me from house to house, and we met with very little success indeed.

1286. Have the subscriptions increased of late years, or the contrary?—They have decreased considerably.

1287. Are you of opinion that all the exertions are made that can be made to obtain private subscriptions?—I am of opinion that any further attempt would be useless. I have a memorandum of the falling off of the subscriptions: for the last 10 years the average has been 280 l.; 20 years before it was 430 l.

1288. There is an account of the annual subscriptions in the Report of the Commissioners of 1842, from the year 1828 to 1841; will you be able to furnish the Committee with a continuation of that Report down to the present day?—Certainly.

1289. Do you act as secretary to the Board of Governors?—I do.

1290. How often do they meet?—Twice a month; the second and last Monday in every month.

1291. The Board consists of 21 governors?—Twenty-one governors.

1292. How many generally attend?—I should say, on an average, seven.

1293. What is their mode of transacting business?—In the first instance they read the proceedings of the former meeting, and that is signed by the Chairman, and an abstract of the business is laid on the table for them to go through. On the first Monday in every month they examine the expenditure, and the bills presented for payment for the previous month, and they order them for payment. On the last Monday in the month, at their second meeting, they examine the vouchers for the payment of those; they sign and initial the minute-book, and check the journal and ledger, and check the receipts of income of the various descriptions that you have had before you, and give orders for the supply of provisions and other things as required.

1294. Is the fever ward equally under their management with the rest of the hospital?—Quite so.

1295. Are the accounts of the fever ward kept separate?—Perfectly.

1296. Have they always been within the amount granted from the Concordatum Fund?—No, there is no particular amount granted from the Concordatum Fund; it is supplied by an estimate, but in two instances our expenditure has exceeded the amount allowed by the Concordatum Fund.

1297. Has that deficiency been made up by a further grant?—It has; it was on two occasions, when provisions were exceedingly high.

1298. I find in this return a sum put down of 641 l. in 1842, derived from other sources; can you state what those other sources are?—Donations, bequests, and I should think fines and grass sold off the lawn; I am not aware of anything else.

1299. Does the hospital possess any estates?—None whatever; we have about 6,000 l. in Government 3 $\frac{1}{4}$ stock, producing 220 l. a year.

1300. What is the total income for the year before the last, ending 31 March 1853?—The total income was 1,944 l. 9 s. 6 d.

1301. What was the total expenditure for that year?—£. 1,875. 3 s. 9 d.

1302. Dr. *Brady.*] What are the actual receipts?—The actual receipts are 1,667 l. 1 s. 1 d.

1303. *Chairman.*] Does that include the total income and expenditure for the Government ward, and the other portion of the hospital?—It does.

1304. What is the number of officers and servants employed in the institution?—There are only three; the registrar, the apothecary, and the matron; they are all resident: there are also two porters and 14 female servants, including nurses, laundrymaids, cook, and so forth.

1305. Have their salaries been reduced of late?—They have not.

1306. Do they remain as they were in 1842?—They do.

1307. Who appoints the officers and servants?—The standing committee of the Board.

1308. Have the medical attendants anything to do with the appointment of the servants?—Nothing.

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Mr. E. B. Stanley.

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1309. Is the sum of 100*l.* payable under the 13 & 14 Geo. 3, to the surgeon, carried to the general account of the institution?—It is.

1310. Do you receive, besides your salary, an allowance for coals and candles?—I do.

1311. Have you a per-centage upon collecting subscriptions?—Yes.

1312. Do the other servants receive an allowance for coals and candles?—They do.

1313. All the servants in the institution are resident, are they not?—Yes.

1314. Are there separate nurses for the fever wards and the other wards?—Yes, the nurses are quite separate.

1315. How many nurses are there belonging to the fever ward?—Four.

1316. Do they confine their services exclusively to that ward?—Exclusively.

1317. Mr. Grogan.] What wages do they each receive?—Ten pounds three shillings.

1318. Chairman.] Is there a medical pupil who resides in the hospital?—Yes.

1319. Does he receive any allowance for coals and candles?—He does; he has apartments, and coals and candles.

1320. How long does he generally reside in the institution?—Six months.

1321. Is he changed every six months?—Yes.

1322. Is he appointed by the Board?—He is.

1323. Dr. Brady.] Does he pay anything for that privilege?—Nothing whatever.

1324. Chairman.] What is the amount of the funded property of the institution at present?—It is close on 6,000 *l.*; 221 *l.* is the interest, so that I should think it is very little under 6,000 *l.*

1325. Is the building insured?—It is.

1326. Are there any visitors besides the Board of Governors appointed to the hospital?—Yes; there are two of the standing committee appointed every month to inspect the establishment, and a book is kept for the purpose, in which they make their report, and their name is always over the chimney-piece in the Board-room in case of any complaint.

1327. Are there any other visitors except the two governors?—None.

1328. Mr. Percy.] Do they inspect the fever ward as well?—Some do, and some do not.

1329. Chairman.] Are all the proceedings of the meetings kept carefully in a book for the purpose?—They are.

1330. Mr. Percy.] Are patients required to furnish themselves with any necessaries?—They are not allowed to furnish themselves with anything; if there is anything that is not allowed in the dietary, the doctors provide it themselves.

Dr. Thomas Brady, called in; and Examined.

Dr. T. Brady.

1331. Chairman.] ARE you the Physician of Cork-street Hospital?—I am.

1332. How long have you held that office?—I was elected in 1840.

1333. When was the Cork-street Fever Hospital founded?—The building was commenced in 1802, and it was opened in the month of May 1804.

1334. Did Parliament contribute anything towards its erection?—Yes, they did.

1335. Was the remainder of the sum raised by voluntary subscriptions among the citizens of Dublin?—Yes; and the founding of it originated with the citizens.

1336. Was it necessary afterwards to increase the accommodation?—It was; there were two parts of it, the old part and the new part.

1337. Were there additions made in 1809 and 1817?—There were; some additions have been made since.

1338. What diseases are treated in the Cork-street Fever Hospital?—All the class of fevers that are called contagious diseases, without any exception; such as typhus and simple fever, small-pox, scarlatina, measles, and all those diseases which are conceived to have a tendency to spread in crowded habitations amongst the people.

1339. How are patients admitted?—If there be room, merely on applying, if it be ascertained that the disease is a fever.

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1340. How are applications for admission into the hospital made?—They have nothing to do but to put down the name and address of the person, and leave it at the gate.

1341. Is there a box always open at the gate to receive applications?—Yes, there is.

1342. In consequence of the application does the physician visit the patient first at his house?—He did, until lately.

1343. Has that practice been discontinued?—It has; the arrangements of the hospital have been greatly changed since the grants began to be diminished.

1344. Is there no visitation of the physician at the house of the patient?—There is not; the patient must now be brought to the hospital.

1345. When was that practice discontinued?—In 1851, immediately after the reduction of the grants commenced.

1346. What description of patients are admitted?—Any patient is admitted into the hospital who is brought there in fever, whose residence is in the city.

1347. Are they always poor persons?—They were often poor, but the majority are now taken from the industrious classes, the working classes. Since the poor-houses have begun to operate they have abstracted the paupers. Almost all the patients taken into the Cork-street Hospital are persons who are not paupers; they are persons engaged in some occupation. The great brewing and tannery establishments are in that neighbourhood, and the men when they get fever are brought into the Cork-street Hospital; they are able to support themselves while in health, and probably they could support themselves in other sickness than fever.

1348. Are they a description of persons who would be unwilling to apply for relief in the poorhouse?—They are.

1349. Mr. Percy.] Are paupers with fever ever sent to you from the workhouse?—They are, especially when there is any pressure upon the poorhouse, which has occurred two or three times.

1350. Chairman.] Do you think it would be possible to afford relief in the workhouse to that description of persons who obtain relief from fever in the Cork-street Hospital?—I think it would be the most injudicious thing that could possibly be done, to send into a workhouse the class of persons who are brought to the Cork-street Hospital, and the guardians themselves seem sensible of that, for whenever they can they remove them from the poorhouse.

1351. What number of patients can you accommodate in the hospital?—We have 426 beds at present.

1352. What number of patients are at present in the hospital, taking the average for the last year?—The average would be about 90; the accommodation is limited to 120. Fever is one of those diseases that for two or three months the number may be very small, and then suddenly you may have a great increase for two or three months; it is very capricious.

1353. Has the number of beds been reduced in consequence of the reduction of the grant?—Certainly; it was reduced to 120.

1354. From what number?—Two hundred and forty.

1355. When was that done?—In 1851, when the reduction of the grants commenced. The committee immediately saw that they would not be able to support a greater number than 120, and they reduced the beds to that number. I may state, that you cannot take the average number in the hospital at present as any test of the amount of fever in the city. Previously to the reduction of the grants, the number in the Cork-street Hospital was always a tolerable measure of the amount of fever in Dublin; because, having a large amount of accommodation, if any increase of fever took place, it was instantly felt at our hospital; but very soon after the reduction, numerous rejections took place at the hospital gates; and in addition to that, we were in the habit, before the grant began to be withdrawn, of sending for the patients to their own homes, inasmuch as a fever case ought to be carried in some way to the hospital, and poor people find it exceedingly difficult to remove a person in that state. We had a hospital carriage, and the patients were sent for, but that was suppressed in consequence of the reduction of the grant; the physicians no longer visit outside as they were formerly in the habit of doing; and the consequence of all this is, that it becomes very difficult to persuade a person to make an application at the Cork-street Hospital; they say we shall be sure to be rejected. The hospital is somewhat

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somewhat distant from many parts of the city, and people choose to stay at home and take their chance, or seek refuge in the poorhouse.

1356. Do you think that the system of visiting by the extern physician at the house of the patient, previously to admission, was a valuable one?—I think it was; but I think it is no longer necessary, and for this reason, that there is in Dublin now a system of dispensaries where the doctors are paid, and where they do their duty systematically and regularly, and they can supply the place of the extern visiting by the physicians of the Cork-street Hospital. The object of it was to prevent the necessity of the carriage being sent for persons who really were not in fever. Before the carriage was sent for a patient, the doctor certified that it was a case fit for admission to the hospital.

1357. Mr. Grogan.] Has any inconvenience resulted from the suppression of that carriage?—Very great.

1358. How are fever patients carried now to the hospital, as far as you know?—As well as they can; sometimes by taking one of the public conveyances, one of the ordinary hackney cars, which is very objectionable in the case of typhus fever; sometimes they are carried upon carts; sometimes they are taken out of their beds, and they walk in leaning upon the arm of another person, which is also very objectionable, because there is nothing so important in fever as not to exhaust the strength of the patient. The carriage was so constructed that the patient lay upon a bed.

1359. Was it in consequence of the reduction of the Parliamentary grant that you were obliged to curtail this necessary expense?—Yes.

1360. How many beds did you state there were altogether in the institution?—There are 426 ready at present.

1361. How many of those, strictly speaking, are beds in the house?—There are 180 which are in what are called sheds, wooden sheds. I may as well state, that while I give the return of the number of beds actually available at this moment as 420, I should add that this is by no means a limit to the amount of accommodation that could be afforded; at the period when the tents were up there were 600 persons in the hospital at one time.

1362. Mr. Percy.] Do you include the beds for the convalescent patients?—I do; there are 60 beds for convalescent patients.

1363. Mr. Grogan.] It is stated in the Report of the Commissioners in 1842, that there were 36 rooms, containing 257 beds?—Since 1842, accommodation has been erected in those wooden sheds for 180 persons; they still remain, and are as available as the house itself. I would just as soon treat 50 cases of fever in them as I would in any room in the house.

1364. In what year were they put up?—In 1847, in consequence of a great epidemic fever; they were erected by a grant from the Government.

1365. Have they ever since been continued in an efficient state, and are they well fitted for the reception of patients?—Yes.

1366. Is that by reason of the possibility of a similar outbreak occurring?—No doubt.

1367. In the event of a general epidemic taking place, would it be to your hospital that the patients would mostly be sent?—Yes, decidedly.

1368. And you think that the institution being now in a state for the full reception of patients, ought to be continued so?—Yes, as well for its ordinary purpose as in order to meet any epidemic outbreak that might take place. The reason I think so is, that there is no way of treating those diseases except in a hospital of that kind. They cannot be treated at the houses of their friends; if they are kept in those houses, it is well known that the disease gets worse in the confined dwellings of the poor; that it extends throughout the family, or to several of them; from that it spreads through the house, and then generally through the neighbourhood. In this hospital you have one of the finest institutions, perhaps, in the three kingdoms for the purpose of treating fever.

1369. Chairman.] Is the situation good?—It is admirable; it stands on more than four acres of ground, and some of the wards are the finest wards that I ever saw for the treatment of fever.

1370. Could the hospital contain upwards of 400 patients?—It has beds for 420 patients, and during the epidemic of 1847 there were 600 patients treated in it for a considerable time.

1371. Were tents pitched at that time?—There were.

1372. By

1372. By whom was the expense borne?—By the Government; they advanced the money.

1373. Was that in the shape of a supplemental grant?—Yes, it was.

1374. Do you receive patients from the South Dublin Union?—We do.

1375. Have the admissions of patients from the South Dublin Union been numerous of late?—They vary considerably at different times; there were a good many admitted in 1851, and a good many in 1853.

1376. Do the guardians of the South Dublin Union admit fever patients into the workhouse?—I cannot say what they do; I rather think when there is the slightest alarm about the spread of fever, they always send the fever cases to the Cork-street Hospital.

1377. Mr. Percy.] Do you receive patients from the North Dublin Union?—We do; but they generally send them to the Hardwicke Hospital, which is close beside them.

1378. Chairman.] Are pupils admitted to Cork-street Fever Hospital?—No, we have never had pupils.

1379. Is there no educational course at all connected with the hospital?—No.

1380. Dr. Brady.] Would it not be advisable to admit pupils into a large fever hospital like Cork-street?—Pupils will not go to a mere fever hospital; all the licensing bodies require a medico-chirurgical hospital certificate; they will not accept a certificate of attendance upon any hospital merely surgical or medical; therefore a pupil will not put himself to the expense of attending it. But fever is a disease which bears such an immense proportion in actual practice to all other diseases, that I think it is very desirable that fever hospitals should be attended by pupils.

1381. Chairman.] You state that 120 beds are available?—Yes; the average has only been about 90.

1382. Does that number include the convalescent beds?—It does; we do not keep so many as 60 open now; we only open a certain number of convalescent wards; we have four convalescent wards, and two are open at present.

1383. Do you think that pupils could be admitted to Cork-street Hospital with advantage?—I think they could.

1384. A perfect knowledge of fever, I believe, is absolutely indispensable for country practice in Ireland?—I think it is one of the most indispensable kinds of knowledge that a medical man can have for practising in Ireland, or any part of the British dominions.

1385. I observe that the Commissioners of 1842 "recommend that the governors should elect two clinical clerks, whose business it should be, as in Steevens's Hospital, to observe and note down cases; and that the governors should likewise permit the introduction of a certain number of pupils." Do you agree with that suggestion?—I do. I recollect when that suggestion was made, and the committee of Cork-street Hospital entirely adopted it, and recommended the physicians to carry it out; but it was found to be impracticable. You would not get students to attend, inasmuch as you could not give them a certificate that would be of any use to them when they presented themselves for examination.

1386. Do they prefer studying fever at the Meath Hospital, where other diseases are likewise treated?—They do.

1387. Are we to understand that the governors have not adopted this regulation, simply because they found an indisposition on the part of medical students to come?—That was the sole reason.

1388. Dr. Brady.] Do you consider that though there are a great number of beds unoccupied, yet it is necessary to support the beds in the Meath Hospital, with a view of giving an opportunity to pupils to learn the treatment of fever?—Decidedly. The recommendation contained in the Report of the Commissioners was merely made with a view to economy; but I should regret to see the fever cases withdrawn from the Meath Hospital.

1389. Mr. Grogan.] How frequently are the application papers received and examined by the physicians?—At present we do not receive an application paper, but the patient is inspected; any one who comes before 12 o'clock in fever is admitted.

1390. There is a recommendation of the Commissioners of 1842, that there should be an examination of the papers twice a day?—Yes; that was when the

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visiting outside was in existence. The reason of the recommendation was, that the physician might get the papers a few minutes after 10, and he took them in his pocket and went and visited the applicants; but between 10 and 3 several applications might come in, which would be neglected for that day.

1391. In consequence of the reduction of the staff at the hospital, it would be impossible to have the inspection and admission at any other period in the day?—It would.

1392. As far as your experience goes, do you perceive periodical returns of this epidemic?—There is not the slightest doubt about it.

1393. When was the last?—The last was in 1847; it was in connexion with the famine; but it might have been anticipated, even if there had been no famine. If you look to the records of the fever hospital, to the number of cases in the hospital, or the expenditure, the periodical return of fever is shown by the very tables of the hospital. There was an epidemic in 1817, which lasted for a year or two. There was an epidemic in 1827, another in 1837, and another in 1847.

1394. Mr. Grogan.] If this establishment were abolished, and an epidemic should unfortunately recur in 1857, what provision would there be in the city of Dublin to meet it?—If it should occur in anything like the way that I have seen it myself, the city of Dublin would probably be converted into one great lazaret-house. I think it would have been in that condition in 1847 if it had not been that the Cork-street and Hardwicke Hospitals were in existence.

1395. Sir F. Lewis.] The reason being that the operation of the hospital checks the extension of the disease?—Yes, exactly; if it were not for the existence of a hospital of that kind, having the means of augmenting its accommodation when one of those epidemics breaks out, the disease would extend throughout all the poorer parts of the city, and the deaths would be exceedingly numerous, and the continuance of it in the city greatly prolonged.

1396. Dr. Brady.] Do you consider it inadvisable to admit patients labouring under fever into union workhouses?—I do, decidedly; just as inadvisable as it is to permit fever to continue in the closely populated habitations of the poor, and amongst people not well able to resist disease; and I think if an epidemic was to spread, the greater number of them would be carried off.

1397. Sir F. Lewis.] Is there an infirmary connected with the poorhouse, in which they place the fever patients?—Sometimes they keep them, but they generally send them to a fever hospital.

1398. There is a passage in the Report of the Commissioners of 1842, in which it is stated that they attribute the diminution of the number of patients principally to the season being unusually healthy, and likewise to the improved and temperate habits of the lower classes, and also to the diminution of extreme destitution, in consequence of the opening of the Dublin workhouses. Do you think that these causes have had any effect upon the fever hospitals?—I think they have, to a certain extent. If the people are becoming more temperate, as they probably are, in Dublin, and if the most miserable have been relieved by the mere opening of the workhouses, and in that way the poorer dwellings disencumbered of a portion of the population which inhabited them, I think that tends to decrease the disease; but it must be recollected that in Dublin we are never without fever; and not only that, but it is liable to recur epidemically every 12 years. Previously to 1817 there had been a period of 15 or 16 years without epidemic fever, but in the previous century the decennial period had been observed frequently.

1399. Are the Committee to conclude, that in case of the recurrence of any epidemic the palliation afforded by the Government workhouse would not be sufficient to prevent the spreading of the disease?—Certainly not.

1400. If such a violent spread of fever as occurred in 1827, and 1837, and 1847 should occur again, the effect of the workhouse would not be sufficient to repress it?—I am afraid it would not, if you had not such a hospital as Cork-street, be able to meet it in time.

1401. I see a statement in the report before me that the deaths in the houses in 1837 were 1 in 13½. I see that the deaths in the tents were 1 in 11; were the patients in tents more subject to deaths than those in the houses, according to your own view; is that a correct statement?—It is. I have no doubt the statement

statement is correct; but I have no knowledge of that myself more than what I see in that return; that is the epidemic of 1837.

1402. So that a recurrence to the system of erecting tents would be very undesirable in case of an extensive epidemic?—Yes; if you take that statement simply by itself. In the epidemic of 1847, I was not only acting as physician in the Cork-street Hospital, but I was also acting as physician to the South Dublin Union in the temporary fever hospital which they opened, so that I had a very good opportunity of knowing all the circumstances connected with it; I had the care of 100 union patients who were in wooden houses, and many of them in tents, and the great force of the epidemic was expended during the summer; so long as the weather was fine the persons in the wooden houses and the tents did as well as those in the Cork-street Hospital. Of course when the wet weather set in, as the autumn advanced, it was different. They then began to suffer, and I am sure that many persons may have died, who would not have died if they had been in a regular hospital, so that it is very possible that the mortality was greater in the tents in 1837, than in Cork-street Hospital.

1403. Mr. Grogan.] What has been the reduction in your medical staff?—The acting physicians have been reduced from six to two.

1404. Chairman.] Have you noticed many cases of relapse in patients who have been treated in the Cork-street Hospital?—Do you mean discharged cured?

1405. Yes?—I never knew an instance, because we never discharge a patient till he is able to go to his business. The first thing I was told by the managers on that subject was, never to send out any patient till he was able to go to his business, and in point of fact it would be almost better not to treat persons in fever, than to turn them out before they have recovered completely. The consequence of doing so is, various secondary affections, rheumatism, and colds, which leave a man helpless for his whole life.

1406. Dr. Brady.] Are the medical officers restricted in the amount of nourishment which they may prescribe for patients recovering from fever?—No, not in the amount nor in anything else; of course the medical men themselves do not choose to indulge in any variety; there is no restriction in the amount; as to wine there is no restriction.

1407. Do you think that the support is quite sufficient?—Quite so.

1408. It appears on evidence that at the different union houses the nourishment for a convalescent patient in fever is not sufficient; would you not say that that would be the reason why fever hospitals should be kept open, and that it would be preferable to send fever patients there rather than to send them to the workhouses?—Yes, decidedly; but that could be so easily obviated. Where a man has had fever he ought to be well fed in recovering from it.

1409. The reason that has been given is, the objection which the guardians have to raising the expenses of the institution, and thereby increasing the rates?—That appears to me to be a very bad reason.

1410. Are you aware that it is an objection to sending fever patients to the workhouses in consequence of the fact of the nourishment there not being sufficient?—I think no one ever goes to a workhouse in fever who can help it; no one would think of going to a workhouse if there was accommodation in the hospital. The objection I make is, that the workhouse is the very place out of which they ought to be kept. I do not dispute that persons may have gone to a workhouse in fever to get in, intending to remain there; that may be very true; but I never heard of an instance of it, and it appears to me to be a very round-about way of doing it.

1411. Chairman.] Have the applications for admission to the Cork-street Hospital decreased of late?—They have decreased very much.

1412. How do you account for that?—I account for it from the fact that on the diminution of the grant so many refusals took place, and the whole system was so completely altered (the carriage not going to take the people to the hospital, and many persons who come to the hospital being refused), that the people began to doubt whether they could get into it at all, saying that there was a limit, and that only a small number could be accommodated. Another thing is this. Since the grant has been reduced we have been remarkably strict as to the class of cases admitted. We take in no case now except it is well marked genuine fever; previously we did take in from time to time cases of acute inflammatory disease, inflammation of the lungs of a severe kind, very severe bowel attacks, cases which it was just as necessary for the interest of the poor

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population should be taken in as fever cases, for many of those cases would end in typhoid symptoms. Now we take in none of those cases, knowing that we ought to keep accommodation for fever cases, of which we have on an average 120 cases usually to treat; we refuse the other classes of cases altogether, and the people knowing this, that there is not much accommodation, have ceased to apply at the hospital. Previously to this change, the number of patients in Cork-street Hospital was actually a measure of the amount of fever in the city, but that that has changed altogether is quite evident from this, that patients have been getting into the poorhouses with fever actually upon them, in order to be treated there; and not only into the poorhouses, but, no doubt, persons with fever as well as other diseases have been getting into prisons for the purpose of medical treatment. There will be statistics shown here that no one can doubt, returns for five or six years for petty offences in Dublin, contrasting the number of those admitted into prisons with those admitted to the hospitals, and it will be found, that in the poorhouse and the prisons in Dublin the lower orders have been getting themselves committed as criminals, or degraded as paupers, in order to receive medical treatment, exhibiting a state of demoralization arising from the closing of those hospitals that is really frightful.

1413. Lord A. Hervey.] What number of patients have you now in the hospital?—Eighty-seven.

1414. Mr. Percy.] Does that include the convalescent patients?—It does; the convalescents are very few compared with the number of the sick. The last day I was there, there were not more than seven convalescent patients.

1415. What is the expense per head of the maintenance of patients in the Cork-street Hospital?—I could not say exactly. It varies very much. For many years it was about 25*l.* per bed. The expense of patients in a fever hospital varies considerably, according to the character of the epidemic. The length of time that persons are obliged to remain upon restorative diet influences the expense. In 1847, the annual expenditure for each patient was only 1*l.* 8*s.* 2*d.*, and in the next year it was 1*l.* 17*s.* 5*d.*

1416. What is the average length of stay of a patient in the hospital?—If you take the average of 20 years, it is 17 days; in the epidemic of 1847 and 1848, the average went up to 22 days.

1417. Sir F. Lewis.] It is stated in the report before me, that in 1837, in the houses, the average duration was 16½, and in the tents 17½. Is that about right?—It is pretty near it. All the persons remained longer in the tents.

1418. Chairman.] Have you had patients in tents since 1847?—No.

1419. Mr. Percy.] Do you take cholera patients?—No.

1420. Sir F. Lewis.] Do you take scarlet fever patients?—Yes, and small pox.

1421. What does the medical staff of the hospital consist of now?—Two permanent physicians and two temporary physicians.

1422. What is the nature of the attendance of the two permanent physicians?—They visit the hospital every morning.

1423. Are they resident in the hospital?—No. There is an apothecary resident. At 11 o'clock in the morning they visit all the wards prescribed for the different cases, and see all those who are about to be admitted on that day.

1424. What are the duties of the temporary physicians?—The temporary physicians have nothing to do with the hospital, except in case of the absence, from any cause, of one of the permanent physicians.

1425. Do the permanent physicians receive a salary?—Yes.

1426. What is the amount?—£.100 a year.

1427. Has that been reduced?—No, it has been increased; it was 100*l.* Irish, and it has been made 100*l.* sterling.

1428. Do the temporary physicians receive any salary?—No.

1429. By whom are the permanent physicians appointed?—They are elected by the Board, as it is called.

1430. Do they remain for life?—No, the election is annual; but it was supposed to be an appointment for life, and had been an appointment for life previous to the reduction of the grants. It has now been changed into an appointment for seven years. The present permanent physicians only hold their office for seven years. They are elected annually, but there is an understanding that they are to hold the office for seven years.

1431. Do they retire at the end of the seven years?—They do.

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1432. Is that in accordance with the recommendation of the Commissioners of 1842?—It is.

1433. The suggestion of the Commissioners has been put in practice?—It has.

1434. Dr. Brady.] You have been 14 years attached to the hospital as temporary physician?—Yes; both as temporary physician, and also as permanent physician for a time. It was while I was permanent physician that this reduction took place. At that time there were four of the physicians entirely got rid of, and I was retained as temporary physician.

1435. Chairman.] Do you receive a salary from the institution?—No.

1436. Is there a visiting physician besides those officers whom you have mentioned?—Formerly one of those physicians who was extern, visited in the evening to see the patients who had come in during the day, and he prescribed for them, if necessary; that, I think, is scarcely necessary at present, because the physicians see the patients who come in before they leave the hospital.

1437. Is there a medical man on the Board of Governors?—Yes; there is Dr. Cusac.

1438. Does he attend regularly?—Yes.

1439. Does he visit the patients?—No; there is a surgeon attached to the hospital, in case any surgical disease might arise, which is the case from time to time in bad fever.

1440. Is the medical staff, as it exists now, sufficient for the wants of the institution?—It is sufficient for a limited number, 120.

1441. Mr. Percy.] Is not a convalescent establishment an unusual and very advantageous addition to your hospital?—It is unusual.

1442. And it is also very useful?—Yes.

1443. It is superior to the Meath Hospital in that respect?—Yes; they have comparatively little fever at the Meath Hospital.

1444. Are the wards in the Meath Hospital as capacious as those in the Cork-street Hospital?—Not at all.

1445. Would there be any objection to transferring the 36 fever beds in the Meath Hospital to your establishment?—There would, because it would injure the Meath Hospital as an educational establishment.

1446. Suppose the pupils were transferred to your hospital?—It is such an advantage to the pupils to have an opportunity of seeing every disease in one house.

1447. Mr. Grogan.] Would the pupils attend classes, solely as a fever hospital?—I think if the certificate of attendance would be of any use to them they would be very glad to do it.

1448. Would your certificate be received by the medical examining Boards?—Not without some change.

1449. Mr. Percy.] Could not such a change be effected?—I think it could.

1450. Dr. Brady.] Dr. Porter has stated in his evidence that the mortality is considerable as regards the pupils attending the small amount of fever in the Meath Hospital; do you think that would be greatly increased if a large number of pupils were admitted to the Cork-street Hospital?—I do not think there would be the slightest danger in the Cork-street Hospital; I never knew anyone occupied about the hospital catch fever; the wards are so lofty, and the ventilation so ample; the ventilation is of the most extensive kind, and on the best possible system, and the hospital is in a very healthful locality, on the edge of the town, surrounded by beautiful green fields, and in every respect unfavourable to infection.

1451. You say that you have done away with the carriage for taking patients to the hospital; do not you think it a most objectionable practice to put patients labouring under epidemic diseases in public carriages?—I do.

1452. And the health of the different families in Dublin is likely to be injured by such a proceeding?—I think so.

1453. Chairman.] What number of beds have you in each ward?—What is called the New Building, and which is the finest part of the building, has in each ward 15 beds.

1454. What is the space between each bed?—About two feet.

1455. Do you know how many cubic feet you allow to each patient?—No. I know that the ward is 50 feet long and 22 feet high, and without estimating its exact dimensions, I know that there is ample room. In the new house the

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wards are very high; in the old house there are a number of wards where only three patients are admitted, and though those wards do not strike the eye as at all to be compared to the wards in the new house, yet they are very useful in other respects, because they enable us to separate very bad cases. We can put a single case in one of those wards without any inconvenience, which might disturb the whole 15 patients in one of the larger wards, such as cases of delirium, or some very offensive cases of small pox; they can be isolated from the rest.

1456. *Chairman.*] Are patients received into the hospital upon making any payment to the institution?—No.

1457. Who appoints the nurses?—The matron selects the nurses.

1458. Subject to the approval of the Board?—Yes.

1459. *Dr. Brady.*] Do not the South Dublin Union pay for any patients they may send to the Cork-street Hospital?—Certainly.

1460. *Mr. Percy.*] Do the North Dublin Union also?—They do.

1461. Do you ever receive patients sent from either union?—Certainly, if we have room.

1462. *Mr. Grogan.*] Are you aware of the origin of this hospital; was it instituted to meet an epidemic?—No; it was to meet an increase of this kind of disease in Dublin. In fact, this hospital and the Hardwicke Hospital, which are the two great fever hospitals in Dublin, though the Cork-street Hospital is much the larger, and affords a great deal more accommodation, were both erected about the same time, in the year 1802. Those two institutions are not institutions which got grants from the Irish Parliament. It was no Irish abuse in which they originated, that was kept up after the Union, because they were not originated till the Union had been effected, and the reason was that fever began to extend in Dublin to an enormous amount. It began then, for the first time, to be a kind of plague in the city, the natural result of a great number of persons being thrown out of work, and the Government gave grants to the hospitals, feeling that it was caused in that way.

1463. Is it your impression that if those institutions did not at present exist, their erection would become necessary?—It is my decided impression that you would not go on for any length of time without people crying out to erect one. To give the Committee an idea of the necessity of such an institution, I may state, that when this epidemic broke out in 1847, the poor laws were in operation. The famine had produced fever throughout the country before it reached Dublin, and, therefore, people were in some degree alarmed about it. I have here a return which shows the number of cases admitted into Cork-street during the year 1846; that was the famine year; the number of cases rose from 275 in February, and 285 in March, to 341 in September, 380 in October, 389 in November, and 393 in December. During November and December of 1846 the people of Dublin were beginning to be alarmed about the fever, and the Board of Cork-street Hospital began to prepare for what the physicians warned them was an invasion of fever that was coming on; all the house accommodation was ready; in January they began to set up tents, and afterwards those wooden houses. In 1847 the admissions to the hospital ran on increasing in January to 411; February, 558; March, 704; April, 670; May, 703; June, 951. That was the great fever period. The epidemic was evidently in the city in January, and it went on increasing up to June, and beyond it. Here is a table that gives the number of applications during this period; they were 1,100 in one month, and 1,900 in another. There were 1,939 applications in June; of that number 951 were admitted; therefore the difference between those two numbers will show the number rejected from the hospital. During all that period there was not a single bed to accommodate a fever patient erected by the guardians of the South Dublin Union; for it was on the 24th of June that their first shed was opened, and I was the first physician appointed to it. I beg to observe, that the returns for 1846 show a constant increase in the number of admissions to Cork-street Hospital during the four last months of the year; while the table for 1847 shows an increase continuing steadily up to June, when the admissions amounted to 951. The hospital of the poor-law guardians did not open till the 24th of June, so that up to that time the Cork-street Fever Hospital had to sustain the whole pressure of the epidemic on the south side of the city. The latter table also shows, by giving the monthly applications for admission, what numbers were rejected for want of hospital room.

1464. Mr

1464. *Mr. Grogan.*] During the whole of that time the Hardwicke Hospital was in full operation upon the north?—It was, the same as we were upon the south.

1465. And those applications in those few months were the surplus that could not be accommodated in the Hardwicke Hospital?—Yes, we were obliged to turn them away from the gate.

1466. *Mr. Percy.*] Were the union workhouse infirmaries in existence at that time?—They were, and the Board of Health also, but the guardians had very great difficulty in getting accommodation. Houses were taken and rented, and then they were obliged to be given up; the landlord would not allow them to enter; and all that time, during those four months, Cork-street Hospital was increasing its accommodation from week to week for the purpose of meeting this epidemic. Now I say that if Cork-street Hospital had not been in existence at that time, the whole city would have been one mass of disease; therefore such a hospital as this is not to be regarded merely as a place for treating disease. It is a great sanitary institution in the city. With respect to asking for Government aid, that is, national assistance for a hospital of this kind, it must not be viewed as an ordinary hospital; it must be considered as a part of a sanitary system, and a primary portion of it too, without which any other sanitary arrangement would be of small value. If you were to clean the houses over and over again, until you have a place that you can remove the people to when they get typhus fever, small-pox, and similar contagious diseases, you will never have a wholesome city.

1467. *Chairman.*] Do you think the Cork-street Hospital, with the power that it has of admitting 400 patients in cases of epidemic, is sufficient for the probable wants of the town in such cases?—No, it might not for the first couple of months; as epidemic goes on slowly it could battle with it until accommodation was procured. It is not easy to get Boards of Guardians to advance money for that purpose, and you will find that whenever an emergency arises a difficulty in that respect will occur at the same time. It has been stated here that economy is the great duty of a guardian; the rate-payers who send in the guardians to represent them value a guardian in proportion as he keeps down the rates, and very naturally; but that appears to me to be a very bad and foolish policy in reference to a class of diseases like fever, which is always prevailing in Dublin, which is so injurious to the interests of the poor if they are left in their own houses, and presses so much upon struggling industry, for a fever is a month's sickness to a poor man.

1468. Do you think a workhouse, in general, is an improper place to treat fever in?—I certainly do.

1469. Do you think fever can be treated in a workhouse without risk to the other inmates?—I think it cannot; I think they have neither room to treat fever, nor have they, I am afraid, the abundant supplies of wine and nourishment, and other things of that kind, necessary for a convalescent in fever. Those are two objections; but I think the most serious of all is, that amidst a feeble population as they are from their habits of life, it is injudicious in the extreme to allow contagious diseases to be treated in their vicinity.

1470. *Dr. Brady.*] On an average you have 90 beds full; you say you have 120 beds ready; when those beds are vacant, do you intimate to the different unions that you have such vacancies?—They know at the union if we have any accommodation.

1471. Would the unions have an objection to sending patients to your institution in consequence of the amount of money that is charged?—They have objected to the amount, but we certainly do not charge them more than what each patient costs.

1472. *Sir F. Lewis.*] Supposing the case that the Government were willing to provide as much money as would afford adequate hospital accommodation to meet the fever in Dublin, do you think that would be most effectively or economically applied, by having one hospital only, and getting rid of the Meath Hospital, or by keeping two hospitals in the way in which there are now; is there anything in the locality which makes it desirable to have two?—No, they are near each other. I think it would be a saving, in point of economy, to have them united; but still I should regret if the patients were taken from the Meath Hospital, because of the value of having fever cases there for the purpose of education, though they are few in number.

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1473. Do

Dr. T. Brady.

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1473. Do you look upon the Meath Hospital as very much devoted to the instruction of medical pupils?—Yes, very much; they have a very large class of pupils; I suppose they have not, upon the average, more than perhaps 30 cases of fever in the Meath Hospital.

1474. Probably, if the system was to be commenced anew, you would think it desirable to have one hospital, but with reference to the existing Meath Hospital generally, you think there would be no economy in giving up that building, and enlarging the Cork-street Hospital?—There would be an economy, because it would not be necessary to enlarge the Cork-street Hospital.

1475. *Chairman.*] In cases of epidemic of a very serious kind, how many patients do you think you could accommodate in the building of the Cork-street Hospital and in the grounds adjacent, supposing you were to erect sheds and tents?—We could easily accommodate 800.

1476. Dr. Brady.] Are you of opinion that if the Government were to increase the number of beds to 200, there might be some arrangement entered into with the North and South Unions of Dublin for sending their patients in the first instance, when they come to the union house labouring under fever, directly to your hospital, at a reduced price to what you charge at the present time?—I think so; the fact is, that the smaller the number of patients there are in the hospital the dearer the union pay for their patients. Suppose there are only 100 patients in Cork-street Hospital, with a considerable staff of porters, and nurses, two doctors, an apothecary, &c. The whole expense of the establishment is divided over those 100 patients; if the union send in 20 they are put down at the expense of them; but supposing there were 400 instead, the expense would be proportionately reduced, as the staff would not be much augmented.

1477. Then in your opinion, a course such as that would tend to lessen the propagation of fever in the workhouses, and necessarily lessen fever altogether throughout Dublin?—It would. If the hospitals were in the position in which they were before the reduction of the grants, there would be very little fever in the poorhouses. I do not see what is to bring it in there, except fever is taken in at the gates. The process of late has been, taking a person in fever in as a pauper; that is, taking a working man with a family and making the whole of them paupers, in order to get the father in for medical treatment; and then, when you have him in, sending him to Cork-street, and spending 1s. 6d. a day for keeping him. The paupers are segregated now from the rest of the population, and are not living as they did in crowded houses with filth of all kinds around them, and the materials for lighting up fever; there would be but little fever in the poorhouses if the hospitals were kept properly open.

1478. *Chairman.*] I observe that there is a balance for the year ending the 31st of March 1852, and also another balance for the year ending the 31st of March 1853, the first of 572*l.*, and the other of 625*l.* to the credit of the institution; can you account for that?—It arises entirely from the estimate sent in for the year being greater than happened to be required for that year, and of course at the end of the time the committee had received the money that they asked for for the year, and a balance remained for the purposes of the hospital. I take it that they invested it to the credit of the public; so that the public the next year were not called upon to contribute so much. Now supposing that to be the state of things, it concurs entirely with the view which I have been presenting of the hospital, and with what we have heard with respect to the poorhouses, because I have shown that, from the altered condition of the hospital, not nearly so many applied as would have applied if things had gone on in their natural state. Out of the 4,000*l.* grant they saved 500*l.*, and they invested that 500*l.*; and if they took that into consideration the next year, and asked for 500*l.* less than they would otherwise ask for, I think it is all very fair. It shows that the hospital funds are managed with economy.

Mr. Charles Mathews, called in; and Examined.

Mr. C. Mathews.

1479. *Chairman.*] ARE you Registrar of the Cork-street Fever Hospital?—I am.

1480. How long have you held that situation?—Three years.

1481. Will you state to the Committee how the hospital is governed?—It is governed by a Board of Governors.

1482. What

1482. What is their number?—There are 15 trustees; there are six of the subscribers chosen to act with them as a managing committee.

1483. What is the qualification of a trustee?—A payment of two guineas a year.

1484. How much do the subscribers pay?—Some pay two guineas, some one guinea, and some a pound.

1485. How is this Board elected?—There is a meeting called of the subscribers once a year, the first Thursday in October, I think it is; that is the managing committee; the trustees remain constant.

1486. How often does the committee meet?—Every Thursday morning.

1487. Do they attend regularly?—Yes.

1488. What is the average number who attend?—It is from three to five; sometimes 11.

1489. What number forms a quorum?—Three.

1490. Are there any visitors besides the committee?—There are two out of the managing committee appointed monthly to visit the hospital.

1491. Do they visit on other days besides the days of meeting?—They do occasionally, not constantly.

1492. How many officers and servants are there employed in the institution, exclusive of the medical staff?—There is the registrar, the housekeeper, the head nurse, 14 nurses, and 10 servants.

1493. By whom are they appointed?—By the Board of Governors.

1494. Are they all appointed by the Board of Governors?—They are.

1495. The nurses are recommended by the matron to the Board for appointment?—They are.

1496. Will you state to the Committee what the income of the Cork-street Hospital has been for the year ending 1853?—The income was 3,915*l.* 9*s.* 11*d.*

1497. Will you state the items of that income under each head?—£. 2,660 Parliamentary grant; 615*l.* 9*s.* 1*d.* derived from interest on Government stock, rent, &c.

1498. What amount of Government stock does that represent?—About 10,188*l.* 4*s.* 1*d.*

1499. What is the amount of rent?—It is received under a new legacy, Bush's legacy; there is 150*l.* included in that.

1500. When was that legacy left?—It is about a year since we had the first payment; it is not settled yet; we have not the title-deeds. £. 121. 3*s.* annual subscriptions; 160*l.* legacies and donations; 44*l.* 0*s.* 10*d.* annuities; 314*l.* 17*s.* derived from poorhouse patients: that makes the total revenue.

1501. Will you state the items of expenditure?—I have not the items of expenditure here; I have the total amount, 3,562*l.* 15*s.* 9*d.*

1502. Is that for the year ending 31st of March 1853?—Yes.

1503. Are the items of the expenditure generally similar?—Exactly.

1504. Mr. Percy.] Have you any surplus this year?—£. 352 14*s.* 2*d.*

1505. Mr. Grogan.] Does the table before you give any other year?—It is for 10 years, from the year ending 31st of March 1844.

1506. *Chairman.*] Does that make a balance in favour of the institution of 625*l.*?—A balance of 352*l.* 14*s.* 2*d.* for year ending 31st March 1853.

1507. Mr. Grogan.] Was the expenditure that year the ordinary expenditure, or was it high or low?—It was higher for the last year, but very much smaller than for a number of years. In 1851 it was 3,894*l.*; in 1850 it was 3,806*l.*; in 1849, 4,694*l.*

1508. *Chairman.*] Was there a balance in 1852 of 572*l.*?—There was.

1509. Has that been usual?—Occasionally.

1510. Sir F. Lewis.] Have the annual subscriptions increased or diminished?—£. 121. 3*s.* is the amount for the last year.

1511. I see in 1841 they were 142*l.* 10*s.*?—I am not aware.

1512. *Chairman.*] Has there been a surplus of income over expenditure for a number of years?—Taking one year with another, I think there has; I do not exactly recollect.

1513. Notwithstanding this balance, has the number of beds been reduced?—That was part of the Parliamentary grant that did not come into that year; it was received after the 31st of March, and went into the following year.

1514. Mr. Grogan.] That is what swelled the receipts of the following year unduly?—Exactly.

1515. Sir

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1515. Sir F. Lewis.] In 1836 the total amount of Government capital stock was 8,629*l.* in the 3½ per cents.; has that increased or diminished?—It has increased considerably.

1516. Out of what funds has it been increased?—Legacies; all legacies amounting to 50*l.* are invested in Government stock.

1517. Have you any account of the legacies annually received?—The amount of legacies received for the year ending 1853 was 160*l.*

1518. Will you state the preceding year?—In the year ending 1852 we only had 5*l.*; the year before that we had 42*l.* 13*s.* 6*d.*

1519. Mr. Grogan.] Was that balance invested in Government stock?—It was.

1520. Chairman.] State to the Committee what investments have been made since the year 1842?—I cannot.

1521. How far can you go back?—I have no account of it here at all.

1522. Can you state to the Committee out of what funds those investments were made; were they made out of legacies or other sums given to the hospital, or were they made out of the general annual income of the institution?—Partly from legacies and donations, and partly from the balances.

1523. Will you be prepared to lay before the Committee an account of the investments that have been made since the Report of the Commissioners of 1842?—I will do so.

1524. Dr. Brady.] Taking 20*l.* as the average for each bed, having a balance of 500*l.*, you could supply more patients?—Yes, just now we could.

1525. Who has the management of this?—The governors.

1526. Mr. Percy.] How long have you been registrar?—Three years.

1527. Has your expenditure exceeded your income in any one of the four years?—I think not.

1528. Mr. Grogan.] Have you been obliged to curtail the expenses of working the house?—Yes.

1529. Chairman.] How do you reconcile that with an unexpended balance in the year 1852 of 572*l.*, and 625*l.* in the year 1853?—We had a smaller number of patients admitted; we had only 2,133 in that year, and 2,354 in the other. When there were 120 patients in the house, other patients were refused admission.

1530. Is it within your knowledge that patients have been rejected of late years?—I think I have known them to be refused.

1531. What reason was given?—On account of the house being full. The apothecary received orders not to take more than 120 patients.

1532. Lord A. Hervey.] In what year was that?—It was in 1852.

1533. Chairman.] Are means taken now to induce persons to subscribe?—There is a collector, and he goes round to different parties from whom he thinks he can get money.

1534. Are there charity sermons?—No.

1535. Or bazaars?—No; that 123*l.* 5*s.* is made up of subscriptions; there are two subscriptions, one from La Touche's Bank, and the other from the Bank of Ireland, of 20*l.* each.

1536. Lord A. Hervey.] Have the annual subscriptions increased or decreased?—They have increased.

1537. Mr. Percy.] You take no other steps for raising subscriptions, besides sending round a collector?—That, and publishing every month in one of the papers the state of the hospital.

1538. Mr. Grogan.] Calling the attention of the public to the utility of the institution?—Yes.

1539. Advertising the institution, in fact?—Yes.

1540. Lord A. Hervey.] Has there been any diminution in the subscriptions since the reduction of the Parliamentary grant?—The subscriptions have rather increased the last two years. In 1849 they were 98*l.* 9*s.* 6*d.*, in 1850 they were 89*l.* 16*s.*, in 1851, 21*l.*, in the following year 119*l.* 3*s.*, and last year 123*l.* 5*s.*

1541. Mr. Percy.] Looking at the fact of the surplus, have the Governors considered the propriety of increasing the number of beds for patients?—No; the staff which we have would accommodate 120 patients; we require the same number of nurses and servants for 50 as for 120; they must take their regular turns of duty; we require three nurses to each ward.

1542. The

1542. The Board has not considered the propriety of increasing the number of beds on account of the surplus?—They do not think of increasing the number beyond 120, because there are not 120 in the house, and they have not been full for some time.

1543. Chairman.] Have you known patients to have been neglected when there were fewer than 120 in the house?—No, I have not.

1544. Is there any income derivable from the land attached to the hospital?—No.

1545. Was it not let for hay?—It was two years ago, but not now; it is so bad, that we cannot get any person to take it, and we have to pay for the mowing.

1546. Sir F. Lewis.] In the return before me, I observe that nothing seems to have been received under the head of city or county presentments; but still it is a head in the account; is there any power of raising money by presentments?—I believe not.

1547. Will you explain how that heading ever got into the account?—The form was supplied by the Government, to be filled up.

1548. There is no such power?—Not that I know of.

1549. Mr. Grogan.] Your income is derived from the Parliamentary grant and bequests?—Parliamentary grant, interest on stock and rents, annual subscriptions, legacies and donations, annuities, and poorhouse patients.

1550. What are the rents?—The rents are Bush's legacy.

1551. Chairman.] What are the annuities?—One of the annuities was left by the late George Borroughs, and the other by Lady Hutchenson.

1552. Are they irregular in amount?—Borroughs' legacy has not been regularly paid; Lady Hutchenson's has.

1553. Why is not Borroughs' regularly paid?—I believe the receiver was not able to get the funds.

1554. How is the collector paid?—By a commission of five per cent.

1555. Dr. Brady.] Have great exertions been made to obtain subscriptions?—Yes; we have a new collector, and he is much more energetic than our former one.

1556. Sir F. Lewis.] At this time is fever exceedingly prevalent in Dublin?—I am not aware that it is.

1557. Is it less so than usual?—It has been less in the last four years.

1558. To what do you attribute that?—I have no means of knowing.

1559. Does it arise from the effect of the poor law?—I do not know at all.

1560. Mr. Percy.] What is the expense per bed per annum?—About 21*l.* or 22*l.*, averaging the beds to have 15 patients in a year, and taking them at about 20 days; that is the only means I have of calculating it.

Mr. Henry Price, called in; and Examined.

1561. Chairman.] ARE you a guardian of the South Dublin Union?—Yes, and of the Rathdown Union also.

1562. How long have you been a guardian of the South Dublin Union?—I have been a guardian of the North and South Dublin Union and the Rathdown Union during the past 10 years.

1563. Have you given much attention to the admission of paupers to those institutions?—I have.

1564. Have you found a great number of persons applying for admission into the workhouse in order to obtain medical relief?—From my attendance at the Admission Board I have found frequent applications from parties for the purpose of obtaining medical or surgical relief, having failed to obtain such relief on application at the hospitals.

1565. Were they in the condition of paupers?—They applied as paupers for the purpose of obtaining medical and surgical relief, and were admitted.

1566. Have you known persons afflicted with infectious diseases apply in this way?—I have.

1567. Are persons so applying generally natives of the union?—In numerous instances the parties so applying for medical relief are not natives of the union, but come from other unions.

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1568. Why

Mr. C. Mathews.

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Mr. H. Price.

Mr. H. Price.

8 May 1854.

1568. Why have they come?—They come, attracted by the celebrity of the Dublin hospitals.

1569. Mr. *Percy*.] What is the sum you pay for each patient whom you send to the fever hospital?—One shilling and sixpence per day per head.

1570. *Chairman*.] Are a great number of females labouring under syphilitic disease admitted into the South Dublin Union?—There are.

1571. Have you a return of the number?—I have made a personal inspection of the wards, and the last week there were 59.

1572. Is there any classification of adult females in the South Dublin Union?—There is no classification of females from the age of 15. In some instances there are patients of the age of 13 in that department.

1573. Do you mean that you have patients labouring under syphilitic disease at the age of 13?—Yes.

1574. Mr. *Percy*.] Is there any classification in the adult department?—In the general department of the house there is a classification of adults from persons under 15 years of age.

1575. Sir *F. Lewis*.] Do you allude to a single case of a person of the age of 13 labouring under syphilitic disease in the South Dublin Union, or is it frequent?—It was a case which came under my own knowledge, from inspection of that ward in the last week.

1576. A single case?—Yes.

1577. *Chairman*.] Are the patients very much crowded in the South Dublin Union?—They are very much crowded, and in numerous instances patients in the infirmary and hospital wards are sleeping two, and in some instances three, in a bed at this moment.

1578. Mr. *Grogan*.] What is the number of paupers in the house altogether?—Three thousand. The house is calculated to hold about 2,500.

1579. *Chairman*.] Have you observed an increase in the number of syphilitic patients in the workhouse hospitals since the reduction of the Parliamentary grant to the Lock Hospital?—From my experience during the time that the grants were given to the Lock Hospital, no patient was admitted to the workhouse labouring under that disease.

1580. Had not that the effect of excluding a great number of prostitutes and women of the worst possible character from the workhouse?—It had.

1581. Do you ever send patients to the Lock Hospital?—During the time that the grants were given to the Lock Hospital, all patients applying for admission to the workhouses, being inspected by the medical officers previously to being classified, whenever they were found labouring under that disease, they were at once transferred to the Lock Hospital, and invariably admitted. Now they cannot be admitted there.

1582. *Chairman*.] Have you brought this subject under the consideration of the Board of Guardians?—I have brought the subject under the consideration of the Board of Guardians, and got a resolution of the Board affirmed, by which the Board undertook to pay the Lock Hospital for those patients, as we do the fever patients; but the Poor-law Commissioners would not allow it.

1583. On what grounds?—On the ground that their permission to pay for patients out of the workhouse only extended to epidemic diseases.

1584. *Chairman*.] Does the Act of Parliament permit them so to do?—No.

1585. Lord *A. Hervey*.] Do you know the number of cases you have had of that sort for some years past?—They vary from 50 to 70.

1586. Is four years ago the first year in which you had any case of the sort?—The first.

1587. *Chairman*.] Do many persons apply for admission to the workhouse merely for the purpose of being confined?—There are several instances in which parties have applied in that way.

1588. Do those persons go out generally immediately after their confinement?—No; they mostly remain a permanent charge on the rates.

1589. Are they generally women of bad character?—Mostly.

1590. Have you the power of sending women who are about to be confined, into the Lying-in Hospital?—No.

1591. Sir *F. Lewis*.] If a woman were delivered of a child in the hospital would that child be vaccinated?—Vaccination is always performed by the poor-law

law medical officers for the paupers in the hospital, and for any of the public who choose to apply; there are certain days set apart for the purpose.

1592. Does that apply to the case of an infant born in the hospital?—I should say so.

1593. Lord *A. Hervey*.] How long does a lying-in woman remain in the workhouse?—I cannot give the medical part of the evidence; I think that would require a medical man.

1594. *Chairman*.] Have there been many fever patients admitted lately into the South Dublin Union?—Not lately; but we have had a very considerable number.

1595. Mr. *Percy*.] In what manner do you convey your patients from the union to the Cork-street Hospital?—We have a cart expressly for the purpose, to convey them from the workhouse, but only from the workhouse.

1596. *Chairman*.] Is it your practice to send all the fever patients from the union to the Cork-street Hospital?—Invariably, so soon as they show unmistakable symptoms of fever.

1597. Suppose a pauper was to apply at the door of the workhouse in fever, would he then be admitted into the institution, or be sent straight to the Cork-street Hospital?—If a pauper applies, labouring decidedly under fever, he is registered as admitted, and at once transferred to the Cork-street Hospital.

1598. Dr. *Brady*.] Do you keep any fever patients in your union?—We take in no cases of fever in our union, but when a case arises there is a ward in which the patient is kept until the medical officers are convinced that it is a fever case.

1599. Mr. *Percy*.] How many do you send annually, on the average, to the Cork-street Hospital?—The amount that we have paid is from 60 *l.* per week down to 15 *l.* per week.

1600. *Chairman*.] What do you pay per head per day?—One shilling and sixpence per head per day.

1601. Do you know whether that 1 *s.* 6 *d.* a day covers the whole expense of a pauper in the Cork-street Hospital?—I believe it does.

1602. Dr. *Brady*.] Have the guardians ever prevented a patient going to the Cork-street Hospital, or have not sent him there in consequence of the expense?—They have not, but they have remonstrated frequently with the hospital for the charge, and the reply of the governors of the hospital was that it cost them what they were charging the workhouse.

1603. Mr. *Percy*.] Is there any classification after the age of 15?—There is no classification after the age of 15.

1604. *Chairman*.] Have you any other remarks to make to the Committee?—I have nothing but the returns; I did not bring them down with me.

1605. What is the nature of the returns?—They are merely statistical.

1606. Will you have the kindness to furnish them to the Committee?—Yes.

1607. Suppose a girl at the age of 13 comes into the hospital afflicted with the venereal disease, is she placed amongst the children or amongst the adults?—She is placed in a ward set apart for patients labouring under that disease.

1608. On her cure what class is she put in if she becomes an inmate of the house?—She should be again placed back in her peculiar class, namely, among the paupers under 15 years of age, that is, amongst the children.

1609. In fact it is possible, according to the system of classification which is pursued in the South Dublin Union, that a girl under the age of 15 who has become a prostitute should be placed in communication with the general class of children of the institution?—Such is the fact.

1610. Mr. *Percy*.] And also a girl brought up in the workhouse, when she arrives at the age of 15, would be associated with the adults, and may associate with prostitutes transferred from the syphilitic ward?—As soon as she arrives at 15 years of age, she is transferred to the adult ward, and the paupers as soon as they are discharged from that peculiar ward are placed in a department called the mill-yard.

1611. Would there be any difficulty in arriving at some system of classification?—It would be very difficult.

Mr. H. Price.

8 May 1854.

Jovis, 11^o die Maii, 1854.

MEMBERS PRESENT.

Lord Naas.
Mr. Percy.
Mr. Byng.
Dr. Brady.
Lord Alfred Hervey.
Sir Thomas Burke.

Mr. Grogan.
Mr. Whitmore.
Sir Frankland Lewis.
Mr. Kershaw.
Mr. James M'Gregor.

THE RIGHT HON. LORD NAAS, IN THE CHAIR.

Dr. William Henry Porter, called in ; and further Examined.

Dr. W. H. Porter.
11 May 1854.

1612. *Chairman.*] ARE you Professor of Surgery in the College of Surgeons of Ireland?—I am.

1613. How long have you held that office?—Since the year 1836.

1614. Have you been for a considerable number of years a hospital surgeon?—Nearly 35 years.

1615. Have you during that time had great experience in medical instruction?—Of course I must have had.

1616. Has clinical instruction been always regarded as an indispensable part of medical study?—Clearly most important; it is the practical part that all the other parts result in.

1617. How long has clinical instruction been practised in Dublin?—Some-what before my time; I cannot exactly specify the year; it is said to have been commenced by Sir Philip Crampton and the late Dr. Stokes, consequently I should say about half a century.

1618. Do the Colleges and licensing bodies require more time to be devoted to clinical study than to any other branch?—They do.

1619. Do the Queen's University require a clinical certificate?—They do.

1620. Are you of opinion that the clinical instruction of the School of Dublin would be very imperfect if the present hospital accommodation was curtailed?—It must be; I should not say entirely destroyed, but very nearly; it must become very imperfect.

1621. Would that arise from the diminution of the number of patients who would be submitted for inspection?—Precisely; I should say it would arise from absolute want of material.

1622. Do you think that the School of Medicine, Dublin, has a claim in justice on the Government for the support of the clinical part of the institution?—I think they have, to a certain extent, a very just claim, because they receive no kind of support from the Government in any other branch; whereas in three large towns in Ireland there are very largely endowed establishments for medical instruction; so largely, that a lecturer on surgery in any one of those three towns has more money without a class of pupils than I have in a college of surgeons with one.

1623. Do you allude to the Queen's Colleges?—I allude to what are called the Queen's Colleges, at Belfast, Cork, and Galway; there there are professors largely endowed by the State, and if the State takes away from us what I call the indirect endowment of the hospital, it will leave us quite powerless to compete with such rivals.

1624. Do the men who may be called the medical instructors of Dublin receive any salary from the State in virtue of their position as medical instructors and professors?—I think not one; certainly none connected with the College of Surgeons; I believe none connected with the College of Physicians; perhaps in one case there may be; there is a Queen's Professor of Medicine in Trinity College; whether he is paid by the State or not, I cannot say, but that is the only one if he is so paid.

1625. The great Medical School of Dublin, speaking of it as a body, is unsupported by Government aid, except in the indirect manner of the grants to the hospitals?—Certainly it is; if you can call that an endowment, it is an indirect endowment from the Government, and it is the only one we have.

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1626. The schools, then, are conducted almost entirely at the expense of the pupils?—Almost entirely. Dr. W. H. Porter.

1627. Mr. Percy.] Have the Professors of the Queen's Colleges any means of giving lectures at the bed-side?—I believe they have; but it must be rather indifferent in the country towns; I cannot answer from personal observation; I should think there are good hospitals in those towns, particularly in Cork, but I cannot, from personal observation, speak to the clinical instruction there.

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1628. Does the hospital at Cork receive any Government grant?—I should think not.

1629. Dr. Brady.] Is the hospital in Cork connected with the Queen's College?—I am not aware; I really do not know.

1630. Has this College at Cork a hospital attached to it?—I think not; I do not know.

1631. If there is no hospital attached to it, how are the pupils to be educated?—That is precisely what I do not know myself, how they are to be educated in those schools without such hospitals; I think there must be a deficiency there.

1632. Mr. Percy.] What is the course of study required for a student's admission to a diploma?—It is different in the College of Surgeons and Trinity College; at the College of Surgeons attendance on a certain number of professors' lectures, anatomy and physiology, surgery, practice of physic, chemistry, midwifery, materia medica, and medical jurisprudence, is required.

1633. Is attendance required on any clinical lectures?—Yes; beside that, three years' attendance on clinical lectures is required, allowing vacations out of those three years, so as absolutely to demand 27 clear months.

1634. What course of study is required for a physician's diploma?—A different course of study is required for a physician's diploma; attendance on a Professor of Trinity College is required for six courses, and two years, I think, of Hospital attendance is required in Ireland; we always understand clinical instruction to go *pari passu* with hospital attendance; for there is scarcely a day that we are not giving instruction in some shape or another.

Dr. Thomas Brady, called in ; and further Examined.

1635. *Chairman.*] ARE you Vice-President of the Queen's College of Physicians in Dublin?—I am.

Dr. T. Brady.

1636. Is it your opinion that the Irish School of Medicine fills a very high place in the profession at large?—It is, decidedly.

1637. Is it as complete a school as that of London or Edinburgh?—I think it as complete as any school can be; it is not so extensive as that of London; there is not such a number of hospitals connected with it, but it presents very peculiar advantages: in the first place, those five hospitals which are now in question, afford opportunities for clinical studies to a very great extent; in the next place, all the collateral branches are taught in Dublin in the very best way. Dublin has from the time that clinical or any kind of instruction took place in this kingdom, always had a great advantage in respect to anatomy, in consequence of the facility for obtaining bodies, and anatomy has been cultivated there to the greatest perfection and in the most practical mode; that is confessed even in the other schools. There were always great difficulties in the Edinburgh Schools in procuring dead bodies, from the great antipathy of people to the bodies being meddled with. With respect to chemistry, we have in Dublin connected with the schools several great laboratories; for instance, the laboratories of the University and the College of Surgeons, where practical instruction is given. In respect to botany, there are two botanical gardens. We have connected with the teaching and practice of medicine and surgery extensive Pathological and Physiological Museums for illustration, not perhaps so extensive as in other cities, but I would say as practically useful, having all the materials of education that are absolutely necessary. Then, as to clinical teaching, it is admitted that Dublin was the first school in those countries in which what is confessedly the best mode of teaching medicine was introduced; it was introduced by Dr. Graves; in fact, it is to Dr. Graves that the Dublin School of Medicine may be said to owe its very existence ever since he introduced that system, and worked it with an energy that no man but himself could have done.

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1638. Can you state the date when it was introduced?—It was somewhere about 1823 that Dr. Graves returned from the Continent. One branch of clinical instruction that is most valuable and extensive and necessary in the treatment of diseases of the chest, the application of the stethoscope for the discovery of the nature of them, was only introduced into the Parisian hospitals about 1821: it had been partially in use for some years previously; Dr. Graves came home with this species of knowledge and a vast variety of information upon every subject connected with medicine, and a familiarity with the mode of teaching in Germany and France.

1639. Is it your opinion that everything necessary for the proper conduct of a great school of medicine exists in Dublin?—Yes; as complete for its size as any I have ever seen. I have seen the medical schools in Italy and Paris.

1640. Mr. Percy.] When did the surgeons begin clinical lectures?—There was always a kind of clinical lecturing both in England and Ireland and Scotland; and there were clinical lectures given both by physicians and surgeons before Dr. Graves's time, but it was a very different kind of clinical instruction from what is given at present.

1641. Chairman.] If the grants were wholly withdrawn from the Dublin hospitals, what do you think would be the result upon the Irish School of Medicine?—You cannot have a school of medicine without good hospitals and extensive hospital accommodation, even beyond the mere wants of the people.

1642. Do you think it would be possible to raise private subscriptions in Dublin sufficient to support hospitals of a nature adequate to supply instruction to the schools?—I am certain that it would not be possible.

1643. Do you look upon the establishment of those hospitals as a national and imperial object?—Decidedly. I look upon a school of medicine as a most important national object, far more important than the public generally conceive.

1644. Do you think that poorhouse hospitals could be applied to the purposes of teaching?—You may teach wherever there is disease; there is no doubt about it. I have no doubt that advantage might be derived to pupils from seeing in the poorhouse hospitals diseases of a peculiar character, and which to a great extent they would not see in other hospitals; but if it is meant to say that the workhouses would ever supply the place of the hospitals at present existing in Dublin, there is not, in my opinion, a particle of foundation for it. I have a reason for saying so, and one good reason is better than a thousand, and it is this. You cannot have clinical instruction suited to a medical school, unless you have an extensive population to draw from. These union workhouses contain only about 7,000 individuals; now, taking them altogether, even without taking into account what class of persons they contain, out of those you would never have supplied the great variety of diseases which ought to be seen in a medical school. Students cannot be all their life studying disease. The pupils and their fathers think four or five years quite enough to spend in the study. During that time, the object of the medical school is to supply the student with knowledge upon almost every disease that can present itself, and that is done in our schools at present. But, if you were to substitute schools drawn from any population of 7,000, instead of 100,000 persons, you could not have the variety of instruction which is now afforded.

1645. Is it your opinion that a sufficient variety of disease could not be presented to a pupil in a poorhouse?—Decidedly; the poorhouse guardians themselves have very wisely excluded one of the largest classes of disease, and one of the most important to medical men to know, that is, the class of contagious disease: therefore, that immense mass of medical disease is cut off at once. With respect to surgical disease, it must be obvious that in a house where the population is a stagnant population, not making any extraordinary exertions of any kind, you will not meet with the extensive injuries, fractures, burns, and various accidents that will arise in a population engaged in active manual exertions. But this objection admits of a far more extensive application. A great number of the diseases of a city population are intimately connected with their habits of life. The positions in which the people are obliged to live, the struggle they are obliged to make, the crowding together of workmen or women into a room, where they are stifled the whole day from want of ventilation, bring on a class of diseases of which you can have no illustration arising in the population of a poorhouse. You cannot have cases that are occurring continually in a great city;

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city; another class of persons who are in that position of life that they can afford to drink whisky, and live pretty well, but who cannot be treated at home, because they have not the means, and must be treated by the public when they are sick; that class of people are liable to inflammatory disease of the brain, the lungs, &c., the result of whisky-drinking and exposure to cold, from all of which the poorhouse pauper is exempt. You have painters and other tradesmen whose diseases arise from the nature of their occupation; such diseases would never be seen originating in a poorhouse. If you were to attempt to conduct a school of medicine through a poorhouse, it would be extinguished before two years. Students would go to England, Scotland, or elsewhere, unless the public chose to put up with this imperfect kind of knowledge, and the tickets which the students would receive were taken by the examining boards; both of which are very improbable.

1646. Mr. Percy.] Is there the necessary accommodation in the workhouse infirmaries for the attendance of pupils at *post-mortem* examinations and operations?—It might be easily provided, but there is not, I believe, such a thing at present.

1647. It would require considerable space, would it not?—I was in the workhouse before I left Dublin; I have known something of those workhouses ever since they were instituted; before they were established I had for years the charge of a similar institution, the Mendicity Institution in Dublin. I did not think of making any inquiry at the workhouse with reference to those peculiar kind of advantages, because I am so convinced that the workhouses never can be turned to this purpose; I merely wanted to confirm my own notion by an exact examination of the class of diseases at the time.

1648. Sir F. Lewis.] Does the Mendicity Institution still exist?—It does exist.

1649. And it is still useful?—It is.

1650. Will you have the kindness to explain the nature of that institution?—The class of persons who are admitted there are something above paupers, and yet require support, and there are benevolent persons in Dublin who think it right to keep them out of the poorhouse if they can. They go there merely for the day, and are fed, and are employed in some light kind of work; and they go home for the evening; but the expenses of the institution have been considerably diminished; there are no medical men attached to it.

1651. Chairman.] Is there any public grant?—None at all.

1652. Mr. Grogan.] Do the inmates sleep there at night?—No.

1653. In case they have no home, is assistance given to furnish them a home?—Yes; and they are paid a small trifle for their work. They are employed in washing, and some of them in breaking stones, and things of that kind.

1654. Those are a class that are somewhat above the pauper; and the endeavour is to keep them out of the poorhouse?—Yes.

1655. Mr. Percy.] Is the amount of fees paid by pupils in Dublin the same as in London or Edinburgh?—The fees are not at all so high as in London.

1656. Can you state the comparative amounts?—I cannot speak positively; but I know with respect to chemistry, it is double in the London schools what it is in our University school, and the fees at our University school are higher than in the other schools in Dublin.

1657. Dr. Brady.] Has not the microscope been much used lately?—It has.

1658. Microscopes are expensive in keeping up, are they not?—They are.

1659. Do you think a school could be perfect without having a good supply of microscopic instruments?—No, I think not in the present state of medical science; the microscope is not in so many hands in Ireland as in England, the general feeling amongst medical men in Ireland being, that unless they have begun early and are very familiar with the use of the microscope, it is a very fallacious kind of auxiliary. But to show you that the medical school of Dublin endeavours to keep pace with the medical schools in other countries, though the use of the microscope is not so general in Dublin as here, there are individuals who have devoted themselves to the use of the microscope, and already have acquired considerable distinction. There are several whom I do not know, who are engaged in the study; but Doctor Lyons, of Dublin, is one whose name is already distinguished as a microscopist, and Doctor Fraser also; they are connected with the Pathological Society.

1660. Sir F. Lewis.] Are you acquainted with Belfast?—Yes.

1661. Is there any medical school there?—One of the Queen's Colleges is established in Belfast, and there is a medical school connected with it.

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1662. Is not there one at Cork also?—There is.

1663. Is there a public grant to any of those colleges?—They are entirely supported by the Government; every expense connected with the Queen's College is paid by the Government, not only for the medical school, but for the whole college.

1664. There is no Queen's College in Dublin, is there?—No.

1665. Does the Dublin University afford any facilities, or contribute to any funds towards the medical schools in Dublin?—The University of Dublin, in conjunction with the College of Physicians, have a very complete medical school of their own. Of the professors in that school, the University of Dublin pay four, and there are three paid out of the funds of Sir Patrick Dun, who left his property to the College of Physicians; and there are others added to the school who are not paid salaries, but who teach and receive remuneration for lecturing. The University has four professors, for they have lately broken the professorship of anatomy into two, and separated surgery from it; the same person used to take both.

1666. Are the medical schools in connexion with the hospitals which you have described to us wholly unconnected with that which you have now alluded to in the Dublin University?—Wholly. The College of Surgeons also has connected with it a very complete school of medicine and surgery, supplied, as the University school is, with laboratories and museums of all kinds to illustrate the lectures.

1667. Those would not be adequate, you think, to the wants and requirements of Dublin without the schools connected with those hospitals?—No; the hospitals are of the greatest importance. The schools might go on very well, but the schools would not be complete without the hospitals; the hospitals are an indispensable part of the school.

1668. Do the students who are connected with the college obtain instruction in the hospitals; do they attend the clinical lectures in the hospitals?—Yes, they must.

1669. Mr. Percy.] Is there any private anatomical school in Dublin?—There are.

1670. Is there more than one?—There is more than one, and some equal to the public schools. There is the Richmond, which is in the immediate vicinity of three great hospitals for medical and surgical instruction.

1671. When I use the word "private," I mean a school maintained by private individuals, independently of a hospital?—This school is maintained entirely by private individuals; it has an endowment left by a surgeon to it; there are three other private schools; all are totally independent of hospitals.

1672. Chairman.] Which schools are they?—Two schools in Peter-street, and the school of the Apothecaries' Company, which I should have described as a public school. In Paris and other continental cities it is the same. In addition to the great institutions which the Government support, there are private speculations; because in those circumstances such an ardour for science springs up amongst the pupils, that men devoting themselves to private teaching or to a particular branch, such, for instance, as diseases of the eye, or diseases of the ear, are rewarded sufficiently by merely lecturing; but for the great institutions, they must be well supported, and they are supported in every country in Europe by the Government itself. There is always a fixed grant; there is not a part of Italy even, not to speak of Austria, or Prussia, or France, where there are not certain funds set apart by the Government for the purpose of those institutions, and the Government to a certain extent mix themselves up in their management: I may remark, that England is to be contradistinguished from all other countries in that respect, and particularly from Ireland; and you are not to compare a city like Dublin, an impoverished city, in which the inhabitants are barely able to sustain the pressure of the rates upon them, with London, in which so much wealth is accumulated. The great accumulation of wealth in England, and the benevolence of its people, sustain such institutions here, but they could not be efficiently supported in this way in other places; not even in Paris; the Paris School would fall in some years if it had not Government aid.

1673. Mr. Grogan.] Is it your impression, that, however valuable the lectures may be, the professors of those several schools, without an opportunity of illustrating them by hospital practice, would fail of their objects?—I think they would be most mischievous; lecturing without clinical instruction, and hospital experience,

experience, is calculated to send forth a class of practitioners who are most dangerous to the public.

1674. Does that remark of yours apply specially in the case of fever?—It applies in all diseases, but particularly in fever; at least it strikes one as being attended with more calamitous results, from the great frequency of fever, and the danger that arises from intermeddling with it, which will be certainly the result of ignorance. Fever is of all diseases the one that most requires a man to have seen it often. I should say, from having seen it often, and watched it closely in its progress, that experience is most requisite in it, because it is a disease that must run a certain course; and if a physician interrupts that course, he is very likely to endanger the patient's life; and men who have not frequently seen it are very apt to interfere.

1675. Diagrams or book descriptions you think would not suffice for instruction?—No; nor all the descriptions of a lecturer, if he was at it 20 years.

Dr. George B. Owens, called in; and Examined.

1676. Chairman.] ARE you a Poor Law Guardian of the South Dublin Union?—I am, and have been for many years. Dr. G. B. Owens.

1677. Are you also Deputy-governor of Apothecaries' Hall?—Yes.

1678. How long have you been a Guardian of the South Dublin Union?—Since the year 1849; and I had been guardian of a provincial union before that time.

1679. As Guardian of the South Dublin Union, are you conversant with the details of its management?—Yes; with the details of the working of the house.

1680. Have you any female venereal patients in the house?—We have.

1681. Can you state their number?—I counted them myself one day last week; I visited the workhouse, and got all their names; we had over 50, and I also asked the address of each patient, and I found that the greater number of them did not belong to Dublin.

1682. Have you any classification of them?—None whatsoever, more than that they are separated from the other inmates of the house.

1683. You mean while under treatment?—Yes, while under treatment.

1684. Among those venereal patients are there any virtuous women to be found?—Yes.

1685. How would you classify female venereal patients?—I think I might divide them into three classes; there are the married women, who have been injured by the misconduct of their husbands; there are the virtuous, of recent seduction, not yet corrupted, and there are also the procuresses and prostitutes.

1686. Are there any young children under the age of 15 to be found amongst them?—There was one only 13 years of age.

1687. When those persons are cured, do they mix promiscuously with the other inmates of the union?—Yes, they do; we are obliged to allow them to mix promiscuously, and that person under 15 years of age, whom I allude to, was obliged to go into the children's ward; that is the general rule in the house, and the very worst results have followed.

1688. Do prostitutes come in for the purpose of seducing girls out of the house?—I believe that to be the case.

1689. Have you known instances of it?—From conversations I have had with the officers of the house, I believe such to be the fact; and if you will allow me, I shall read some letters which I have received from the chaplains, who are more conversant with that fact, and also from the master and matron, that bear very much upon this question.

1690. Will you have the kindness to read them?—The first letter is from the Rev. Robert Fleming, A. M., curate of St. James's parish, and officiating chaplain in the South Dublin Union Workhouse: "My dear sir,—It is my firm conviction, founded upon my experience, as officiating chaplain in the South Dublin Union Workhouse, that the system of admitting those unfortunate women whose cases used to be treated in the Westmoreland Lock Hospital, is ruinous in the extreme. We have high authority for knowing that 'evil communications corrupt good manners,' and I have too much reason to believe that many of those who have come in to procure medical advice have, on leaving the house cured, induced others hitherto uncontaminated to accompany them to their ruin, degradation, and shame." The next is from the Rev. Peter Edward O'Farrelly, Roman-

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Catholic Chaplain of the South Dublin Union Workhouse: "My dear sir,—In answer to the subject-matter of our conversation on yesterday, I have no hesitation in giving it as my fixed opinion, that the commingling of the unfortunate females of the Garden Hospital, when cured there of their diseases, with the virtuous females of other parts of the workhouse, must have the most disastrous and demoralising effect on the latter; every lover of virtue should exert himself to put a stop to this state of things." The next letter is from the matron, whose duty it is to go into that particular ward amongst those females: "Dear sir,—In reply to your inquiry with regard to the bad effects in the workhouse of allowing the ill-conducted females, especially the class No. 2 and 7 surgical wards, to have intercourse with young women of good conduct, I beg to say I have found it one of the most painful circumstances connected with my situation as matron: the large number of young girls, I might say children (as at the age of fifteen they are transferred into the adult class), who have been drawn into the paths of vice by the evil example of the above unhappy class, and I feel it would be an unspeakable blessing to both if a total separation could be accomplished." The last letter that I will read is from William O'Brien, master of the workhouse: "Dear Doctor,—Knowing the deep interest you take in a matter at present absorbing so much of the attention and anxiety of the most intelligent and respectable portion of our fellow-citizens, indeed I may say of all classes of the community here, I am induced to address a few observations to you on a portion of the subject, the importance of which it were needless to point out to you. The experience I have derived from having been master of this workhouse for several years past, enables me to state, that the consequences resulting from the free intercourse which unavoidably subsists in this institution between females of the most abandoned habits and the young and virtuous of their own sex, have been, and I am sorry to add, continue to be most deplorable, and few who have not had such opportunities as I have had of witnessing the extent of the evil, could form an adequate idea of it. According to the poor-law regulations, girls, on arriving at the age of 15 years, are transferred from the children's to the women's class; and from the number of young females in the institution, such transfers are of almost daily occurrence. These young creatures, many of whom have been in the house almost from their infancy, have, up to the age I have mentioned, been carefully instructed in the principles of religion and morality, and preserved from all such associations as might tend to contaminate their minds; but being wholly inexperienced in the ways of society, and therefore unsuspecting of the snares that are laid for their ruin, they listen with eagerness to a description of the joys of unrestrained freedom, and the pleasures that await such girls as they are when once they shake off the restraint to which they have already too long submitted; in a word, they fall an easy prey to the vile wretches who traffic in their innocence, and become impatient for the immediate enjoyment of those pleasures which they have been assured await their entrance into the world without. A story is easily trumped up to form an excuse for demanding their discharge, which, I need not inform you, cannot be refused them; and the tempter and her victim depart together. It is, indeed, a lamentable sight to behold a young creature whom you have been accustomed to see from her childhood, and whom you know to have left the house pure, at least in person, though unhappily (from evil communication) not unpolluted in mind, after a few short months, return to it the victim of a loathsome disease, and reduced, both bodily and mentally, to the lowest pitch of human degradation; yet such a sight has it but too often been my lot to witness. I am decidedly of opinion that a separate hospital for the treatment of such patients as I have alluded to, and a regulation that after their recovery, they should be debarred from mingling with the purer portion of the inmates, would be attended with the best possible results, both as regards the preservation of morality amongst the younger females, and the maintenance of order in the workhouse, these unhappy women being of a class that will not brook control, and having been the fomenters and the leaders of every riot that has taken place amongst the females here; and until some such regulation shall have been adopted, much of the care and attention bestowed on the education of young females in this institution must inevitably continue to be as, in so many instances, I regret to say, it already has been, wholly unavailing, and this otherwise most valuable institution must continue to be, to a great extent, a nursery for replenishing the streets of the metropolis with numbers of unhappy beings, who,

who, it must be admitted, received their initiation into vice within its walls; such are the effects that have been in a great measure produced by the withdrawal of the Government grants from the Westmoreland Lock Hospital." Dr. G. B. Owens.
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1691. What remedy do you suggest for this state of things?—I think the only possible remedy is the establishing of a Lock Hospital, where there will be a total separation and classification of this description of patients.

1692. Can you tell the Committee what amount of accommodation would require to be provided in the Lock Hospital; what number of beds?—About 100 for the South Union.

1693. I suppose it would require an equal number for the North?—I would say an equal number for the North would be required.

1694. What do you do with the fever patients of the South Dublin Union?—We send all fever, scarlatina, and small-pox patients to Cork-street Hospital; we consider that a better plan than to keep them in the house, in order to prevent contagion spreading.

1695. Have there been no fever patients treated in the house since you have been guardian?—Persons who may have been overtaken with fever have been treated in the house, and at a time of very great pressure upon us, by a sudden break out of the disease, we have put up sheds; but that has not occurred since my time as guardian; that was in 1847.

1696. Were you appointed in 1849?—Yes.

1697. Have you ever known an instance of a fever patient being treated in the house since you have been guardian?—No; except a person overtaken with fever, who could not be removed.

1698. What do you pay for a patient at Cork-street Hospital?—1 s. 6 d. a day, or 10 s. a week; we have before now remonstrated with the Governors with regard to that charge, and have been satisfied by them that they have literally charged us nothing more than it has cost them.

1699. Can you inform the Committee what amount you paid in the last year?—Something over 300 l.

1700. Does that include the drug account?—Yes; they get the medicines in the hospital; that includes all the charges in the hospital.

1701. Do you think fever patients can be treated in a workhouse hospital with safety to the other inmates?—I think not; you cannot have fever treated in a crowded institution like a workhouse, any more than you can in any other crowded locality; and the only way of preventing the spreading of the disease is, immediately to send the fever patients away.

1702. Is it possible in a workhouse to administer a sufficient variety of diet for each case?—While under treatment, the doctors, of course, have power to prescribe what diet they think fit; but the diet of a workhouse is not suited to a convalescent patient from fever.

1703. What is the usual dietary of the workhouse?—In the South Dublin Union we give them two meals a day, breakfast and dinner; for five days in the week we give stirabout, and bread and meat broth the other two days.

1704. Have you any power of altering that dietary for convalescent fever patients when they have once left the hospital?—We have not.

1705. Could you improve it?—I think the dietary is quite unsuited for convalescent patients. The fever of our country of late years has assumed a low type; and it has been recorded of our late celebrated physician, Dr. Graves, who distinguished himself more in the treatment of fever than any other man in Dublin, that he said, "If there should be an epitaph put over my tomb, let it be, 'he fed fevers.'" Such is the description of the low type of fever latterly in Ireland that I have observed; from the very earliest stage there is a disposition to sink. With regard to improving the dietary, about which I have been asked, I do not think we should be sanctioned in improving it; and I think if we did so, the chances are that we should give a better diet than many of the rate-payers themselves could afford to have.

1706. What is the number in the union?—Three thousand seven hundred and twenty.

1707. What is the number of able-bodied men amongst them?—The total number of able-bodied men is 330. They are called able-bodied men; but you would not think them so, if you were to see them.

1708. Is it your opinion that workhouse hospitals could be made schools for clinical

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clinical instruction?—I think they are quite unsuited for being made schools for clinical instruction.

1709. Why do you think so?—In the first place, I would say that the Poor Law Act contemplates the relief of no one but the destitute poor. The very preamble of the Act says that it is an Act for the relief of the destitute poor. Now, the class of persons in our hospital are not actual paupers; they are a different class of people altogether, and, independently of that, you cannot admit the head of a family into a workhouse without pauperising his entire family, and, in fact, degrading them; for an Irishman feels it a degradation to go into a workhouse. Besides, I think that the field for teaching surgical disease in a workhouse is very limited. You have neither accidents nor injuries, and very little of acute surgical disease; and I think that from the great number of persons that the medical attendant of a workhouse has to prescribe for, and the rapid way in which he must of necessity pass through the wards, it is quite impossible that he can give clinical instruction, and I also think that it would be very subversive of the regulations of the house to allow medical students to mix promiscuously with the inmates, many of whom are females of immoral character.

1710. If persons not absolutely destitute were admitted to the workhouse hospitals, do you think it would have the effect of placing them in the position of paupers after their cure?—Decidedly I think it would, and that they would feel degraded in leaving it; for there is such a pride in the Irish character, that a man having entered the workhouse, feels degraded.

1711. Do you think that that feeling would apply to men or women who had sought the workhouse for the purpose of medical relief only?—I think if a man could get into any hospital in Dublin, he would never seek the workhouse for medical relief. I have been repeatedly applied to for admission to the workhouse by people who have had tickets for admission to the city hospitals, but who have been unable to obtain admission. There is no feeling of degradation in entering the city hospitals; the mechanic, the labourer, and the artisan have no feeling of the kind in entering the city hospitals, which they would have in entering a workhouse.

1712. Mr. Percy.] Is not the want of classification, and the admission of children to the adult ward, dangerous to the morals of the young?—I think the age of 15 is rather young to oblige them to go into the women's ward.

1713. Even supposing that persons afflicted with the venereal disease were not admitted, you think it would be dangerous?—Yes, even supposing that persons having the venereal disease were not admitted, it would be dangerous; but you have not at all the same dread in putting them into a ward with other inmates that you have with those abandoned persons of whom I have spoken, for they have been the instigators of everything bad in the working of the system of the workhouse.

1714. Would the exclusion of the venereal patients be the means of preventing women of bad character coming to the house at all?—Decidedly; they never would come to us; they come to the workhouse when they are refused admission to the Lock Hospital; I had some conversation lately with Dr. Byrne, who assured me that there were as many refused admission last year to the Lock Hospital as there were admitted; in fact there were more refused than admitted.

1715. Chairman.] Is it not the practice of those women to come in for the purpose of being confined?—They are a different class of persons altogether.

1716. Do you mean prostitutes?—Yes, they come in to be confined.

1717. Do they leave the house after confinement?—They do.

1718. Mr. Percy.] Have the guardians made any attempt at classification of the venereal patients?—They could not attempt it.

1719. Why not?—In the first place, we have no room for it; it is a new class of patients altogether to us in our Dublin workhouse, a class of patients who have only applied since the Lock Hospital grant has been taken away: I have made inquiry of the gentleman who was the medical attendant of the workhouse when the Lock Hospital had its full grants, and he told me that such persons never came to the workhouse in his time.

1720. Mr. Grogan.] Are you able to speak, of your own knowledge, as to the state of the house previously to the reduction of the 150 beds in the Lock Hospital?—I am not; but the medical attendant of that time told me that, in his day, they never used to come; he had no such cases in the workhouse.

1721. Do.

1721. Do you mean by that, that previously to the reduction of the grants to the Lock Hospital, those women did not come to the workhouse?—Yes. Dr. G. B. Owens.

1722. Dr. Brady.] Is your workhouse at the present time sufficient to accommodate the number of applicants?—It is not at present. 11 May 1854.

1723. And that fact itself alone would prevent classification?—It would; and we have even at present several hundred applicants more than our buildings can hold in the workhouse.

1724. Mr. Percy.] As a medical man, you will be able to answer the question whether diet is not often as important as medicine for the cure of a patient?—Decidedly; latterly I would say almost more important than medicine; for at the present day homœopathy is the fashion, and diet is really more looked to than medicine; not that it at all does away with the efficacy of medicine, but diet is equally important.

1725. Do you supply a sufficient or a proper diet for the sick in your workhouse infirmaries?—The doctor has full power with regard to persons in the infirmary, while under his treatment, to prescribe any diet he thinks proper; we never interfere with an acute disease that he is treating.

1726. Then as far as diet is concerned, a workhouse naturally stands in the same position as a hospital?—Yes, while the patients are under the treatment of the doctor.

1727. Mr. Grogan.] I understand you to say that when a fever patient in particular is out of the doctor's hands, that is, when the fever is abated, the patient is then returned to the general workhouse?—Yes; and I think our diet then most unsuitable; the patient becomes again an ordinary inmate of the workhouse, and our doctors have no care of him then; he comes there feeble and weak, and I need not tell you that the diet I have mentioned is very unsuited for such a class of patients.

1728. During the time that he is actually labouring under fever, and in the infirmary, the doctor has the power to prescribe whatever he considers necessary?—He has.

1729. Would the guardians have any power to grant a convalescent diet to the patients?—We must act upon general principles; we must have a diet for the healthy and a diet for the sick; we cannot have such a number of scales of diet.

1730. Could not the convalescents be treated upon general principles?—I think it would be very impracticable to carry out that plan.

1731. Chairman.] Are you deputy-governor of Apothecaries' Hall?—I am.

1732. What number of pupils attend the school of medicine at Apothecaries' Hall?—The average is from about 70 to 80 per annum.

1733. What fees do they pay?—They pay for the different courses of lectures that they attend; we have a very extended course of education.

1734. Are the pupils entered at Apothecaries' Hall when they commence their course of study?—Yes, they are; they are entered, having passed a preliminary examination at the Apothecaries' Hall, and the fees for attending those lectures are allowed the physicians and surgeons.

1735. Dr. Brady.] Does that preliminary examination embrace the classics?—It does.

1736. And French?—Yes; and some science.

1737. They are examined in Lucian and Homer, and Virgil and Sallust?—Yes.

1738. Chairman.] Do you require hospital attendance?—We do.

1739. Do the pupils select their own hospitals?—Yes; the pupils select their own hospitals; we have no hospital in connexion with our school; we never interfere with our pupils; they may make their own selection, and we are very particular in requiring hospital attendance.

1740. Mr. Percy.] Do you mean clinical attendance?—Yes; and hospital lectures.

1741. Chairman.] Do you consider the existence of well-conducted and large hospitals necessary for a medical education?—I think it the most important branch of a student's education; for without seeing disease, and being familiar with it, all book-reading and lectures are perfectly useless. It is only from observation that he is to be taught; and I think that his fingers require to be educated, as well as his head.

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1742. Do

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1742. Do you think that the instruction at present in the hospitals in Dublin is sufficient for all the purposes of a medical education?—I do; I think there are not in the world better hospitals than the city of Dublin hospitals, nor men of higher character than the medical men attached to them.

1743. Do you think that a reduction of the number of patients admitted to those hospitals would have a decided effect upon the Dublin School of Medicine?—I think it would have a very ruinous effect.

1744. Dr. Brady.] You think that it is impossible for pupils to understand disease without hospitals?—Quite impossible.

1745. Chairman.] Can you tell the Committee where the great number of your pupils come from?—From all parts of England and Ireland: some from France, and some from Belgium.

1746. Are the majority of them Irishmen?—Yes; the majority are Irish.

1747. Dr. Brady.] I believe it is not an uncommon thing for a student having studied a certain time in London, afterwards to go over and finish in Dublin?—It is a common practice.

1748. More particularly to the Lying-in Institution?—Yes, more particularly to the Lying-in Institution and the Fever Hospital; in fact, they cannot see fever in England as we can show it to them in Ireland; it is a disease almost peculiar to Ireland.

1749. Chairman.] Is it necessary that every man who opens an apothecary's shop in Ireland, should obtain a certificate from the Apothecaries' Hall in Dublin?—It is; every person requiring our licence to open a shop, must go through the course of education described in a paper which I will deliver in. It is a very extended course of education, and the generality of persons taking out that licence afterwards take out some medical or surgical qualification.

1750. Is your certificate necessary to qualify a man to act as an apothecary in Ireland?—Yes; either to open a shop, or conduct any public institution. It is also recognized in many Acts of Parliament: it is recognized as a qualification for giving evidence before a coroner, and for giving a certificate in the case of lunatics and others, and for the situation of examining surgeons to insurance companies, and taking charge of emigrant vessels.

1751. Is hospital attendance necessary for obtaining a certificate in all cases?—Yes, in all cases.

1752. Is attendance for a period of 12 months on the medical and surgical practice in an hospital necessary?—Yes, that is indispensable.

1753. Must every apothecary in Ireland have attended 12 months?—Yes, he must.

1754. Some also qualify as physicians and surgeons?—Yes.

1755. Lord A. Hervey.] Do you consider the hospitals, as at present maintained, sufficient for the instruction of pupils?—I think so, if properly kept up with the number of available beds. I heard some of the medical officers say, that they had been obliged to close wards for want of means to keep them up; but I think they would be quite sufficient if the beds were all available.

1756. They are not sufficient with the number of patients at present in the hospitals?—I cannot say; I have no statistical account of the number of patients in the hospitals; but, generally speaking, as to the number that the hospitals are able to accommodate, it is quite sufficient for the education of the students coming to Dublin.

1757. Mr. Percy.] Have any of the fever patients whom you sent to the Cork-street Hospital been refused admission of late years?—None that we sent, because we pay for them; but I think it justice to the Cork-street Hospital to say, that I have a parochial appointment myself in the parish I live in, and I am in the habit, when I meet with a very bad case, of writing an order to the Cork-street Hospital, although I have no right to do so; but in no one case did I ever know them to reject my ticket of admission.

1758. Dr. Brady.] In that case the patient is not paid for by the union?—No, it is not charged to the union.

1759. Mr. Grogan.] Were you conversant with the former practice of the Cork-street Hospital in regard to having extern physicians?—I was not.

1760. Mr. Percy.] Do you think that the number of beds they now have open in Cork-street is sufficient?—I think, if the number of available beds were open there would be sufficient accommodation.

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[The Witness delivered in the following Paper.]

APOTHECARIES' HALL OF IRELAND.

Laws regarding the Education of Apothecaries.

Every candidate must undergo two separate examinations, one for the certificate of apprentice, the other for the license to practise.

Every candidate for the certificate of apprentice will be examined in the following books:—In Latin, the Catiline War of Sallust, and the first three books of the Æneid of Virgil; in Greek, the Gospel of St. John, and the first 20 Dialogues of Lucian, or the first two Books of Homer's Iliad; in French, Telemachus, or the History of Charles XII.; in science, the first two books of Euclid, and Algebra, to the end of Simple Equations.

Every candidate for the license to practise as an Apothecary must lay before the Court the following Documents:—

1. The certificate of apprentice.

2. The indenture of apprenticeship of five years, enrolled according to the Act of Parliament, and bearing the certificate of the Licentiate Apothecary to whom he has been indentured, of a good moral character, and of having fulfilled the period of his apprenticeship.

3. Certificates duly signed that he has diligently attended at least one course of lectures on each of the following subjects delivered at the School of Apothecaries' Hall, or at some other school of medicine recognised by the Court:—

(The order of study here laid down is recommended for the guidance of Students.)

Chemistry, Anatomy and Physiology, six months.

Practical Chemistry,* Botany and Natural History, three months.

Materia Medica,† Demonstrations and Dissections, Theory and Practice of Physic, Surgery, Midwifery, and the Diseases of Women and Children, six months.

Medical Jurisprudence three months.

Attendance for the entire period of 12 months on the Medical and Surgical practice in an hospital or hospitals recognised by the Court.

* The Practical Chemistry must be attended in a laboratory, and no certificate will be received by the Court that does not testify that the candidate has prepared the several pharmacopœial preparations which are usually made in the laboratory.

† The Materia Medica, if attended in summer, must consist of two courses of three months' duration each.

THE EXAMINATION

For the License to practise as an Apothecary will be as follows:

In Chemistry and General Physic.	In Anatomy and Physiology.
In Pharmacy, Theoretical and Practical.	In the Theory and Practice of Medicine.
In Materia Medica and Therapeutics.	In Midwifery.
In Natural History and Medical Botany.	In Medical Jurisprudence.

Gentlemen who are graduates in medicine of any of the British or Irish Universities, or who possess letters testimonial from any of the Royal Colleges of Surgeons in Great Britain or Ireland, will be admitted to examination for the license of the hall, on producing proof of three years' legal apprenticeship to a qualified apothecary practising with open shop in Ireland, and of a professional education equal to the curriculum prescribed by the Council.

The examination for the license to act as assistant to an apothecary in compounding and dispensing medicine will be confined to Chemistry and Theoretical and Practical Pharmacy.

The candidate for the assistant's license may present himself for examination at the termination of three years' apprenticeship.

The Court of Examiners sits every Friday at two o'clock, and proceeds with the examination of candidates in the order in which their names appear on the list. Candidates are obliged to lodge their testimonials a clear week before the day of examination.

A rejected candidate cannot be re-admitted to examination until the expiration of six months.

An examination of apothecaries' apprentices takes place at the Hall on the first week in May, annually, upon some subject in Pharmaceutic or Pathological Analysis, which is publicly announced by the Court at the commencement of the previous winter session, and a prize of five guineas awarded to the successful competitor.

According to the Act of Parliament, no person can be taken or employed as an apprentice, assistant, or shopman to any apothecary, and no person can open a shop, or act in the art and mystery of an apothecary within the Kingdom of Ireland, until such

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person

Dr. G. B. Owens. person shall have been examined and obtained the certificate of the Court of Examiners of the Apothecaries' Hall of Dublin. . . . It is also provided, that if any one shall take or employ any person as an apprentice, assistant, or shopman, or shall open shop or ware-room for the retail of medicine, or practise the art and mystery of an apothecary within the Kingdom of Ireland, without such person having obtained the proper certificate for the purpose, such person so offending shall, for every such offence, forfeit the sum of 20 £, to be recovered by the Apothecaries' Hall of Dublin 31 Geo. 3d, chap. 34, sec. 18, 22, and 26.

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The Council require that every indenture of apprenticeship be enrolled at the Hall, within six months from the date of its execution, and that the date of the diploma of the master to whom the apprentice is about being bound be furnished at the same time, and that this rule be adhered to on every transfer of such indenture, on the pain of the forfeiture of the time served.

By order,

Charles Henry Leet,
Secretary.

Apothecaries' Hall, Mary-street, Dublin,
1st November 1853.

Dr. Edward Hutton, called in; and Examined.

Dr. E. Hutton.

1761. *Chairman.*] ARE you a Surgeon?—I am.

1762. What hospitals in Dublin are you connected with?—I was appointed to the House of Industry, with which were connected the Richmond, the Whitworth, and the Hardwicke Hospitals.

1763. How long have you held that appointment?—Twenty-three years.

1764. Are you now senior surgeon of those hospitals?—I am senior surgeon, from having been longer in connexion with them than any of the other surgeons; I am the senior.

1765. State to the Committee the history of the foundation and constitution of the hospitals connected with the Dublin House of Industry?—It was a house for the reception of paupers at first, and there was also a department for incurable lunatics and idiots. The Hardwicke, Richmond, and Whitworth Hospitals were afterwards founded at intervals; the Hardwicke in 1803, the Richmond in 1811, and the Whitworth in 1817.

1766. Up to 1839 the Dublin House of Industry consisted, first, of an asylum for aged and infirm poor persons; secondly, of an asylum for incurable lunatics; thirdly, the Hardwicke Fever Hospital; fourthly, the Whitworth Hospital, for chronic diseases; fifthly, the Richmond Hospital; and, sixthly, the Talbot Dispensary: is that correct?—With one exception; there was the Bedford Asylum, which was built in the House of Industry, for the reception of children; that was in the time of the Duke of Bedford, when he was Lord Lieutenant of Ireland, about the year 1806.

1767. Was there an alteration made in this institution, in consequence of the passing of the Poor-law Act?—There was.

1768. What effect had that upon the institution?—I should mention that the part for the paupers was handed over to the Poor-law Guardians, and the lunatic and idiot department was provided for principally by Parliamentary grants, along with the Richmond, Hardwicke, and Whitworth Hospitals, which are almost wholly supported by Parliamentary grants; there were three very ancient bequests, the interest of which amounts to about 136 £, besides the Parliamentary grant.

1769. Did the building which was appropriated for the reception of paupers become the North Dublin Union in 1839?—It became the North Dublin Union.

1770. Were the inmates then apportioned between the North and the South Dublin Unions?—They were.

1771. What became of the lunatics at that time?—Some of them were sent to the establishment at Island Bridge, and some incurable idiots are still kept in the premises of the House of Industry.

1772. Are the Committee to understand that the only portions of this establishment of the House of Industry which now remain supported by Parliamentary grants, are the three hospitals, the Hardwicke, the Whitworth, and the Richmond, the Talbot Dispensary, and an institution for giving trusses to the poor?—Yes, and that those lunatics still remain on the books.

1773. How are the three hospitals now supported?—They are supported by a share

a share of those bequests which I have mentioned, and by a Parliamentary grant.

1774. Are diseases of different natures treated in each of the three hospitals?—They are.

1775. Will you state them?—The Richmond is for surgical injuries and accidents and diseases exclusively; the Whitworth is for chronic diseases and acute non-contagious medical diseases, such as inflammation of the lungs, the bowels, and the head; and the Hardwicke is for contagious diseases, such as fever, for scarlatina, and other contagious diseases, as well as fever.

1776. What class of persons are admitted to those hospitals?—There have always been admitted to those hospitals persons from all parts; any person who made application to the hospital, and was considered fit for admission, was admitted, and that is the case now. The only difference, perhaps, is, that when that was connected more intimately with the pauper establishment, acute cases were brought down from the pauper establishment to those hospitals.

1777. State the number of beds that you have now in each of the hospitals?—In the Richmond we have 110; we had 120: in the Whitworth there are 82 beds, and in the Hardwicke there are 120; there were 144.

1778. Do those beds in the Hardwicke Fever Hospital include the beds that are occupied by the fever paupers of the North Dublin Union?—I think they do.

1779. Can you state what the expense of each bed in those hospitals is?—I understand that the expense in the Richmond Hospital is 13 £. 12 s. 1 d. per annum; in the Whitworth, 12 £. 2 s. 1 d. per annum; and in the Hardwicke, 11 £. 6 s. 10 d. per annum.

1780. How many medical men are in attendance at those hospitals?—There are five surgeons and four physicians.

1781. Do the surgeons receive salaries?—No.

1782. Do the physicians receive salaries?—They do.

1783. What salary do they receive?—The two senior physicians, I believe, receive 100 £. a year currency, and the others 60 £. each.

1784. There are nine medical officers connected with those institutions?—There are nine medical officers.

1785. Do those nine gentlemen attend the three hospitals indiscriminately, or do they devote their attendance particularly to one?—Generally the surgeons attend to the surgical hospital. When called upon for urgent surgical cases, and their advice is sought for, they visit the other hospitals; but generally speaking, they attend the surgical hospitals.

1786. Are the Committee to understand that the surgeons attend principally to the surgical hospital, while the physicians devote themselves to the Hardwicke and the Whitworth?—Yes.

1787. Do both the surgeons and the physicians attending those hospitals take pupils?—They have a common class, which the surgeons and physicians attend at different hours, the surgeons taking it in rotation to go round daily, and the physicians also.

1788. Is the class of pupils common to the three hospitals?—Yes.

1789. How many pupils are there at present in attendance upon those hospitals?—One hundred and one there were for the winter session, and 50 have entered for the summer session.

1790. What fees do they pay for each session?—Eight guineas for the winter session, and three guineas for the summer session; that is, 11 guineas for nine months.

1791. Do all the pupils pay equal fees?—All the pupils pay equal fees. All the fees do not go into the common stock, because the apprentices of the surgeons pay a fee to their master, and they are allowed to attend without charge; at least, the fees do not go into the common stock; and there are some persons whom, from particular reasons, we allow to attend without any charge.

1792. Do the payments which are made by the pupils all go into one common stock, to be divided amongst the surgeons and physicians attending the hospitals?—They do.

1793. Is that sum equally divided among the medical attendants?—I think so, except that the expenses of the museum are defrayed by the surgeons alone who founded the museum, and who maintain it.

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1794. Are those expenses paid out of the common fund?—They are paid out of the surgeons' portion of the common fund. The physicians pay 15 l. per annum collectively for the use of the museum.

1795. Dr. Brady.] What are the courses followed during the summer session?—The clinical instruction is still kept up; lectures are given, and clinical instruction more particularly, by the bed-side; that is a kind of demonstration of diseases at the bed-side of the patient.

1796. Chairman.] Did the surgeons attending the hospitals of the House of Industry ever receive a salary?—They had formerly 5 s. a day each.

1797. When was that discontinued?—It was discontinued about 1832 or 1833, I am not quite certain of the date; in 1831 two of them did not receive a salary, and very shortly afterwards the salary was taken from the three who had been previously surgeons to the institution.

1798. Do you know why the salaries were discontinued?—I presume on the ground that the surgeons had derived profit from apprentices and pupils.

1799. Do the physicians still continue to receive a salary?—The physicians still continue to receive a salary.

1800. Notwithstanding that, they also receive fees from the pupils?—Yes.

1801. Is there a museum of anatomy attached to the institution?—There is a museum of morbid specimens; specimens of disease, consisting of preparations in spirits, and very expensive drawings and casts, and wax preparations, which cost the surgeons altogether to found and maintain, 2,700 l.

1802. When was it founded, and by whom?—It was originated, I think, in 1830 or 1831; but there was a building erected in 1838, with the assistance of a Government grant of 800 l.

1803. Is there a lecture-room attached to the museum?—There is a lecture-room, or an operation theatre, which answers the same purpose.

1804. Is it in connexion with the Richmond Hospital?—It is in connexion with the Richmond Hospital, in close connexion.

1805. Is it adjacent to it?—Yes; it forms a part of the building, and there are wards for the reception of patients after operations.

1806. Has the museum and lecture-room obtained any grant from the Government since its original building?—No.

1807. Are the repairs charged upon the general fund of the hospital, or are they paid by the surgeons?—The repairs of the buildings generally are; there have not been any repairs required, but the repair of the operation theatre; that has been charged upon the institution.

1808. Are lectures given by the physicians and surgeons connected with the House of Industry?—There are.

1809. What subjects do those lectures include?—They are on the various surgical diseases by the surgeons, and on the medical diseases by the physicians.

1810. Are the surgeons attending the hospitals the only lecturers in this lecture-room?—The lecturers are the surgeons and the physicians; the physicians and the surgeons lecture in the same theatre.

1811. Are those lectures attended by medical practitioners, as well as by pupils?—I think I may say that they are occasionally.

1812. Is the attendance on those lectures a necessary part of the course connected with the hospitals; and is there any connection between the instruction given in the lecture-room and the instruction given in the hospitals; are they given to the same body of men?—Yes, they are the same lectures; the whole system of clinical instruction, whether by lectures or bed-side instruction, which is properly clinical instruction, is given to a common class of pupils. I wish to observe, that the replies I have given to the last questions refer solely to the hospital establishment, and to the lectures delivered therein; but there is a school of medicine (formerly called the Richmond Hospital School, now the Carmichael School), in the immediate vicinity of the hospitals, in which lectures are delivered upon all branches of medical and surgical science. It was founded in the year 1826 by the surgeons of the hospitals of the House of Industry of that time, in order to afford to their class the fullest opportunities for completing their professional education. It contains a museum of anatomy and pathology, one of materia medica, a chemical laboratory, and a spacious apartment for practical anatomy. This establishment is altogether private property; but among the lecturers there have always been some of the physicians and surgeons of the hospitals of the House of Industry, the pupils of which have always formed a large

large proportion of the class attending at this school. The interests of the two institutions are intimately connected.

1813. Do any of the pupils who receive their instruction at these institutions join the public service?—Last year there were 12 that joined the army, and three the navy.

1814. I see in the estimate there is 87 l. 9 s. 8 d. proposed to be voted for trusses and bandages for the ruptured poor of Ireland, applied for at the Richmond Surgical Hospital; will you state to the Committee how that charity is dispensed?—The trusses used formerly in 1848 and 1849 to be distributed to all the ruptured poor residing anywhere in Ireland; and very often clergymen and others interested in the poor, used to write up from the country for trusses; latterly, I think, the greater number have come chiefly from the counties immediately around the county of Dublin.

1815. Does this 87 l. 9 s. 8 d. include any other expenses except the mere cost of the purchase of the trusses?—No.

1816. Is there any expense connected with their distribution?—None whatever.

1817. Who distributes them?—The apothecary of the hospital; the surgeon superintends the fitting in any case of difficulty.

1818. Is it necessary that a person who receives a truss or bandage should be recommended by any one?—It is; there is a form of recommendation declaring him to be a pauper, and unable to purchase a truss, and this must be signed by a clergyman of the persuasion to which he belongs, and also a householder.

1819. Do you think that is a sufficient guard against imposition?—I am not sure that it is; but there is a further precaution taken, that those who have had a truss, are obliged to give it in worn out before they get a new one.

1820. Dr. Brady.] An ordinary truss would not be of service to any individual except the party that it would fit?—It might chance to fit.

1821. The fact of the uncertainty of it would prevent the possibility of a man applying for a truss, and then selling it again for any amount of money?—I believe that may be done occasionally, but it is an abuse; it has been done, I believe, but very rarely I should hope and believe.

1822. Chairman.] Do you know whether trusses and bandages can be given to poor persons from the dispensaries of the country under the Medical Charities Act?—I think not.

1823. What is the nature of the relief that is given in the Talbot Dispensary?—The Talbot Dispensary used to be connected with the Richmond Hospital; with the large hospitals of Dublin there are generally dispensaries connected; external relief is given generally, and the Talbot Dispensary was detached a little from the Richmond Hospital to another part of the institution.

1824. Who attends the Talbot Dispensary?—There were two persons who were called medical inspectors, and their business was to inspect a certain limited district; the north-west district it was called; and they were obliged to inspect that district, and to prescribe for those who were able to attend at the dispensary, and to visit those who were not. At present there is only one medical attendant.

1825. Had the nine medical gentlemen to whom you have alluded anything to do with this Talbot Dispensary?—They had only the privilege of prescribing for patients who attended at the Richmond Hospital; they could send them to the Talbot Dispensary; but it was a privilege that they very rarely made use of.

1826. Is the medical and surgical relief which is given at the Talbot Dispensary confined exclusively to the north-west quarter of the city?—It was so intended to be.

1827. What is the nature of that relief?—It is out-door relief; the patients attend and are prescribed for, and those confined at home, within that district, may be visited, and are visited at their own houses, and prescribed for.

1828. Can you state whether that is precisely identical with the relief given in dispensaries under the Medical Charities Act?—Precisely; we were in the habit, when patients applied at the Richmond Hospital, and were not admitted, either from want of room when the cases were urgent, or from the cases not being urgent enough, of referring them to the dispensary; but if the dispensary fail, we shall be no longer able to refer them to our dispensary for relief.

1829. Still you could refer them to the general dispensaries of the town?—Yes; they must seek them.

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1830. Dr.

Dr. E. Hutton.

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1830. Dr. Brady.] I think you stated that the apothecary was the party who distributed the trusses?—The apothecary's pupils do it; but they are done in the room where the surgeons are, and the surgeons in every case of difficulty are applied to.

1831. Who fits them on the patient?—I think the apothecary who has the charge is responsible for the trusses, and I think his apprentices fit them on.

1832. *Chairman.*] Are there any private subscriptions to the Truss Institution or the Talbot Dispensary?—There are not.

1833. Are they entirely supported by the Government grant?—They are entirely supported by the Government grant. I wish to mention, that the surgeon examines each truss patient, and orders the truss; all the truss patients pass in review before the surgeon.

1834. Can you state the average length of stay of the patients in the Whitworth Chronic Hospital?—We made it out on one occasion, but not recently; from 30 to 40 days was the average time of remaining in the hospital then, but I believe it would require a very particular inquiry to establish that.

1835. What number of wards are there in the Whitworth Hospital?—There are eight wards.

1836. Is the hospital at present full; there are 82 patients; is that as great a number as the hospital could conveniently contain?—I believe it has contained more; but I understand that they are well accommodated, and I have not heard any complaints of want of room for applications.

1837. Has there been a reduction in the number of beds in the Richmond Hospital?—There was a reduction from 120 to 108, and two were restored; the number now is 110.

1838. Was that reduction made in consequence of the reduction of the grants?—It was.

1839. There is now accommodation for 110 patients?—Yes.

1840. Are those beds generally full?—They are generally full; sometimes there are a few vacancies.

1841. Have you known instances of persons being refused admission to the hospital?—I have, many.

1842. What becomes of them?—They are obliged to seek relief in other hospitals.

1843. Can you in no case accommodate more than 110?—At present there are beds for 110 patients only.

1844. Who appoints the patients in those hospitals?—The governor of the House of Industry, Dr. Steward, provides for them.

1845. What number of wards are there in the Richmond Hospital?—Some of the wards have been thrown into one another, and there are now about 13 wards.

1846. Did the reduction of the number of beds occasion the closing of any of the wards?—No.

1847. Are the wards still open?—The wards are still open, and the beds put more apart.

1848. Did you state that you had known several cases of refusals?—I was in the habit myself of taking down the names of those who applied, and I often had to send three away a day on my days of attendance that I should have taken in if I had had room, but I could not take them in.

1849. Suppose the Government grant wholly ceased to those three hospitals, what would be the effect of that?—The hospitals would have to be closed, I think, unless there were some other way of providing for their support; I should apprehend that they could not be supported by voluntary contributions; that would be entirely out of the question.

1850. Why do you think so?—It is with the greatest difficulty that the amount of voluntary contributions that is now collected for other hospitals is collected, and some of the hospitals are not maintained at all.

1851. Can you state the annual amount of subscriptions that is paid in Dublin generally to the hospitals of the city?—3,489 *l.* is the amount of them; but in saying so, I should mention that there are some hospitals supported by private contributions, of which I have no returns; there are Sir Patrick Dun's Hospital, and the Anglesea Lying-in Hospital, and St. Vincent's Hospital; there are some which are supported by grants entirely.

1852. Does that sum which you mention comprise the entire amount of subscriptions and donations annually given to the hospitals in Dublin?—It does, with

with the exception of Sir Patrick Dun's Hospital and St. Vincent's Hospital, of which I have seen no records, and they are supported, St. Vincent's particularly, by private contributions.

1853. Do you mean private subscriptions or endowments?—Private subscriptions and bequests; it is a Roman-catholic institution, and is very much under the care of the Sisters of Charity. I do not know much about the circumstances of it, but I believe it to be solely supported by voluntary contributions.

1854. Have you been long resident in Dublin?—All my life.

1855. From your knowledge of the city and the people of Dublin, do you think it would be possible to obtain a much larger amount of private subscription for the purpose of hospital relief?—I believe it would be exceedingly difficult. Even the thriving town of Belfast is not able to contribute to the support of the general hospital there, as I learnt when in Belfast lately, from one of the managers of that institution; and the great hospitals are very often supported by bequests; and those bequests come from unconnected individuals, who have no relations, and those people are more likely to be found in large cities, such as London, than in such a city as Dublin. Bequests are a great source of support to the London hospitals. I have heard that subscriptions are collected with great difficulty for some of the hospitals in London.

1856. Is it your opinion that the reduction of the Parliamentary grants to the hospitals of Dublin would occasion the closing of the institutions?—It is my opinion that that would be the result.

1857. It would certainly occasion the closing of those institutions with which you are connected?—Yes; I think even if compulsory rates were raised, a spirit of economy would very soon gradually lower those rates, and that the hospitals would be very much diminished in their extent and usefulness.

1858. Do you think, looking to the very large amount of local taxation to which Dublin is subject, it would be impossible to strike a rate sufficiently large for the support of those hospitals?—I think quite impossible; we could almost name the few men in Dublin of any property; we have very few men who have more than 100,000 *l.* or 200,000 *l.* in Dublin; it is a very impoverished place. Whilst you have your millionaires in London, in Dublin we have no such wealth.

1859. Is there a very large poor population in Dublin?—There is a very large poor population.

1860. What is the population of Dublin now?—Between 250,000 and 300,000.

1861. Sir F. Lewis.] Does that include the garrison?—I believe that, exclusive of the garrison, at the north side there are about 97,000, and on the south side about 133,600. At the north side of Dublin there are only two hospitals, whilst at the other side of Dublin there are seven hospitals. The Whitworth Hospital, Drumcondra, which is on the north side, is not maintained as a general hospital.

1862. *Chairman.*] Is it the case that this large population of Dublin has been occasioned more by the fact of its having been the metropolis, than that the people have been attracted there by the hopes of employment and trade?—I think it is very likely that the poor are attracted there; they often come up from the country to obtain relief in Dublin; I have heard persons connected with the poorhouses mention that a great number of the inmates come from the country parts of Ireland.

1863. Dr. Brady.] The interior of Ireland, I believe, depends principally for its medical men upon the schools of Dublin?—Principally.

1864. Then it would be a serious injury to the interior of Ireland if those schools were less than what they are?—I think it would.

1865. Lord A. Hervey.] What is the total amount received now in the year, in the Richmond Hospital, from pupils?—The average amount of fees received from pupils for the last five years in the Richmond, Whitworth, and Hardwicke Hospitals, is 755 *l.* 17 *s.* 5 *d.* The average expenditure on the Museum, &c. is 131 *l.* 12 *s.* 5 *d.*; that leaves a balance of 624 *l.* 5 *s.*

1866. Mr. Grogan.] That is divided among the nine medical gentlemen?—Yes.

1867. Is the Museum to which you refer exclusively a professional one?—Yes.

1868. Have the students access to it?—Yes.

1869. It is for the instruction of the schools in medical education?—It is for the instruction of the pupils attending the Richmond, Whitworth, and Hardwicke Hospitals, and it differs from most museums in this respect, that the

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casts and drawings are all connected with histories that are recorded; the history of the cases is complete.

1870. Do you mean that the history of the cases, of which specimens in the Museum exist, is in print?—They are not all in print, but they are in a book; some of them are printed; a very large number of those cases have been published in the different journals by the Pathological Society. The physicians and surgeons have furnished almost half the contributions given to that society.

1871. *Chairman.*] Are there any female venereal patients admitted to the Richmond Hospital?—The rule is that they shall not be admitted; but there are sometimes married women with infants so affected; or there are cases where blindness is imminent from a venereal affection of the eye, and in some such affections we do not perhaps refuse them; but the rule is, that no female venereal cases shall be admitted.

1872. Are venereal male cases admitted?—Yes; I find there were 23 male venereal cases in the Richmond Hospital on the 6th of this month, when I made the inquiry.

1873. Of course venereal cases are not admitted to either of the other hospitals?—They are not the proper hospitals for them.

1874. *Dr. Brady.*] Have you any out-door male patients labouring under syphilis?—They attend the dispensaries.

1875. *Chairman.*] Are there chaplains attached to the institution?—There are.

1876. How many?—There is a Protestant chaplain and a Roman-catholic chaplain, and each patient, on his admission, states of what persuasion he is, and the clergyman is called to them respectively. With respect to the nature of the cases admitted into the Richmond Hospital available for instruction, I should mention, perhaps, that cases of great doubt and difficulty often come from the country; also cases requiring difficult surgical operations. I heard *Dr. Brady's* evidence with reference to the poorhouses, and I fully subscribe to his answer; but I would add, that if the patients were restricted to those who are destitute, and received from a certain district only, it would limit the field of experience very much for teaching.

1877. Is the Committee to understand, that surgical cases of a difficult and intricate nature are frequently sent up from the country for treatment in the Richmond Hospital?—Yes.

1878. By whom are they recommended generally?—They are often sent up by surgeons settled in the country, who feel unwilling, without consultation and assistance, to undertake the cases; they may be afraid of the responsibility.

1879. Are they occasionally sent from the county infirmaries?—I do not know of any instance of it.

1880. Is a recommendation from any person necessary for admission to the Richmond Hospital?—No; the surgeons, on their days of attendance, select the cases that they think require hospital relief.

1881. And cases not requiring hospital relief are sent to the dispensary?—Cases not requiring hospital relief are sent to the dispensary.

1882. In case of there being more patients presented for admission than the hospital can contain, are the worst cases always selected?—The worst cases are always selected.

1883. Who appoints the matrons?—The Government, at the recommendation of the Governor; the surgeons themselves are appointed by the Poor Law Commissioners, at the instance of the Government.

1884. Is the institution vested in the Poor Law Commissioners?—It is vested in the Poor Law Commissioners.

1885. Do the medical attendants appoint any of the officers belonging to the institution?—They recommend the resident pupils who live in the hospital, but the governor appoints the resident pupils.

1886. Do the resident pupils receive any salary or allowance?—No.

1887. Have they apartments?—They have apartments.

1888. Are there resident pupils in each of the hospitals?—In each of two; there are no resident pupils in the Hardwicke; in the Richmond and Whitworth there are resident pupils, two in each.

1889. How long do they generally reside there?—Sometimes six months, and sometimes the time is prolonged to 12 months.

1890. They do not remain except during the time they are passing through their

their course of instruction?—No; the privilege is divided amongst the best of the pupils, as far as we can select them.

1891. Are there no resident physicians or surgeons attached to any of the three hospitals?—No.

1892. Are the resident pupils employed as dressers?—They are employed to receive cases of emergency that come in at night, or any other time, and their business is to send for the physician or surgeon whose day it is for admission, to inform him that such a case has come in.

1893. Are they not employed as dressers?—They superintend the dressing; other pupils also dress; the extern pupils.

1894. *Chairman.*] It was recommended by the Commissioners in 1842 that in certain cases payment to medical officers connected with hospitals should be made by salary out of the funds of the hospital, instead of the fees from pupils, and that the fees from pupils should go to the general support of the institution. Would you recommend a plan of that kind?—I think it would take away a great deal of the inducement to exertion on the part of the medical men in the way of instruction, and that it would be a very pernicious plan.

1895. You think that it would remove a certain degree of emulation which now exists between the different schools?—I do.

1896. Do you think that that feeling of emulation is conducive to exertion?—Very highly so.

1897. You think that plan, if adopted, would be prejudicial?—I think it would lead to inaction.

1898. *Dr. Brady.*] How are the medical officers appointed to those institutions?—They are generally nominated by the Government; the Government has generally had the appointment of the physicians and surgeons.

1899. Are they generally chosen from those who have been pupils of those institutions?—Not at all; the majority of the present men were not educated in the institution.

1900. Do you think it is advisable that in public institutions of that kind that the physicians and surgeons should be chosen from amongst the men who have been educated at those institutions?—I cannot say that I think it is; in the case of our hospital, I recollect that one of our medical men was appointed from his character as a teacher, and by a Lord Lieutenant with whose political opinions he did not agree.

1901. Then, in your opinion, those appointments to the hospitals of Dublin should be thrown open to the competition of the profession generally?—I do not see any good reason why they should be limited to those educated in a particular hospital; it seems hard that a man educated in one institution should be excluded from ever becoming a surgeon in any other institution; and it limits the choice in some degree.

1902. Are you aware that in the Meath Hospital such is the practice?—I am. There is one advantage from it; it is very well that the medical men of an institution should have a kindly and friendly understanding together.

1903. *Mr. Byng.*] Have the governors of the different hospitals any voice in electing the officers?—The hospital with which I am connected is under the Poor Law Commissioners, and the Chief Secretary is one of the Poor Law Commissioners, and generally it is known to be by Government influence that the appointments take place.

1904. *Mr. Percy.*] Can you explain why the physicians receive a salary from the Government, and the surgeons do not?—Because there was a time when the physicians did not assist in the instruction of the general pupils in the hospital; the pupils were instructed by the surgeons chiefly, and then they associated with them one of the physicians; and afterwards all the physicians came to take part in it.

1905. *Dr. Brady.*] Did the surgeons lecture on the practice of medicine?—No; from their position they could not give complete courses on the practice of medicine.

1906. Who lectured on the practice of medicine to the pupils before this change of which you speak?—At that time I believe clinical lectures in medicine were not required by the different colleges of surgeons.

1907. *Mr. Percy.*] What is the reason that the physicians take their quota of the fees, though they have the addition of a salary?—The clinical instruction of the pupils is a trouble superadded to their former duties.

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1908. Their

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1908. Their duties are no greater than the surgeons', are they?—No; but the surgeons think that they were deprived of their salaries without sufficient grounds.

1909. Mr. Kershaw.] What is the average number of patients generally in the three hospitals?—In 1853 there were admitted into the Richmond Hospital 1,449, discharged 1,425, died 38; there were admitted into the Whitworth Hospital 1,093, discharged 991, died 100; into the Hardwicke Hospital there were admitted 1,702, discharged 1,535, died 177; the total is 4,244 admitted, 3,951 discharged, and 315 died.

1910. What is the number in the hospital at any one time?—It is so fluctuating, that I have not learned it; the hospitals are, generally speaking, full; there may be from six to eight vacancies occasionally; in round numbers there may be about 300; in certain times of the year diseases are less prevalent.

1911. Dr. Brady.] You state that the Whitworth Hospital can receive chronic diseases; is cancer amongst them?—Not in the external parts.

1912. In the breast, for instance?—If curable it is admitted into the Richmond Hospital, and if incurable it may be admitted for a short time for the purposes of instruction.

1913. Have you not known great distress attending the fact of not having accommodation for incurable cases?—Of course it would be very desirable to have full accommodation for incurable cases.

1914. And though cancer is considered at the present time as an incurable disease, do not you think it would be an advisable thing to have an institution for cancers of every description?—I dare say it would; if they are incurable and destitute, they are taken into the poorhouses.

1915. Chairman.] Do the two resident pupils of the Richmond Surgical Hospital act as clinical clerks?—They do, but not exclusively; we employ other pupils to take cases if we find any pupil of ability whom we wish to encourage.

1916. The resident pupils are not necessarily clinical clerks?—They are clinical clerks in the Whitworth Hospital, and generally in the Richmond Hospital; but they are not the only ones.

1917. Mr. Grogan.] Out of the 312 beds in the three institutions, how many of them on an average are vacant at any time?—I have not ascertained that; I think we very seldom have more than from two to eight vacancies in the Richmond Hospital; in the Whitworth Hospital I am wholly unable to answer; I am not in close attendance upon the Whitworth Hospital, and I did not get information upon that point.

1918. Lord A. Hervey.] What year was it in which the reduction of the beds took place from 120 to 110; was that upon the reduction of the Parliamentary Grant?—It was in 1849.

1919. The grant in 1838 was 2,500 £; in 1853 it was 1,809 £; can you state to the Committee why a larger reduction in the number of beds did not take place, considering how large the reduction of the grant was?—We reduced the number of beds to 108 at first, and then at that time the reduction ceased, and we were re-established; the grants were restored; at one time the Whitworth Hospital was perfectly closed for a few months, and then re-opened by Lord Clarendon's directions.

1920. You have stated that the number of beds was reduced from 120 to 110; the amount of the grant was 2,507 £ in 1848 and 1,800 £ in 1853; there seems to have been a very small reduction in the number of beds compared with the amount of the reduction of the grant?—It is a question of finance; the governor will be able to answer that.

1921. Mr. Grogan.] In the general estimate for the maintenance of the House of Industry, at Dublin, is there any sum specially appropriated for the Richmond Hospital?—I understand that there is; the estimates for the Hospitals are conjoined.

1922. What I mean is this, the estimate for the House of Industry at Dublin amounts to a sum of 10,291 £ 6 s. 4 d. for the year 1854; who appropriates that sum?—I believe the sum is granted upon estimates, and that the estimates are formed by the governor of the House of Industry, from his knowledge of the probable expenditure in each hospital, and he will be able to give you exact information with respect to the grounds upon which he goes.

1923. Chairman.] Are post-mortem examinations made in the Richmond Hospital?—They are.

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1924. Is there a dissecting-room attached to the hospital?—There is a dead-house attached to the hospital; there is no room for prosecuting anatomical dissections for teaching anatomy, but for showing alterations in structure that have resulted from diseases of those who have died.

1925. Are those examinations made only in cases where the relatives are willing?—They are made in cases where the relatives do not formally object, but in no case where an objection is expressed; they are, however, not always asked for their consent.

1926. Dr. Brady.] Can you tell the Committee who supplied the microscope to your institution?—The surgeons have purchased a microscope.

1927. At their own expense?—Yes, at their own expense; it was not a very expensive one.

1928. Are you of opinion that an institution of that kind ought to be supplied with a first-rate microscope at the present time?—Yes; we are prosecuting studies with the aid of the microscope in Dublin very much; but we have not got a very expensive microscope connected with this institution.

1929. Are you of opinion that instruments of that kind are almost imperatively necessary for inquiry at the present time into the altered nature of secretions, &c.?—I am.

1930. Chairman.] I see in Mr. Phelan's Report there is a return given, up to 1841, showing the number of pupils paying fees, and the number of pupils whose names were entered in the signature book, the amount of fees, the sum expended upon the Museum, and the amount of fees to the surgeons; can you continue that up to the present day?—I do not think I could continue the names of those who had attended; all the expenses connected with the Museum I could.

Dr. Henry Hutchinson Steward, called in; and Examined.

1931. Chairman.] ARE you a doctor of medicine?—I am both a surgeon and a doctor. Dr. H. Steward.

1932. Are you governor of the House of Industry in Dublin?—I am.

1933. How long have you held that office?—Since the year 1847.

1934. By whom were you appointed?—By the Lord Lieutenant.

1935. By Lord Besborough?—Yes.

1936. What are your duties?—I am responsible for the ordinary arrangement of all the hospitals, for the due control of all the officers of the institution, and the disbursement of the funds.

1937. Are your duties similar to the duties of your predecessor?—They are.

1938. Mr. Grogan.] Are you sole governor?—I am sole governor.

1939. Chairman.] What salary do you receive?—£. 360 a year.

1940. Do you reside in any of the institutions?—No; I have no residence in any of the institutions; I am allowed 60 £ a year for residence, and 300 £ a year for salary; that makes up the 360 £ a year.

1941. Will you be kind enough to explain to the Committee the various items of the expenditure of the various institutions connected with the House of Industry, as they appear in the Parliamentary Estimate: the first item is a sum of 57 £ 4 s., for the support of 12 Government paupers in the North and South Dublin Unions; explain that charge?—When the Poor-law was enacted, the old House of Industry became the poorhouse for the North Dublin Union; and all the inmates who had belonged to the House of Industry were divided, one-half for the north and the other half for the south, and only 12 remain at present. There were at the commencement of the Poor-law some 200 or 300; but they have died off, and there is only 57 £ now chargeable to the Government.

1942. Were there 332 transferred to the South Union, and 330 to the North Union?—I believe so.

1943. Are those 12 the sole survivors of that number?—They are.

1944. The next item is diet for 107 lunatics and idiots, and for the officers connected with the Hardwicke Cells Lunatic Asylum; are those cells a part of the Hardwicke Hospital?—They are at the lower part; they are unconnected with the Hardwicke Hospital, but they are in the same locality.

1945. Do you continue to receive lunatics and idiots?—No, not to be paid for by the Government.

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1946. Do

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1946. Do you receive any?—Yes, in order to afford relief to the Richmond District Asylum; their chronic patients are sent to the House of Industry, but they are chargeable upon the county from whence they come.

1947. Then this number of 107 does not include those lunatics and idiots who are received from the Richmond District Asylum?—No; I think about one-third of them are the old inmates of the House of Industry, and the other two-thirds are received from the Richmond Lunatic Asylum, and charged to the county from whence they come.

1948. Is credit taken for that?—It is, after it is paid; I advance the money, and then it is repaid by the several counties, and credit is given in the estimate.

1949. I see there is 1,332*l.* proposed to be voted this year for 107 lunatics and idiots in the Hardwicke cells; if a portion of those lunatics are paid for out of the funds of the District Lunatic Asylum, how does it come to be estimated for in the Vote?—There is a regular account kept in our estimate, and credit is given for the money repaid for each lunatic by the county. I charge for all the lunatics; but then I give credit for all that I am repaid, and it is in about the proportion that I have stated. I think there are only about one-third supported by the Parliamentary grant, and two-thirds are supported by the various counties.

1950. Sir T. Burke.] How do you get the money from the counties?—We apply for it through the grand jury, and at each session they pay it; it is performed by Act of Parliament.

1951-2. Sir F. Lewis.] Is there any Act of Parliament specifically for the purpose of raising this money, or is it only the general power of the county cess?—It is a specific Act of Parliament to permit the District Lunatic Asylum to send their chronic patients, according as vacancies occur, to the House of Industry, to be repaid by the counties.

1953. Mr. Percy.] What is the date of that Act?—It was passed in the year 1844 or 1846; it is a special Act of Parliament, because it was directed that no lunatic should be taken into the House of Industry when he came under the poor-law.

1954. Chairman.] Is the Richmond District Lunatic Asylum a lunatic asylum for the county of Dublin and the surrounding counties?—Yes, for five counties.

1955. Is it supported out of the funds of the counties?—Yes.

1956. Annually voted by grand jury presentment?—Yes.

1957. I see there is a further charge for 190 idiots and lunatics at the Island Bridge Lunatic Asylum; why are they sent to Island Bridge?—They have no accommodation in the House of Industry; when the house was given up for the poor-law, we took some barracks, and fitted them up for 190 or 200 lunatics; they were the lunatics of the old House of Industry.

1958. Are lunatics from the district asylum received at Island Bridge in the same way?—Yes, according as we have vacancies.

1959. Are they paid for by the funds of the Richmond Asylum?—Yes, by the counties.

1960. Are there any new admissions of lunatics and idiots which are chargeable to the Government?—No, that has ceased; they are dying off; there were 400, and there are about 100, I think, now.

1961. Will you show the charge actually payable for the Government lunatics and idiots in this year?—I first charge for 300, and then I deduct whatever number are paid for by the counties.

1962. What is the actual number of lunatics and idiots in the Hardwicke cells and in the Island Bridge Asylum now chargeable to the Government?—I think about 100.

1963. Then the grant under this head is in the course of reduction, and as those lunatics and idiots die off, the grant is proportionably reduced?—It is.

1964. Will it in time become extinguished altogether?—It will; there will be no more patients received.

1965. Are all the charges, as well for maintenance as for establishment, charges equally and fairly apportioned between the Government lunatics and the

the lunatics paid for from the county establishments?—Yes, that is the object I have in charging. Dr. H. H. Steward.

1966. How do you distinguish the expenses?—I take the maintenance of the whole, and then I charge the proportion at the same rate for those received from the District Asylum, about 12*l.* 10*s.* 11 May 1854.

1967. Do not you think it would be a more convenient arrangement, seeing that there is accommodation for 297 lunatics and idiots, and that 100 are Government lunatics, if they were kept in one institution, say the Hardwicke Lunatic Asylum, and that the Island Bridge Lunatic Asylum should be given up entirely to patients who come from the Richmond Asylum?—They are a different class of patients; a great number of the lunatics are epileptic patients, and they would not answer so well in the Hardwicke cells, because each individual has a cell to himself or herself, and it would be more necessary to have them in large establishments, where they can be superintended; that would be one reason why it would not answer.

1968. If that was done, the classification of a particular description of lunatic could not be carried out?—No.

1969. What is the expense per head of a lunatic, including all charges?—I think about 8*d.* a day.

1970. Mr. Grogan.] Does that include the proportion of the establishment charges?—No, it does not include the establishment charges.

1971. Mr. Percy.] Including the establishment charges, what would it be?—If you take the lunatics and the patients, and distribute the amount amongst them, I think it would be about 3*d.* a head per day; if you only include the hospital establishment, of course that would double it; I think about 3*d.* a day for the lunatics and patients; but then I should mention, that in that sum is included some pensions to retired officers.

1972. Chairman.] I see the next item is for 120 patients in the Hardwicke Fever Hospital and the necessary servants; does that 120 patients include the patients who are received from the North Dublin Union?—It does.

1973. How many beds are there in the Hardwicke Fever Hospital?—One hundred and twenty.

1974. How many of these beds are occupied by the paupers of the North Dublin Union on the average?—I have returns here for some time, which tell me the number; from 21 to 30 perhaps in the year.

1975. What is the sum that was paid last year by the North Dublin Union for the support of fever patients?—Eight-pence a day.

1976. What was the gross sum?—I cannot recollect.

1977. I see there is no credit taken for that in the estimate; how is that?—Our estimate for the year is not made up yet.

1978. In the estimate for the year ending the 31st of March 1854, I do not see any credit taken for the monies that were paid by the North Dublin Union for the support of fever patients; how do you account for that?—Sometimes the account is made up in this way. Our accounts are always sent to the Poor Law Commissioners, and any money that is paid is deducted from the money that we require. Suppose I wanted 1,000*l.* to pay the month's account, and suppose that money had been paid by the Poor Law Unions, I should deduct it from the account.

1979. You state that there are a certain number of patients relieved in the Hardwicke Fever Hospital every year, who are paid for out of the funds of the North Dublin Union. I do not see that any credit is taken for that sum in the estimate which is laid before Parliament?—I send in my estimate for the 120 beds; it is all the same thing whether a part of those beds are occupied by patients coming from the unions, or coming from the city; the expense is the same, no matter where they come from.

1980. That cannot be so, because the patients who come from the city are paid for out of the Parliamentary grant, and the patients coming from the union are paid for out of the funds of the union?—It is a very short time since the patients were paid for by the unions. We are just preparing to make up the estimates; we are generally a year behind hand; it will appear in the next estimate as a credit; we have not made up our estimate for 1853-4.

1981. Lord A. Hervey.] Can you tell the Committee how many patients were sent to the North Dublin Union for the year ending March 1853?—From the 0.40. Dublin

Dr. H. H. Steward. Dublin Unions in 1853, there were 96 patients sent; I have the north and the south distinguished here, but there is always a larger proportion from the north than the south.

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1982. Mr. Grogan.] Do you receive any from the south?—We do.

1983. Can you tell us for that same year how much you received in money for those patients from the union?—I do not recollect now; but the payment is exactly in proportion to the number who come to the hospital; I sometimes do not receive payment for a long time; I send in the account, but it may not be paid.

1984. In the estimate of the same year, ending March 1853, there is a vote for the support of 120 patients, which is the total number you had in the hospital that year?—Yes.

1985. Then you make no allowance for the money you received from the union for the support of those 96?—I do not think I had been paid it when the last estimate went in; I shall account for it in the estimate which goes in this year. That is all managed through the Poor Law Commissioners; I send in the account to them, and they call upon the unions to pay me. There is not one shilling that there is a credit for in the House of Industry that is not accounted for. I do not think it appears yet in our account; it is like a bank book; if a thing is not paid on a certain day, it does not appear.

1986. Sir T. Burke.] When did you first begin to receive union patients, how long ago?—We received them always, but they only became chargeable about a year ago.

1987. When did you first begin to charge them to the different counties?—In 1853.

1988. Had you never received any money previous to that year?—Never.

1989. You never received any money from the North Union and the South Union; you never charged them before 1853?—Never.

1990. Anything that appears in the next account will appear in the year 1853-4?—It will.

1991. Chairman.] Are the Committee to understand that you never received payment for fever paupers from either of the Dublin Unions till last year?—Never.

1992. But it has been shown in evidence to the Committee repeatedly, that the Dublin Unions have been in the habit of sending patients to the Hardwicke Fever Hospital ever since 1841, when the unions were established; who paid for those paupers then?—The Government paid for them; they came down as regular fever patients, the same as if they came in from the city, and they were supported out of the general establishment; there were only a few cases that came down; in 1844 there were 21.

1993. Is it the fact that the fever paupers sent by the union to the hospital were paid for out of the Government grants until last year?—Yes.

1994. Mr. Kershaw.] When were you first entitled to claim payment from the union for the support of the patients which they sent?—In 1853.

1995. You were not entitled to claim anything till then?—No.

1996. How was it that you became entitled then, and not before?—I heard that the South Union paid for the patients which they sent to Cork-street, and I applied to the Poor Law Commissioners on the subject, mentioning that fact to them, and received their sanction to charge at the same rate as the Cork-street Fever Hospital charge the South Union.

1997. Are the Committee to understand that if you had applied earlier, you might have received earlier the monies that you now receive from those unions?—I do not know. It appeared to me that it relieved greatly the North Union taking a fever patient when they had not accommodation, and very often the North Union accommodated the hospitals by taking a chronic patient; it was a kind of reciprocity.

1998. Dr. Brady.] Do you follow your profession independently of being governor of the hospital?—No, I do not. I did not get the situation with the restriction that I might not practise; but I do not.

1999. Chairman.] The next item is diet for 82 patients in the Whitworth Chronic Hospital; are those patients entirely supported by the funds of the institution, or are there any patients admitted from other institutions, and paid for?—Not any.

2000. Does

2000. Does the same remark apply to the 110 patients in the Richmond Surgical Hospital?—It does.

2001. Is there any payment made for any of those patients except from the funds of the institution?—No.

2002. Suppose a member of the police force was admitted, would he be paid for?—He would not; there are a great number of the police admitted, generally about 100 in the year.

2003. When you call them police, do they come from the constabulary or the Dublin city police?—Only the Dublin city police.

2004. Are they treated in all the three hospitals?—They are.

2005. What was the number who were admitted to all the hospitals last year?—For the year 1853, 104 to all the fever hospitals, the Richmond and the Whitworth.

2006. I see there is an extra charge of 136 l. 17 s. 6 d. for 15 servants required for the service of the institution at large—beadles, gate-porters, messengers, cook, laundress, store-maid, kitchen and other servants, as well as charges for servants for each of the separate institutions; will you account for that charge; what is the duty of the beadle?—To bring about the stores, to cut up the bread, and various other things.

2007. How many beadles are there?—Three.

2008. Why are they not attached to the separate institutions, and borne upon the establishments of the separate institutions?—Because the servants are generally all connected with all the hospitals, and the cooking is done for all the hospitals, and the general distribution of the food is for all the hospitals, and there is a general porter for the hospitals.

2009. For all the three hospitals?—Yes; there is one outside porter, and there is a porter for each hospital.

2010. I do not understand why, if there is a porter and beadle for each hospital, they do not appear connected with the hospital to which they are attached?—So they do, except one outside-gate porter, and he is one of the general servants; the other porters are included in the servants of each hospital.

2011. What are the duties of the cook?—To cook for the patients.

2012. How can one cook cook for three or four institutions in different parts of the town?—We have a kitchen at the lower part of the Whitworth Hospital, and then the provisions are sent to the Richmond Hospital and the Hardwicke Hospital.

2013. What is the distance between the Richmond and the Hardwicke and the Whitworth Hospitals?—I suppose about 18 or 20 yards. They are all under the same building together, and it is more economical to have the cooking done together.

2014. Does this charge of 136 l. apply to the establishment for the three hospitals; is it common to the three hospitals?—Yes.

2015. Are those servants attached exclusively to the hospitals?—To the hospitals, and the 107 lunatics at the Hardwicke Cells.

2016. All the provisions for those four hospitals are cooked in the same place?—Yes.

2017. Making altogether 717 persons on the establishment?—Yes.

2018. The next charge is the rent and taxes of the establishment; can you distinguish the rent and taxes of the different establishments?—I can. The rent for the house and ground of the Richmond Hospital is 166 l. a year; the rent of the Whitworth Hospital, I think it is church property, is about 20 l. a year, something less than that; then for the Hardwicke Hospital 100 l. 16 s. a year rent is paid to Lord Palmerston; and for the Whitworth as well; a Mr. Bailey receives 64 l. a year for a part of the ground of the Hardwicke Hospital; it is a complicated thing.

2019. The rent of the Hardwicke Hospital is 160 l.?—Yes, about that.

2020. Does that include the ground upon which the Hardwicke Lunatic Cells stand?—It does, and it includes also the Talbot Dispensary: there are three pieces of ground, and there is rent paid to three landlords; and on this piece of ground the Hardwicke Hospital and the Hardwicke Cells, and the Talbot Dispensary are placed.

2021. Is there any rent paid for the Island Bridge Asylum?—Yes; 31 l. 10 s. is the amount of the rent paid for that to the Royal Hospital of Kilmainham.

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2022. Can

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2022. Can you furnish the Committee with an accurate return of the rent and taxes paid?—I can.

2023. When those Government lunatics and idiots now kept in the Island Bridge Asylum die off, I suppose the charge for the rent of that establishment will cease?—It will.

2024. Is the sum of 500 *l.* for the repairs and necessary alterations of the four hospitals an annual charge?—Yes.

2025. Is it the same every year?—I send in an estimate every year, and an account of our expenditure afterwards; but I form my estimate of the probable expenditure of the repairs; there are some old buildings; and the Richmond Hospital really costs a great deal of money to keep in repair; it was not built for a hospital, it was a convent.

2026. What is the nature of the repairs?—The general repairs of the buildings; we have to keep a carpenter there continually, and there is whitewashing, and repairs of the furniture.

2027. Can you furnish the Committee with an account of the items of this charge for repairs for the past year?—I can.

2028. What are the books, printing, and stationery?—They are for the office, and for the admissions and discharges of patients to the hospitals.

2029. Is this 120 *l.* for furniture for the dining halls an annual charge?—It is.

2030. Do you put down 120 *l.* every year for that?—I do.

2031. Are those two charges the same every year?—That is the estimated expenditure, and then if we find anything else, it goes to the credit; I send in an annual account to the Poor Law Commissioners and the Audit Office.

2032. Do you actually receive every year the full amount of what you estimate for?—I do; and then if there is anything over, it goes to the credit of the next grant.

2033. Have you ever returned anything to the credit of the next grant?—I have.

2034. Mr. Kershaw.] How frequently?—Whenever I have any large sum of 1,000 *l.* or 1,500 *l.* more than was expended, I deduct it by direction of the under-secretary.

2035. You go on from year to year, and if, at the end of a certain number of years, you have 1,000 *l.* or 1,500 *l.* in hand, you deduct it?—Yes.

2036. If you keep up the charge of your repairs at 500 *l.* a year, and your furniture at 120 *l.* a year, I suppose you spend pretty nearly that sum in those articles?—Yes.

2037. Lord A. Hervey.] What is the total amount of repairs for the last 10 years?—I have not been governor for 10 years, and I cannot say.

2038. Chairman.] Has the charge for repairs and for furniture been 500 *l.* for the one, and 120 *l.* for the other, always since you have been governor?—I think it has, because I send in my estimate as accurately as possible to the expenditure; I go as near as I can to it, and I merely followed the precedent of the former governors when I put down those sums item by item; I check them by the expenditure.

2039. Chairman.] Is the rent of the establishment merely the ground-rent?—Except for the Richmond Hospital; I think they pay for the house, but the other is only the ground-rent.

2040. Mr. Percy.] What is the rent of the Richmond Hospital?—The Richmond Hospital, I think, is 160 *l.* a year; but an immensity of money has been laid out upon it in order to make it a hospital, and keep it in repair; it was a very old building.

2041. Chairman.] Will you be able to furnish the Committee with the several items of the account for the repairs and necessary alterations for the last year, and also the separate items for furniture for dining halls, kitchens, and library, for five years?—I will.

2042. Dr. Brady.] Are those repairs all done by contract?—Partly by contract; but there is a set of workmen whom we constantly keep employed; we have a whitewasher and a carpenter who is continually employed the whole year round, and very often we have to bring in other tradesmen, such as bricklayers; but there is a carpenter on the establishment, who receives 1 *l.* 4 *s.* a week.

2043. Lord A. Hervey.] I observe in the estimate that contingent expenses of the institution, such as whitewashing, is charged as a separate item?—Yes.

2044. Chairman.]

2044. Chairman.] There is a charge in the estimate for tobacco and snuff for the lunatics, 55 *l.*; has that charge always been in existence?—Always.

2045. Do not the medical officers recommend this allowance of tobacco and snuff?—They do; I was thinking of discontinuing it; but the medical men thought it was an indulgence that ought to be granted.

2046. The lunatics, being so long accustomed to it, would feel it to be a great privation if they were deprived of it?—Yes; it is solely for the lunatics, and the Government only pay for one-third, so that is not more than 17 *l.* or 18 *l.* a year for the Government.

2047. Do you take credit for that?—I endeavour to equalise the charge on the counties the same as the charge to the Government.

2048. Mr. Grogan.] It is exclusively referable to the lunatics?—It is.

2049. It is no charge on the hospital whatever?—No.

2050. Chairman.] Who makes out the accounts of the Talbot Dispensary?—They are all made out in my office.

2051. Does the medical attendant send in his estimate for the necessary medicines for the ensuing year?—He does; he sends an account of the medicine that is required to the apothecary, and the apothecary gets it from the druggist, and then he charges what he has got for the Talbot Dispensary. For the Talbot Dispensary there are two servants required, and a medical officer.

2052. What is the salary of the medical officer?—50 *l.* a year Irish.

2053. What is his name?—Alexander M'Donnell.

2054. Is he a surgeon?—Yes.

2055. Are the two servants mentioned here connected with the institution in any other way?—They are.

2056. Have they other duties besides those connected with the dispensary?—They have only partly the dispensary duty to do.

2057. Is their salary included in this 162 *l.*?—It is; but they have other duties to do.

2058. Mr. Grogan.] Are those other duties connected with the hospital?—Yes, connected with the hospital.

2059. Chairman.] Has the salary of the governor been reduced?—Yes; it was 500 *l.* a year, and then it was reduced to 400 *l.*; and then, when the establishment came under the Poor Law Commissioners, it was reduced to 300 *l.*

2060. Have you never had more than 300 *l.*?—No; as governor of the House of Industry, I hold another office connected with the Foundling Hospital, which is attached to it.

2061. What are the duties of the steward?—The duty of the steward is to look after the provisions; the provisions are sent in to him, and he sends an order for the provisions daily that are required, and keeps an account of them; and that account is checked by the bill of the contractor every month.

2362. Who makes the contracts?—I do, by tender.

2063. Do you take the lowest tender generally?—No, not always; I look for satisfactory and respectable persons; generally the tenders are very close; but I put in my advertisement "The lowest tender not necessarily received."

2064. Are the various tenders submitted to the Poor Law Commissioners?—They are.

2065. What is the duty of the chief clerk?—He has the care of the duties of the office, taking down the morning statement of the patients admitted and discharged, and making up the accounts, which are always checked by him with the steward.

2066. Would it be possible for one man to perform the duties of steward and chief clerk?—No; I have brought down the staff to the lowest possible amount.

2067. Mr. Percy.] Is the chief clerk the registrar as well for the medical officers?—He is; he keeps the medical registry; we keep a daily account of every patient received into the hospital, and discharged.

2068. Mr. Kershaw.] Do you appoint the steward?—No; he is appointed by the Government.

2069. Chairman.] By whom is the chief clerk appointed?—The chief clerk is appointed by the Government.

2070. Mr. Kershaw.] Who fixes the amount of the salary?—The salaries have undergone a little modification lately by the Poor Law Commissioners.

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2071. The

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2071. The Poor Law Commissioners do it when it is done?—Yes; we are under their control, and all our accounts go to them.

2072. *Chairman.*] Is there a physician employed at Island Bridge; has he anything to do with the other parts of the institution?—He has. The junior physician of the House of Industry is allowed 25 l. a year to pay his car-hire; Island Bridge is a mile and a half or two miles from Dublin.

2073. There are two Protestant chaplains, and one Roman-catholic chaplain; how long have they been chaplains to the institution?—The third Protestant chaplain is on account of Island Bridge, and the Roman-catholic chaplain does the duty both of the House of Industry in Dublin and at Island Bridge.

2074. Does he get a salary nearly equal to the two Protestant chaplains?—He does.

2075. Who appoints the chaplains?—The Lord Lieutenant.

2076. Do they attend all the hospitals?—They do.

2077. Do they attend the lunatics now?—They do; any that are able to receive their attention.

2078. Has the head-keeper of the Hardwicke Lunatic Asylum any other duties?—No.

2079. Can you state to the Committee why the four physicians connected with the institution receive salaries, while the surgeons do not?—The explanation that I give of it is this. About the year 1830 there were never more than two surgeons paid; they were the two senior surgeons; the three juniors were not paid. The two senior surgeons had 5 s. a day. There was an application made by a medical man of some eminence in Dublin to do the duty free of salary, and the Marquis of Anglesey thought it was such a remarkable thing, that he struck out the salaries; he thought that if there was a competent man who offered to do the duty free of salary, and the men who were at the hospital had such advantages, they did not require a salary. At that time there were a great many apprentices at the hospital, and each apprentice paid 150 guineas.

2080. Mr. *Byng.*] Have they never received any salary since that time?—No.

2081. In consequence of that offer being made?—In consequence of that offer being made.

2082. *Chairman.*] Is the apothecary appointed by the Government?—He is.

2083. Does he compound all the medicines requisite for the various institutions?—Yes; he has apprentices, and the apprentices have the advantage of attending the hospitals gratuitously.

2084. Are the medicines all purchased in the shape of drugs, and compounded in the institution?—They are.

2085. Is there one house where they are all compounded?—Yes.

2086. Where is the apothecary's establishment?—He resides in the institution; he is a resident officer; he has apartments at the House of Industry.

2087. Dr. *Brady.*] He does not dispense for the three institutions, does he?—Yes, he does, of late; a good number of the pupils assist in the shop, and then he has his own especial apprentices; but he complains of its being too heavy.

2088. Mr. *Percy.*] Could the services of an eminent physician be secured without any salary being granted by the Government, as in the case of the surgeon?—I cannot say; there is a great deal of duty to be performed; the physician has to attend every day, and sign a book, which book is submitted to me every week.

2089. Does not the surgeon do the same?—Yes.

2090. *Chairman.*] Are the duties of the physician more laborious than those of the surgeons?—No, I do not think they are.

2091. Have the physicians two hospitals to attend while the surgeons have only one?—Only one.

2092. Mr. *Percy.*] Are not the physicians' duties less onerous than the surgeons'?—Certainly they are not greater.

2093. Mr. *Grogan.*] Those physicians are exclusively attached to the hospitals, and have no duty to discharge with regard to the lunatic patients?—The junior physician in the House of Industry attends the lunatics in the Hardwicke Cells; the 25 l. allowed is for Island Bridge; there are four physicians, two senior and two junior; the two junior have the attendance of the two lunatic establishments; the one at Dublin receives nothing, because he is on the spot; the one at Island Bridge receives 25 l. for car-hire.

2094. *Chairman.*] Are the various pensions contained in the estimate pensions to

to persons who were employed in the institution before the institution was vested in the Poor Law Commissioners?—Yes; there are two governors who have a pension; one of them has had a pension since it was vested in the Poor Law Commissioners; Mr. Alley has a pension of 200 l. a year, and he did not retire till 1848.

2095. I see he is only 48 years of age?—I think he is more; but he was in a weak state of health.

2096. Did you take your office on the understanding that you were to receive a superannuation salary?—The question was under the consideration of the Treasury at the time.

2097. Do you subscribe to the superannuation fund?—No; none of the officers ever were called upon to do so.

2098. Have any of the officers been superannuated since you have been governor?—There was an assistant steward, and the stewards are classed under the head of officers; the number was reduced, and he got a pension.

2099. Have many of the servants been superannuated?—Yes, a good number.

2100. Do they receive pensions?—Yes, they receive pensions.

2101. Some of those who appear on the estimate this year have been superannuated since your time?—They have.

2102. Are the investments or legacies mentioned in the estimates the only funds arising from private sources which the institution has at its disposal?—Yes.

2103. Mr. *Grogan.*] Were they left to any special department of the House of Industry?—No; they were merely left to the House of Industry as an institution.

2104. *Chairman.*] Are your accounts sent to the General Audit Office in London?—They are; we send them now every month; first they are sent to the Poor Law Commissioners; and then, after the Poor Law Commissioners have examined them, they are sent to the Audit Office.

2105. Are you supposed to be peculiarly under the Medical Poor Law Commissioners?—Yes.

2106. Does Mr. McDonnell visit the institutions?—No; it was on some special occasion that he came a short time ago to see whether any accommodation could be given for the cholera.

2107. Is the management of the institution under the medical department of the Poor Law Commissioners?—Not at all.

2108. Mr. *Percy.*] What other lunatic asylums are there in Dublin?—Only one, the Richmond Lunatic Asylum.

2109. Is that the only one in Dublin?—That is the only one in Dublin, and it extends beyond Dublin, to the counties in the neighbourhood of Dublin; it is a District Lunatic Asylum, principally for acute cases; and when they become chronic, they are sent to the House of Industry. There is only one institution in Dublin for ordinary lunatics.

2110. *Chairman.*] Can you tell the Committee how the House of Industry was managed before it became vested in the Poor Law Commissioners; was it managed by a Board of Commissioners?—It was managed by a governor and an unpaid Board, consisting of a committee of five, appointed by the Lord Lieutenant; it met monthly, and whenever they were required, they audited the accounts.

2111. Do you know whether that Board appointed the officers?—No; the patronage has always been in the hands of the Lord Lieutenant of all the officers, except the minor officers, whom the governor appoints.

2112. What number of appointments have you in your gift?—I have the appointment of the servants and the sub-matron, and an assistant clerk; there is a chief clerk appointed by the Government, and there is an assistant clerk, who receives a salary of 40 l. a-year; he comes under the class of servants.

2113. Have you the appointment of all the servants of the institution?—Yes; and a very troublesome thing it is to get competent servants at present.

2114. Mr. *Grogan.*] Have many applications or recommendations been made to you by the physicians connected with the different hospitals with regard to having a separate kitchen?—It has been occasionally said that it would be more convenient to have the cooking done at the Richmond Surgical Hospital.

2115. What objections would there be to that?—It would be an additional expenditure; it would require a new clerk.

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Dr. H. H. Steward.

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2116. An extra servant?—Yes.

2117. Mr. Percy.] What is the distance between the two?—It is a very short way; it does not seem to me that it is required; it has been proposed sometimes that there should be a separate kitchen for the Surgical Hospital.

2118. Chairman.] Do you visit the hospitals every day?—I frequently do; I am not called upon to do it.

2119. Mr. Grogan.] You stated that you rejected some patients: to what particular hospital did your remark apply?—Both to the Hardwicke Fever Hospital and the Richmond.

2120. How frequently have you been placed under the necessity of rejecting patients?—Whenever there is any epidemic, such as influenza, the applications are so many, that we have to reject a great number, and select the most urgent cases.

2121. Does it occur once a week, on the average, that you reject a case?—It depends very much upon the disease; I could not give any estimate of the number.

2122. Mr. Percy.] Is any preference given on the part of the poor people to the Hardwicke Hospital over the others?—They very often prefer to come to the Hardwicke Hospital, instead of the Cork-street Hospital.

2123. On what ground?—Their friends are admitted to see them a day oftener in the week, and they look upon that to be a great inducement; many of them come over in a desperate state from the neighbourhood of Cork-street, to be admitted into the Hardwicke Hospital on that account.

2124. Chairman.] Have you closed any of the wards in the Hardwicke Fever Hospital?—There was one ward closed.

2125. When was it closed?—At the time of the reduction of the grant; and it was not opened afterwards; it was a ward badly situated for fever patients, and I think it was a great improvement to the general hospital, that ward not being appropriated to fever cases.

2126. When was that reduction made?—In 1850-51; I had the instruction of the Government to reduce the entire establishment 10 per cent., and a large reduction took place in the fever hospital.

2127. Who was Lord Lieutenant at that time?—Lord Clarendon. I was asked the question why there were so few reduced at the time of the reduction in the Richmond Hospital; the reason was, that it was left optional with me how I would make the reduction, so as to reduce it 10 per cent., and I thought as there was a great number of fever patients, it would be better to take a large number from the fever hospital than from the surgical hospital; it came to the same thing.

2128. Has that reduction continued progressively since then?—In 1852 it was checked by order of the Government; they repaid the reduction of 1851-2; they only made a reduction one year.

2129. Mr. Grogan.] Practically, then, the reduction of 10 per cent. was only made in the hospitals for one year?—Yes, only for one year.

2130. A second reduction took place, but it was subsequently repaid by the Government to the hospitals; is that the fact?—It is.

2131. Chairman.] Do you know whether there have been many rejections of persons applying for admission to the Hardwicke Fever Hospital?—A great number from time to time.

2132. What becomes of them when they are rejected?—They try Cork-street, and elsewhere, and if they do not succeed, they will come back the next day to us, and if any vacancy has taken place, they have the preference.

2133. Is any recommendation required?—None, except the urgency of the case; that is the great advantage, that the hospital is open to all, and the most urgent case is received without any recommendation by examination.

James Bessonnet, Esq., called in; and Examined.

J. Bessonnet, Esq.

2134. Chairman.] ARE you one of Her Majesty's Counsel?—I am.

2135. And a governor of the Hospital for Incurables?—I am.

2136. Will you have the kindness to state to the Committee when that hospital was established?—In 1740.

2137. Was

2137. Was it established by Government grant, or by private funds?—By private funds; the Government grant did not commence till 1816.

2138. Was a charter granted in 1790?—A charter was granted in 1790.

2139. Did it constitute certain persons therein named a corporation?—Yes.

2140. Does that system of government, as established then, exist at the present day?—Yes; there was a power of making bye-laws under the direction of the Chief Justice, and bye-laws were made and approved of, and they have been the foundation of the practice of the hospital.

2141. By whom are the governors appointed?—They are appointed by the governors who come in succession.

2142. Are they elected?—Yes; they pay 20 guineas each.

2143. Are they elected for life?—For life.

2144. Are yearly subscribers eligible as governors?—For the year only; but we have never had yearly subscribers as governors, as I recollect.

2145. What class of patients are received in the Hospital for Incurables?—Those who are rejected as incurable by all other hospitals, and those who are certified by medical men, of sufficient capability, to be incurable.

2146. Are incurable lunatics admitted into the institution?—No, neither lunatics nor idiots.

2147. Do the patients belong to the pauper class?—No.

2148. To what class do they belong?—They are servants, and tradesmen, and people who have been supporting themselves by their own labour till disease overcame them.

2149. How many beds have you in the house?—One hundred.

2150. Are they full?—No, they have never been full since I have been a governor, for want of funds, and I have been governor about 16 years; there were 73 when I left Ireland; there were 74 just before I left, but there was a death.

2151. How are the patients admitted?—By election, before the governors, and the medical gentlemen belonging to the hospital attend; there is a notice given that there is a vacancy, and the medical gentlemen of the hospital attend on the day of meeting, and the governors also; the patients are brought in; their cases are considered in the presence of one of the medical men; he states his opinion upon the subject, and the patients are elected by the vote of the governors.

2152. Is it generally the practice to elect the most miserable persons who apply?—Confirmed consumption and confirmed cancer have the pre-eminence; the worst cases are preferred.

2153. Dr. Brady.] Do you admit those cases in preference to all others?—Yes.

2154. Chairman.] Do the patients usually stay there until their death?—Yes, invariably; there has been a case of a patient who went out, but that was independently of his disease entirely; his friends took him out.

2155. Do the greater proportion of patients remain in the institution till their death?—Yes, they do; we feed them and clothe them.

2156. What is the average length of stay of the patients in the institution?—I cannot say, certainly; three or four years, or more, perhaps; some few have been long there.

2157. Do the patients come from all parts of Ireland?—Yes, and not only from Ireland; we have patients in the house now from the United States, from France, and from Scotland.

2158. Is any distinction made as to religion?—None.

2159. Can you furnish the Committee with a return of the number of applicants for the last vacancy?—I can. On the 18th April there was a meeting of the governors. The debit side of the account of the treasurer was 65 l. 17 s. 11 d.; the credit to the hospital 153 l. 12 s. 1 d., and the expenses drawn for on that day were 307 l. 15 s. 1 d. There was one vacancy for a female; there were nine applications; Mary Anne Doyle, 32 years of age, consumption; Elizabeth Reilly, 53 years of age, cancer of the womb; Eliza M'Donnell, 20 years of age, lupus, a very bad case; Eliza Geary, 54 years of age, palsy, loss of one side; Elizabeth Dunn, 64 years of age, palsy, limbs gone; Mary Cogrove, 70 years of age, apoplexy, palsy, loss of speech and memory; Catherine Fitzgerald, 60 years of age, chronic rheumatism; Anne Nolan, 60 years of age, palsy, head and leg

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leg useless; Susan Gonne, 50 years of age, asthma. There was but one vacancy; we could have admitted eight or nine if we had funds.

2160. Dr. Brady.] Do you usually admit asthma cases?—No; but they present themselves, and whoever presents himself, and has a certificate, we consider entitled to a hearing. On that occasion there was one person, a poor man of the name of Laurence Poole, 66 years of age, who presented himself; he had cancer of the tongue of the very worst description, and we were obliged to refuse him.

2161. Chairman.] Could you distinguish the number of male and female patients at present in the institution?—There were between April 1853 and the 31st March 1854, 74 in the house; one has since died, 10 died last year, and on the 31st March 1853 the numbers were 73; the applications last year were 25.

2162. Out of the number in the hospital, how many were male and how many were female?—Thirty males and 44 females. I have stated that one had died since the list was made out.

2163. How much has your public grant been reduced?—Our grant was 500 £.; it has been reduced 200 £.

2164. When did the reduction commence?—In 1850–51.

2165. State the year?—From April 1850 to March 1851 our grant was reduced to 450 £.; from April 1851 to March 1852 our grant was reduced to 400 £.; from April 1852 to March 1853, another 50 £. was struck off, making the grant only 350 £., and last year the grant was from April 1853 to March 1854 300 £. We are in progress downwards; we have nearly got to the loss of one-half of the whole grant.

2166. Though the grant has been reduced, you have still been able to keep 72 beds open?—We have, and we have 27 vacant beds; but we have at present only the power of appointing one in cases of the most miserable disease and distress; that would make the number 74.

2167. What was the number of patients in the house at the time that the grant was first reduced?—Seventy-two.

2168. Has there been a reduction in the number of patients in consequence of the reduction of the grant?—No, sometimes there has been an increase of one; it depends very much upon circumstances, independently altogether of anything of which the Committee have any knowledge.

2169. Have you reduced the expenses of the establishment since the reduction of the grant?—Yes, and we have reduced the numbers. I will state to the Committee what will make it very clear. The patients in the hospital in 1847–8, amounted to 90; in 1848–9, to 83; in 1849–50, to 76; in 1850–51, to 73; in 1851–2, to 73; in 1852–3, to 74; in 1853–4, to 74.

2170. Prior to the reduction of the grant had you 90 patients in the hospital?—Yes, generally; it is an institution that it is impossible to calculate accurately about. I need not say that persons suffering from many diseases connected with scrofula must have meat and beer and wine, and things that people do not get elsewhere; and if the number was increased, the expenditure must be increased; and if by quick succession half a dozen of those poor creatures are taken away in a year, and are replaced by half a dozen more, there must be an increase of expense.

2171. Do you think if the grant was raised to what it was in 1850, the whole number of 100 patients could be supported in the institution?—No; but I think if the grant was restored to what it was, we could contrive to support 90.

2172. Under those circumstances would you be able to admit anything like the number of persons who apply?—We never could; and I think I may say with perfect safety that the institution is in every respect conducted with the most rigid economy; we pay neither the physician nor the surgeon anything; but as the hospital is a mile or more distant from the town, they receive 15 guineas a year each for coach-hire, and they come out at all hours and days and under all circumstances; the governors receive nothing, and the salaries of the persons employed in the hospital are, I am sure, quite below par; we give but 5 £. a year to the nurses, and some small perquisites at Christmas.

2173. Do the medical attendants receive anything but their necessary expenses?—No; and their expenses are limited to 15 guineas a year each for carriage hire.

2174. Do-

2174. Do the clergymen of the different denominations give their services gratuitously?—They give their services gratuitously; we pay them nothing; we cannot afford it; we feel that with 27 beds vacant for scrofula, and cancer, and consumption, we should not be justified in paying a farthing to anyone. J. Bessonnet, Esq. 11 May 1854.

2175. Is the workhouse unfit for the reception of patients of this class?—Quite so.

2176. Are those persons actually in the position of paupers when you take them?—I know of no case which could be called destitution; they have all something; their friends give them something; in fact they could not keep out of the poor-house if they had not friends to keep them. But we are dealing with a class of cases in which nothing could be done by the individual to earn anything for himself.

2177. Mr. Brady.] They are a class of cases not taken into other hospitals?—Yes; we receive the rejected of all the sanitary institutions in Dublin.

2178. To your knowledge would great distress necessarily occur to those poor creatures if they were not received into your institution?—Yes.

2179. Chairman.] Do the inmates of your institution receive assistance from their friends?—Yes, sometimes a little; but we take no account of it.

2180. How often do the board meet?—Once a month; there is a visiting governor appointed, who takes a turn for a month; he is master of the hospital during that month; he is responsible for everything, and there is a book kept in which he enters everything that he thinks proper to be brought before the board; and that book, containing a history of what has been done during the month, is read at the next meeting of the governors in the first instance, and any queries which have been set down in the book are made the subject of consideration at that general meeting.

2181. How many governors are there upon the Board?—Twenty-three.

2182. What is the average number of attendance?—It is small in general; it is five or six.

2183. Is it quite sufficient for conducting business?—Yes; three forms a quorum; and we have generally five or six there.

2184. Will you state generally to the Committee an account of your income and expenditure?—In the year 1848–9, the receipts were 1,862 £. 4 s. 6 d., and the expenditure 1,667 £. 5 s. 4 d.

2185. Had you a balance that year?—Yes; there was a balance in favour of the public. In 1849–50, the receipts were 1,420 £. 3 s. 7 d., and the expenditure 1,692 £. 7 s. 10 d.: that went to the other side. In 1850–51 the receipts were 1,668 £. 3 s. 9 d., and the expenditure was 1,467 £. 11 s. 4 d. In 1851–2 the receipts were 1,543 £. 7 s. 11 d., and the expenditure was 1,436 £. 14 s. In 1852–3 the receipts were 1,425 £. 15 s. 4 d., and the expenditure was 1,480 £. 15 s. 5 d. In 1853–4 the receipts were 1,594 £. 4 s. 10 d., and the expenditure was 1,556 £. 5 s. 11 d. The average number of patients in the hospital in 1847–8 was 90; in 1848–9, 83; in 1849–50, 76; in 1850–51, 73; in 1851–2, 73; in 1852–3, 74; and in 1853–4, 74. We were never able to accomplish the object of adding to the number; we have always been afraid of involving ourselves. We were once obliged to touch our principal, and we were obliged, upon principles of public obligation, to replace it, and some of those balances against ourselves in favour of the public were employed in replacing our stock. We have a considerable property; but it is a property that will only enable us to keep 73 people with 100 beds. We pay 89 £. for the rent of the house and the field; we set the field, and the consequence is, there is a small debit against us; the technical way of doing it would be to put the gross sum on both sides, but we debit ourselves with the difference to the public, which is 9 £.

2186. Chairman.] Have you a return of the total income of the Hospital for Incurables derivable from all sources?—I have.

2187. Will you deliver it in?

[The same was delivered in, and is as follows:]

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HOSPITAL

J. Bessonnet, Esq.

11 May 1854.

HOSPITAL FOR INCURABLES.

SOURCES OF INCOME.

	£.	s.	d.	
Dividend on - - -	9,736	9	3	- - 3½ per cent. stock, in names of the governor and guardians of the hospital.
Ditto - - -	3,204	1	-	- - 3½ per cent. stock, in names of D. C. La Touche, William Diggs La Touche, and James Bessonnet, Esquires.
Moiety of dividend on -	500	-	-	- - 3½ per cent. stock, Ward's legacy; the other moiety is payable to Mrs. M.A. Walsh during her life.
Interest on - - -	500	-	-	(Irish.) Daniel's legacy.
Dividend on - - -	4,500	-	-	- - Grand Canal stock.
Annuity - - -	8	-	-	- - Per annum, from trustee, late Lady Hutchinson.
Ditto - - -	20	-	-	(Irish.) Trustees, late M. N. Mahon.
Presentment - - -	200	-	-	(Irish.) From Grand Jury, City of Dublin.
Grant from Parliament -				Irish.
Ditto for Infirmary -	43	4	11	Irish.
Rent of land - - -	72	11	-	Irish.

On 13th October 1853, a sum of 107 l. 4s., 3½ per cent. stock, was added to the former amount, 9,629 l. 5s. 3d., making the above amount. The first payment of the annuity from trustee, Lady Hutchinson, was on 14th January 1854.

ANNUAL INCOME.

	£.	s.	d.
One year's dividend on 3½ per cent. stock -	420	11	4
Moiety of ditto - - ditto, Ward's legacy -	8	2	6
Interest on Grand Canal stock, uncertain, say -	50	-	-
Interest on Daniel's legacy -	27	13	10
Annuity from trustee, Lady Hutchinson -	8	-	-
Ditto - - - late M. N. Mahon -	20	-	-
City Grand Jury presentment -	200	-	-
Government grant for Infirmary -	43	4	11
Parliamentary grant -			
Rent of land adjoining hospital -	72	11	-
Charitable donations and bequests, uncertain -			

Note.—The annual income here set forth is the income at present receivable. The interest on stock is slightly increased over past years, by the addition made on 13th October 1853, as above-mentioned. The annuity from trustee of late Lady Hutchinson is also a late increase.

We complain that taking away our grant restricts our means of receiving the most distressed cases, cases that cannot be cured, and only come within the medical principle of alleviation; those cases cannot be dealt with upon the principle that other hospitals go upon; we must keep the people for life, feed them expensively, and clothe them. If we had 200 l. a year more, we could have a dozen and more cases of cancer in the womb and lupus, and all those awful diseases.

2188. Dr. Brady.] From the experience you have had of this institution, are you of opinion that it would be well if such establishments were to be carried out in the larger towns throughout Ireland?—I do; we receive cases from all parts of Ireland. In fact there is no one rejected from any other sanitary institution on account of being incurable that we do not receive if there is a vacancy, and sufficient means.

2189. Do

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2189. Do you think the community at large would be benefited if such establishments as these were more general?—Assuredly a subdivision would be beneficial, but such would be expensive. One of the difficulties we have to encounter, is that of ascertaining the truth of the statements made to us from a distance, and we must be sure that they are correct, otherwise we shall be imposed on, and it becomes often an impossibility to ascertain the truth of the statements which are made to us.

2190. *Chairman.*] What is the amount of annual subscriptions to your hospital?—It is very variable; sometimes it is very large, and sometimes very small.

2191. How do you account for its variation?—I cannot account for it.

2192. Can you furnish the Committee with a return of the amount of private subscriptions?—I can.

2193. Do you make every exertion in your power to obtain as great an amount of subscription as possible?—We do.

2194. What steps do you take for that purpose?—We have had charity sermons very often. We do what we can in the way of persuading others, but the great difficulty we are under is one that every one will understand in a moment. We are told, "You can want nothing; you have a Parliamentary grant." It is in vain to tell them that it is being taken from us at the rate of 10 per cent. every year, and that we shall soon lose it altogether; and the knowledge that we have a Parliamentary grant goes very far towards closing the feelings and the purses of the rich, I am sorry to say.

2195. If the grant was taken away altogether, would you be able to support the institution?—Certainly not to the present number. I think any one who would take the trouble of looking through the report made by the Commissioners in 1842 would very soon see that it is so.

2196. Sir F. Lewis.] Have you any recollection of the state of Dublin about the time of the Union, or before?—I have.

2197. Has the character of the inhabitation of Dublin changed since the Union, so as to make it less probable now than it was before 1800 that subscriptions could be obtained for the maintenance of these charities?—I think it is more difficult.

2198. Do you think that the inhabitants are not so wealthy?—They are not; it must be remembered that the Union took away what was called the aristocracy, the peerage, and the higher branches of the gentry.

2199. Fitzwilliam-square, I think, has been built since the Union?—Yes.

2200. And Fitzwilliam-square is, perhaps, as well inhabited as many parts of Dublin before the Union?—No doubt about it.

2201. How is it with respect to Merrion-square?—At the time you allude to, from 1,500 l. to 2,500 l. was given as a fine, as we call it, for the houses in Fitzwilliam-square; you will get one now, I believe, for the rent; that explains it pretty well; I do not know what it will be after the year of the income tax.

2202. Was Mountjoy-square built before the Union?—Yes.

2203. Is that as well inhabited now as it was before the Union?—Yes; I apprehend it is inhabited by persons most of whom pay nothing but a rent, as I have been informed.

2204. About the year 1823 or 1824 an entire change took place in the commercial relations of England and Ireland; that which had been a trade under duties and protection, became a coasting trade and an open trade; now I have reason to think that before that change was made, almost all the commerce between England and Ireland passed through the hands of the merchants; do you remember a Mr. Pym; was not he a merchant who carried on a great deal of trade between England and Ireland?—Yes, so I have understood.

2205. Has not that class of persons almost entirely ceased to exist?—Yes.

2206. Do not the shopkeepers now go to Liverpool?—Yes; and instead of having large receptacles for boiling sugar, and making white sugar, we should be beaten into absolute poverty by the British people if we were to attempt them.

2207. Do you think that that change has placed Dublin in a position to be less likely to contribute to charities than before?—It has really made us poorer.

2208. It has put an end to that class of merchants, has not it?—It has.

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I believe there is but one person in Dublin who imports sugar from the West Indies himself; there used to be several, as I understood.

2209. Taking both those circumstances into consideration, the effect produced immediately by the Act of Union, and the effect produced by this commercial change, do you feel confident that there is less probability of obtaining subscriptions to those charities now than before the Union?—Certainly, that is my impression; from all the experience I have had of Dublin, I unhesitatingly state that the capabilities of preserving the sanitary institutions of Dublin, as far as the inhabitants of Dublin are concerned, is growing less and less every year.

2210. Lord A. Hervey.] Is this the only hospital for incurables in Ireland?—The only one.

2211. Do you admit patients from all parts of Ireland?—Yes.

2212. It is not limited to Dublin?—No.

2213. Was not it limited to Dublin at one time?—Not to my recollection.

2214. Have you any out-door patients?—No; a portion of the class of people whom we admit are obliged to be carried about, and few can walk any long distance.

2215. Do the friends of the patients ever pay any portion of the expense?—Sometimes. I myself on one occasion purchased through a friend, and for a friend, the right to put in a person; that cost 20 guineas; that person was taken in for 20 guineas under one of our bye-laws; there was a person taken in the other day for 20 guineas, and she only lived three days.

2216. Do you derive much revenue from that source?—No, very little.

2217. Mr. Grogan.] Have instances come within your knowledge of patients applying at your hospital on admission-day, and before the next day came round the poor people were in their graves, from inability to receive any alleviation?—Yes, I have heard so.

Lunæ, 15^o die Maii, 1854.

MEMBERS PRESENT.

Lord Naas.
Mr. James MacGregor.
Mr. Shirley.
Dr. Brady.
Mr. Grogan.
Lord Alfred Hervey.

Mr. Percy.
Mr. Whitmore.
Mr. Kershaw.
Sir Frankland Lewis.
Sir Thomas Burke.
Sir Digby Seymour.

THE RIGHT HONOURABLE LORD NAAS IN THE CHAIR.

Colonel David Charles La Touche, called in; and Examined.

Colonel
D. C. La Touche.

15 May 1854.

2218. *Chairman.*] HAVE you been for many years resident in the neighbourhood of Dublin?—I have, all my life.

2219. Have you given considerable attention to the hospitals and charities of the city?—I have.

2220. And to the charitable institutions generally?—I have.

2221. Will you inform the Committee how many of the Dublin hospitals you are connected with as governor?—I am governor of the Cork-street Fever Hospital; I am governor of the Lock Hospital; I am governor of the Hospital for Incurables; I am governor of Sir Patrick Dun's Hospital, and a governor of the Meath Hospital, and I am governor of the Female Orphan House, which is a charitable institution, not a hospital.

2222. Are you a poor-law guardian?—I am.

2223. Of what union?—Of the South Dublin Union; I was for some years the vice-chairman of it, and I have been always, since the formation of it, an *ex officio* guardian.

2224. Have you given considerable attention to the working of the poor-law

law system since it has been established?—I have, though I do not attend the Board regularly.

2225. Do you wish to make a remark to the Committee about the investments that have taken place in the Cork-street Fever Hospital?—I understood that there was a difficulty in the minds of some of the members of the Committee upon that subject, but as I do not, perhaps, exactly know the difficulty, if the Committee would ask me any question, I think that would be the best plan.

2226. It appears that the governors of the Cork-street Fever Hospital have been investing certain sums in the funds for the last few years; is that so?—It is so, and they have always done so; whenever they have had any superfluity over the year's expenditure, they have always invested it. Besides, as a standing rule, anything that they receive above 50 *l.* from private funds they are bound to invest. I desired the Registrar, when he was coming over, to bring several copies of the original principles upon which the House of Recovery was founded, and also the bye-laws for the government of the institution, for the information of the members of the Committee. It is right that I should state that when the Government grant was diminished, in the year 1847, I had a communication with the then Lord Lieutenant (I think Sir William Somerville and Sir Thomas Redington were the secretary and under-secretary), and I pointed out to the Government that it was impossible to carry on the institution with a reduced grant. The estimates were each year sent in for a fixed number of patients; they used to be sent in, I think, for 160 patients, and then the practice of the Government was, that whenever there happened to be an additional pressure from an epidemic, they always supplied the means of keeping the hospital open. The hospital is a charitable institution, and it was established as a charitable institution. It was established in the year 1801; I think in the Report of the Commissioners that is stated shortly; it was begun in the year 1801; Dublin was at that time in a very different position from that in which it is at present. There were a great number of wealthy manufacturers who resided in the Liberties and employed a great number of people; they were very charitably disposed, and there was a great facility for raising money for any charitable purpose. I recollect hearing my father, who was one of the first persons who, with others, contributed to set up the institution, say that in one morning he and another gentleman collected 3,000 *l.* for the establishment of this Cork-street Fever Hospital. Our firm gave 500 *l.*, and other large houses gave large sums also. There were a great many manufacturers then of silk and woollen in the Liberties, and as a charitable institution entirely it was founded; but however, I find by the Report of the Commissioners, Parliament contributed 1,954 *l.* 12 *s.* 11 *d.* towards its erection; the Lord Lieutenant, 300 *l.*; the Secretary, 200 *l.*; the remainder of its expense, no less than 8,864 *l.* 1 *s.*, having been raised by voluntary subscription among the citizens of Dublin. When we found that this grant was about to be withdrawn, we went to the Lord Lieutenant, Lord Clarendon, in 1847, when first the Government began to act upon the recommendation of the Parliamentary Committee, Mr. Chisholm's, and we represented that it would be impossible to carry on the institution upon its former extensive and useful scale with the prospect of having a continual diminution of 10 per cent., and of course without any expectation of getting an additional grant if we wanted it. And then, with the sanction of the Government, we struck out a new scale for it; instead of having six physicians, contented ourselves with two. We reduced the medical staff, I think, by 500 *l.* or 600 *l.* a year, and we were also obliged to give up the system of conveying patients to the hospital by means of a carriage adapted for the purpose.

2227. Did you give up the system of visiting?—Yes; our former plan was, when a person was afflicted with fever, a notice was first put into a letter box in the hospital; there were two physicians on extern duty, and it was their business to call at the hospital, or else the ticket was sent to them, and they then visited the person in his house, and ordered, if necessary, that the rooms should be whitewashed and cleansed, and they sent an order to the hospital that the patient should be conveyed, in the carriage, to the hospital; that cost us altogether nearly 300 *l.* a year, which we were obliged to cut off. But as regards the investment, it was with the perfect understanding of the Government that we made these reductions; we submitted to them the plan upon which we intended to carry on the hospital for the future, and it was with their sanction that we

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were to invest whatever savings we could make in each year, so as to continue the institution.

2228. Are the Committee to understand, that if those investments had not been made, it is your opinion, that at the termination of the grant the hospital would most likely have been closed?—It will certainly be closed, in any case, at the termination of the grant; there is no possibility of its being kept open; but we made a calculation, which I submitted to the Government myself; I was employed, on the part of the Committee, to confer with the Government, in which it was shown, that by means of making this reduction at once, and investing whatever savings we might make, which were more or less according to epidemics, we should be able to prolong the existence of the hospital for three or four years; we shall not be able to prolong it beyond that time, and it is contemplated by us to dispose of it, for the original constitution enables us, after it has been closed for three years, to sell it, and appropriate the funds to any similar charitable purpose.

2229. You stated that at the time the hospital was founded there were a number of large and rich manufacturers, who had their warehouses in the Liberties of Dublin; are there any there now?—There are some few poplin manufacturers, and some few tanners in Cork-street; but the greater proportion of those houses are pulled down, and the ground is waste.

2230. And consequently that source of wealth has entirely disappeared?—Completely; Lord Meath, who is the head landlord of the Liberty, has now upon his hands great vacant spaces where there were formerly thriving manufactories and well built houses; the houses have fallen down; he had no control over it; they were let by the tenure of a lease renewable for ever, at a nominal rent to him; his tenants have not controlled their sub-tenants, and the old houses have disappeared.

2231. Mr. Grogan.] It is returned to a field?—Yes, into cultivation; gardens and grass.

2232. Chairman.] Was this step taken by the Government for the reduction of the grants to the Dublin hospitals in consequence of the Report of a Committee of this House, that sat upon Miscellaneous Estimates?—I think so.

2233. Are you in a position to state whether any witness connected with either the management or the conduct of these hospitals was examined before that Committee?—Not one; there was not the slightest notice given.

2234. Was there no inquiry into the state of the Dublin hospitals at the time that the Committee recommended a reduction of the grant?—Not that I know of; I have heard that the only witness examined was a Mr. Chisholm.

2235. Were you one of the Commissioners in 1842, appointed by the Lord Lieutenant of that day?—I was.

2236. Do you think that the position of Dublin, and the general state of the town, has altered since then?—I do, very considerably.

2237. In what way?—It has gone down.

2238. Did you recommend that the grants should be continued?—We did.

2239. In all cases?—Yes.

2240. Do the reasons which you then gave in that Report of 1842 apply even in a stronger degree now, than they did then?—In a much stronger degree, I think. I have never ceased since that time to have my eye upon all these institutions, and the state of Dublin; I have never ceased attending them ever since, and I have continually kept it in my mind. I am sorry to say, that what we anticipated, that something, the Poor Law for instance, or other sources, might improve Dublin, so as to put it in a position in which it would be more capable of supporting these institutions, has not been at all realised. On the contrary, Dublin, I am prepared to show the Committee, is in a much worse state than it was in the year 1842, as Mr. George Hamilton so well expressed it in our Report. He and Mr. Barlow and I took the greatest pains in coming to a just and true conclusion upon this matter. Mr. Hamilton was the writer of our Report, but it had our full concurrence; and I am sorry to say that the expectation we expressed in it, so far from being realised, has been completely disappointed. We say here in page 6, "We, therefore, submit that the necessity which was found to exist previous to and at the time of the union for extraneous support as regards Dublin, in aid of its principal charitable institutions

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institutions (arising, in our opinion, from the disproportion between the wealthy and poor classes in the community), has, as was anticipated, increased since that period, and still continues, although we trust, and believe, it may be now gradually diminishing." We were in hopes at the time, the Poor Law having lately come into operation, that the pressure upon these hospitals would be, in a great degree, diminished by the relief that was afforded in the poor-house for the paupers; but, on the contrary, I am afraid that the pressure upon the hospitals is just as much as ever it was.

2241. Do you think that the disproportion between the wealthy and the poor classes in the community has rather increased than diminished?—It has. I can tell the Committee a fact which came to my knowledge the other day. In the parish in which I live, St. Werburgh's, which is the parish in which the Castle is situated, I went to attend a parish sermon for local charities. The preacher, in his sermon, stated openly before the Lord Lieutenant that in consequence of the continually increasing poverty of the parish, it was with the greatest difficulty they could keep open their parish schools, or any of their other institutions. He stated that it was year by year getting worse and worse. I happened to be at this charity sermon; but I am sure it would be found to be the case in almost every parish in Dublin. There are 10 or 12 shops in Castle-street, where our banking-house is situated, now empty, which had flourishing trades. The great monster establishments, as they are called in Dublin, have run away with the profits; they are sustained, I believe, very much by manufacturers in England, and elsewhere, who send over and sell in retail the produce of their manufactories, and that has injured the local shopkeepers most amazingly. It is a great convenience to the public; but it has injured the local shopkeepers.

2242. Do you consider that the Dublin hospitals are of immense value as charitable institutions?—Indeed I do, unquestionably.

2243. Do you consider that if the Parliamentary grants were withdrawn they could possibly be supported either by voluntary subscriptions or by a rate placed upon the inhabitants of the town?—I should take each case by itself. The Cork-street Fever Hospital, it is quite clear, could not be supported by voluntary subscription, for even from the very beginning, when Dublin was in a prosperous state, it had an annual grant from the Parliament, not the Irish Parliament, the Imperial Parliament. Cork-street Hospital was not one of those institutions that was spoken of at the Union; it was established after the Union, in the beginning of 1801; it was opened in 1804. It was the great necessity for such an hospital, that caused the inhabitants of Dublin to make such an exertion to build this hospital; but Dublin was not so full of poor people then as it is now. The Cork-street Fever Hospital could not be supported by private voluntary subscription, and it would be very unfair to support it by rates, for a great proportion of the patients, as I can state from personal knowledge, do not come from Dublin. I go through the wards every week, and I have of late, particularly since this Committee has been instituted, ascertained by personal inquiry from each of the convalescent patients, where they came from, and I found that the majority of them were not natives of Dublin originally; they were persons who had flocked in from the country; finding themselves in distress in the country, they had flocked into Dublin, and they had been, some a shorter time and some a longer time, residents there. The last day I went through, last Thursday, there were two or three in the convalescent wards who were Englishmen. There was one entire family of English; a man and his wife and four children. Then there were Scotch people also, and country people, so that it would be a very unfair thing to put the support of that hospital upon the ratepayers of Dublin, who, at the present time, pay a very heavy burden of rates. I have a return here from the Registrar of Taxes. There is an office in Dublin where all the local taxation is paid, and I requested the registrar to give me an official return of the rates paid in Dublin upon assessable property. In South Dublin Union they amounted to 5 s. 9 d., and in North Dublin Union to 6 s. 10 d., independently of pipe-water rent, which ranges from 5 s. to 30 s. each house. The ministers' money is still a tax, but that is very small. Then we have the income tax besides, so that you find that the property of Dublin pays a very heavy rate as it is; and I am quite sure they would consider it unreasonable, and that they would be incapable of supporting even this hospital, which is the one, of all others, that they might be most reasonably called upon to support, because it saves them from infection; but still the persons received in it being in a great

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measure strangers, I am sure the inhabitants of Dublin would feel it a great hardship to be taxed for the support of that institution.

2244. Do you think that these remarks apply to the Westmoreland Lock Hospital also?—Yes, certainly. The Westmoreland Lock Hospital has never been supported from private sources; it has never received the slightest assistance, except in one instance; there was one bequest to it; it has always been considered as a sort of police establishment. I am quite certain that the citizens of Dublin would not subscribe to it; and they feel, as has been said, that it is for the benefit of the troops and sailors, and they would consider it a great hardship to pay rates for its support. In the same way as in the Cork-street Hospital, the patients in the Lock Hospital are mostly strangers, and it is very natural that the inhabitants of Dublin should object to support it by rates. A great many of those unfortunate women are brought up by the soldiers to Dublin, and left upon the streets; there are a good many Welsh women, and a good many English women. The Hospital for Incurables, I think, would have a much greater chance of being supported, because it is a purely charitable institution; there is nothing of police or instruction connected with it; the poor people are received in the institution, and are made as reasonably comfortable as their calamities will render it possible that they should be. We have been obliged to strike off 25 beds. The institution is capable of receiving 100 patients; but we have only 76 or 77 now occupied, out of the 100.

2245. Would those remarks apply also to the Lying-in Hospital?—I have very little knowledge of the Lying-in Hospital. I have never been a governor of it, except one year *ex officio*, when sheriff of the city of Dublin. I have taken the case of the Hospital for Incurables. I have received a return this morning from the registrar, in which it is stated that the inmates at present in the hospital are 74; out of which there are natives of the city of Dublin only 27, of Armagh, two; of Carlow, one; of Down, two; of Cork, one; of France, one; of Galway, one; of Kildare, three; of King's County, one; of Kilkenny, two; and so on. There are only 27 out of the 74 who are natives of Dublin, so that of course the citizens of Dublin say, this is an institution that we are willing to subscribe to, but do not tax us for it.

2246. Do you think that the private subscriptions to the Hospital for Incurables could be increased?—We have made great efforts upon that score lately, and we have endeavoured to have a charity sermon for it, but such is the number of charitable institutions and charity sermons in Dublin, that we have failed this last year in getting a church for a charity sermon.

2247. Do the governors of the Hospital for Incurables take every step in their power to obtain subscriptions?—All I can say is, there are several governors who frequently, when they come to see the wretched objects who present themselves each month for admission, make up upon the spot subscriptions of 20 *l.* directly, to bring in a patient: we calculate that those poor creatures afflicted with cancer cannot last a twelvemonth, and we take them in upon the payment of 20 *l.*; and that has been done in at least six or seven instances this last year and a half; and, as far as our private exertions go, I can say certainly, we ask people to subscribe, but really the amount of subscriptions which people are called upon to give in Ireland is tremendous. People say, I cannot be just to myself, and those people more immediately dependent upon me, if I subscribe to these charities. I have not money to give.

2248. Did you mention any other hospital with which you are connected?—The Meath Hospital; but I have taken less active interest in that, because it is so much a medical hospital, which is apart from my views, and I am not competent in that respect. I am one of the committee who manage the financial concerns of the hospital, and I act occasionally as a visitor, but it is so well managed by the medical men that I thought it was better to devote my attention to the other institutions.

2249. The remarks you have made would apply generally to the charitable institutions in Dublin?—I went through the Meath Hospital the other day, and made inquiry with respect to the persons received there, and the majority of them were not the inhabitants of Dublin. I asked every patient in the hospital of what place they were natives, and I found the majority of them were not natives of Dublin, and if the Committee reflect for a moment, they will be able to account for that, independently of the number of poor people in Dublin who are not natives of the city; so many of the dispensary doctors have been edu-

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cated at the hospital, and when they go down to the country and find a hard case requiring hospital treatment, they send a note up to a friend in the hospital, saying, "I would be obliged for you to make room for this poor person."

2250. Are they in the habit of sending them up from all parts of Ireland?—Yes.

2251. Supposing a reduction of the Parliamentary grant, or the extinction of it, was to result in the closing of those hospitals, do you think the relief afforded by them could be supplied through the workhouse?—Manifestly it could not; a great number of the persons in those hospitals are not objects for the poorhouse; they are not destitute paupers; many of them are persons who would rather die than go into a workhouse; there is a great dislike to go into a workhouse; but besides that, except in the case of fever, the Poor-law guardians are not allowed to bring in a member of a family unless the whole family comes in.

2252. As the Poor-law Act stands now, could the guardians make provision for the class of persons whom you receive into the hospitals?—They could not, except with regard to the Fever Hospital, and with regard to some of the incurable patients; we (*i. e.*, governors of the Hospital for Incurables) have sent a great many persons as candidates for the workhouse. In the case of any person who is simply paralytic, or a person who is of the lower order, a beggar, we say, "You are an object for the workhouse; you may go there;" and we limit our admissions in the Hospital for Incurables now very much to persons afflicted with a sore disease, such as cancer or consumption, or some dreadful malady, and we certainly have been lightened in that respect by the Poor-law, but I think there is hardly any of those persons now in the institution; who would not be in a very great state of wretchedness in the poorhouse; they could not have those comforts necessary to prolong their existence; they would die in misery, instead of a comparative state of happiness.

2253. Mr. Grogan.] What is the amount of grant made by Parliament to the Incurable Institution?—It is now 300 *l.*; it was 500 *l.*; it has been diminished; we have considerable funds belonging to the institution; but we have been obliged to diminish the number of our admissions, to keep pace with the reduction of the grant, and the result will be that the institution will be diminished by one-half. I should think we shall have funds to keep 50 patients instead of 100. I have here a return of the receipts from 1847 to 1854; our income averages about 1,500 *l.* a year. The cost of each patient averages 21 *l.* 9 s. 2 d. Those poor people get whatever it is considered can alleviate their pains. There is one poor person who now gets 100 grains of laudanum every day; in short, they get whatever the doctor says will alleviate their pains.

2254. Among your private subscriptions to the Hospital for Incurables, do you receive subscriptions from the neighbourhood of Dublin, or Ireland generally, or are they confined to Dublin?—I cannot tell exactly; the Archbishop of Dublin gives us 25 *l.* a year. I think there are only a few individuals who subscribe to it; each governor pays 25 *l.* when he becomes a governor, or else a subscription of 5 *l.* a year; they are generally Dublin residents.

2255. Chairman.] Do you think the inhabitants of Dublin, though poorer in general than the inhabitants in other towns, contribute in the same proportion that the inhabitants of other towns do to the charitable institutions?—I do not know what the inhabitants of other towns do, but I think if you turn for a moment to page 7 of our report, "with respect to the local assessments, assuming the annual value of rateable property in Dublin (which we have to observe comprises warehouses, factories, and other kinds of property, as well as houses), at 800,000 *l.*;" (whatever may be the reason I do not know, but now the valuation is only 528,000 *l.*) Even upon the diminished valuation of 528,000 *l.* they pay

ASSESSMENT AND SUBSCRIPTIONS.	1839.	1840.	1841.	TOTALS.
	£.	£.	£.	£.
Compulsory - - - - -	155,320	179,550	169,880	504,750
Voluntary - - - - -	45,743	33,533	32,101	111,377
	£.			
	201,063	213,083	201,981	616,127

The return of voluntary subscriptions being the ascertained amount from but 92 out of 200 institutions.

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I have of course not the same means of saying what the amount of subscription is, but the bank with which I am connected is treasurer to a great many of the institutions, and I can say, certainly, that none of those institutions have ceased to exist; some of them are better supported than formerly, and others are worse; but I should say, on the whole, the subscriptions must be fully as great as in the year 1842, besides the subscriptions to an immense number of new charities.

2256. Is it your opinion that though the valuation of the town has materially decreased since 1842, the remarks made in this report apply still with regard to the amount of subscriptions contributed to charitable purposes by the inhabitants of the town?—My opinion is, that the subscriptions are quite as much in proportion as other towns, as far as their means will allow, but I could not answer it with any certainty unless I had the data before me; I have no reason to suppose that they are less charitable now.

2257. Mr. Shirley.] Do you consider that Dublin is recovering now from the effects of the famine?—I do not think Dublin is; I think Ireland is improving; as regards the poor, I think they were never so ill off in Dublin as they are this year; the prices of provisions are very high, and there is very little employment in Dublin. I can speak with regard to my own neighbourhood, about five miles from Dublin. I never recollect a year in which the labourers were in a greater state of poverty and wretchedness than they are this year.

2258. Mr. Grogan.] Is that owing to the high price of provisions?—Yes.

2259. Dr. Brady.] With regard to those monster institutions of which you spoke, do you think that they injure Ireland, by the fact of the principal proprietors of them residing out of the country, and the profits of those establishments leaving Ireland?—Not at all; I think they are a convenience to Ireland, generally, but they crush the small shopkeepers in the town in which they are established; that is the case in Dublin. There were people who, perhaps, made 400 l. or 500 l. a year out of their shops, and that class of people is almost entirely crushed; but for the general community, it is a great convenience, and they get whatever things they have to buy cheaper, and I dare say as good as they got them formerly; those manufacturers always came from England and Scotland, and elsewhere.

2260. Mr. Kershaw.] You do not mean that English houses send goods over to Dublin and sell them there?—I cannot speak of it as I think that I know, but my idea is, that those large houses are so contrived that the manufacturer gets a considerable portion of the retail profit; that is the only way in which I can conceive they can sell so much cheaper.

2261. Do not you think it is a fact that the proprietors of those large houses go over to England and purchase goods on their own account, they having the power of purchasing those goods as cheaply as any other town or country in England?—I am not acquainted with the thing; my impression has been always (it may have been an erroneous one) that there was an interest to the wholesale manufacturers. I know some of the manufacturers in Dublin have large houses of their own. I could mention one or two most respectable persons who manufacture in Dublin, and have large retail shops of their own, and make a great deal of money. I do not make that remark at all invidiously, but it is the wholesale manufacturer who now retails and absorbs the profit of the retail shopkeeper.

2262. Chairman.] Is the attendance of the governors, in those institutions with which you are connected, pretty regular?—I think it is. The Cork-street Hospital has not been quite so numerously attended as formerly; very much from the circumstance that the persons who used to attend are dead and gone, and broken up. The master manufacturers, of whom I speak, all had an interest in keeping up the institution, and a great many of them have gone away; but there are four or five gentlemen who attend regularly; they meet once a week, and there is very seldom a Thursday that there is not a full quorum.

2263. Is there a sufficient attendance to conduct the business of the institution?—Nothing could be more regular than the mode in which the business is conducted. I should be very glad to have an opportunity of showing the Committee the way in which our minutes and accounts are kept; they are kept with the utmost regularity in all those institutions of which I speak.

2264. Mr. Grogan.] You alluded to the possibility of the Cork-street Hospital being

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being closed, and the premises sold; what state would the city be in, in such an event, in case an epidemic broke out?—I cannot understand what the people would do; but it is manifest that if the Parliamentary resource is cut off, and none other supplied, the hospital cannot be kept open. Our private funds amount to about 11,000 l., but it would not be worth while to keep the hospital up upon a small scale. This institution has been considered as a safeguard against epidemics. I have seen the evidence given by Dr. Brady, which was exceedingly accurate in many respects; but I think in one thing he was not quite accurate: we have it so contrived that, without increasing the expense of our staff, merely by bringing in nurses in proportion to the patients, we can expand the extent of accommodation to 160 patients; we have only 90 in it now; if we got more than 160 patients, then we should have another physician; but we have made an arrangement, that up to the extent of 160 patients, we do not increase our medical staff; there would merely be an increase in the servants; three nurses are required to a ward, and one ward-maid for two wards.

2265. From your experience of the hospital during the last few years, would you say that the city of Dublin was in a healthy condition as regards fever?—There are much fewer fever patients in the hospital, than I ever recollect. I am afraid there are a great many people who are lying sick of fever in their own houses; I could gather that from the state in which patients come to the hospital. A great many have been 11 and 12 days sick in their rooms before they come; they have no means of getting to the institution; for the most part they are carried upon their friends' backs, or crawl along the streets; the police punish any car-driver who brings them; sometimes they come in an ass's cart, and the difficulty of getting to the hospital has caused them to remain till they become very bad indeed; they do not move out of their houses, and a great many of them go on in fever in their own rooms.

2266. Chairman.] Are those persons not in a condition to come under the notice of the relieving officer?—They ought to do so; but as the Poor-law is administered at present, the relieving officer does not consider himself justified in sending them to the hospital.

2267. Mr. Grogan.] Does that arise from the abolition of the car and the attendants, which formerly belonged to the institution, for the conveyance of patients to the hospital?—It does.

2268. What was the amount of saving effected by the abolition of the car?—About 300 l. a year, including all expenses. It was manifest that we could not have that arrangement unless we had a physician to visit, first of all, to ascertain whether the applicant for admission was really suffering from fever; and even as it was, a great many patients were admitted who were questionable fever patients; they had a feverish complaint, and they came in, and a great deal of complaint, no fever, was taken in in that way. If they had an incipient fever, the physician sent them in, and he stopped a bad fever; now nobody comes in who has not a bad fever; the consequence is, that the expense to the hospital has increased; those people require more nourishment to set them on their feet again; we never turn out a patient till he is able to go to his work; the mortality also has increased.

2269. Chairman.] Is there a considerable portion of ground attached to the hospital?—Yes; four acres.

2270. In case of a severe epidemic breaking out, by the erection of sheds and tents, would your accommodation be almost unlimited?—Yes; we have at present the sheds which the Government put up in the last epidemic; we have the bedding and clothes, so that to-morrow we could receive 500 patients; they are regularly aired and kept in proper order, so that if an epidemic broke out, we have nothing to do but to obtain the staff of doctors and nurses.

2271. In case of the hospital being closed, is there any other hospital in Dublin which could be made suddenly available for the relief of an epidemic?—None.

2272. Mr. Percy.] Have there been any sanitary measures taken in Dublin tending to reduce the amount of fever generally?—A great deal has been done; I do not attend those Boards myself, but I see continually in the newspapers reports of their proceedings; but of my own knowledge I never saw Dublin so filthy as it is at present, the Liberties of Dublin especially. I have frequently written to the sanitary committee of the Corporation of Dublin remonstrating upon the filthy state of the Liberty streets, and the deposit of nuisances.

2273. Are you aware whether the Corporation has taken any steps to remedy that state of things?—Yes; there is a sanitary committee of the Corporation, 0.40. s 2 and

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and there is also a voluntary committee, and a controversy is going on between those committees; they each say they are doing all that man can do.

2274. Has there been a reduction of cases of fever?—Yes; and I believe there has been a much less amount of fever this year in Dublin than usual, so much so, that we apprehended the cholera was coming; nothing can be more arbitrary than the fluctuations of fever in Dublin; sometimes it appears to come on without any apparent cause, and also to subside without any apparent cause.

2275. Mr. Grogan.] Could you increase the accommodation of the Cork-street Hospital to the extent of 30 beds, without any comparative increase of expense?—Without any increase whatever, except six nurses and one wards-maid.

2276. You keep up a staff against an epidemic which can be augmented to any extent?—To any extent; we have accommodation for 760 patients.

2277. In your experience of the epidemic in 1847, if the Cork-street Hospital had not been in existence, would such an institution have become indispensably necessary?—Yes, independently of the accommodation afforded by the Cork-street and Hardwicke Fever Hospitals, both the workhouses set up sheds, in which they accommodated many hundreds, while those two hospitals were quite full. I have not the figures before me, but we certainly had upwards of 700 patients in 1848, and we refused as many more.

2278. From inability to accommodate them?—From inability to accommodate them.

2279. Chairman.] Do you think it would be a great means of preventing infection if you could re-establish that system of visiting, and the car for the conveyance of patients to the hospital?—I think it could be done much better by others than by ourselves. Dublin is divided into two Poor-law Unions; there is one for the south of the city, and the other for the north of the city. Each is divided into dispensary districts. I think an arrangement could be made with those dispensary doctors, that the moment they found a fever patient in a house who ought to be removed, they should send the patient to our hospital on the south side, and the Hardwicke Hospital on the north. We are at present receiving patients from the South Dublin Union on payment of a certain sum of money; many of them are patients who are not at all fever patients, but people in a moribund state. The last time I went through, I found three patients who were dying, and I asked the apothecary the reason why they were admitted, and he said they came here in a dying state, and they would have died if I had not taken them in.

2280. Do you think that the system could be conducted by the dispensary districts?—Yes.

2281. How many dispensary committees are there in Dublin, in your union?—Three.

2282. Mr. Grogan.] Do you think that the dispensary doctor could efficiently discharge the duty which your extra doctor formerly performed?—Yes; it always being understood that he should ascertain, previously to sending a patient, that there was room for him; when we had a great number of poor-house patients—at one time we had as many as 20, 30, and 40—we had particular wards for them; they were of a worse class; there is a great deal of feeling upon the part of the respectable artisans of Dublin; they do not like to be mixed up with the poor-house paupers, and we kept the wards rather separate.

2283. Chairman.] Is there very inadequate accommodation in the poorhouse for convalescents from fever?—There is none.

2284. Do they go straight from the hospital into the general body of the house?—Yes; but in point of fact they have very few fever patients at the poor-houses.

2285. Mr. Percy.] Would it not be an economy to transfer the 36 beds in the Meath Hospital to the Cork-street Hospital, the accommodation of the Cork-street Hospital being so much superior?—That was our idea, and we reported accordingly; but the medical gentlemen of the Meath Hospital made a communication to the Government, and the Government did not act upon our recommendation in that case. I am taking up the question entirely upon the charitable ground; I am not competent to speak upon the medical ground; but I suppose the principal reason for continuing those fever patients at the Meath Hospital, where they are exceedingly well attended to, and have every accommodation that is requisite, is for the sake of a medical school.

2286. But if pupils were admitted to the Cork-street Hospital, that objection would

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would be over-ruled?—They are admitted, but they do not attend the hospital, because the heads of the medical profession give them no credit; they do not advance themselves in their profession by attending a fever hospital; on the part of the governors there would be no opposition at present; on the contrary, they would be very glad to have pupils, and our physicians have leave to bring pupils, and I have urged them frequently on the subject. I have said, "Why do not you bring pupils?" and they say pupils will not come. No man will expose himself to the infection of a fever hospital unless he gets credit for it.

2287. Chairman.] Have the governors ever thrown any obstacles in the way of pupils coming?—Not since the report of the Commissioners of 1842; formerly they did; it was considered that it would interfere with the comfort of the patients. Since that time the committee have enlarged their views upon the subject, and they are very anxious that the benefits of medical instruction should be derived by the hospital.

2288. Mr. D. Seymour.] Do the pupils get credit for attendance at the Hardwicke or Whitworth Hospital?—Yes, because they are general hospitals.

2289. Cork-street being merely a fever hospital, would it not supply a better school than one that was mixed?—One would think so.

2290. Dr. Brady.] Do you consider the nourishment supplied in workhouses sufficient for patients happening to labour under fever?—Certainly not. I understand this to mean convalescent patients.

2291. Therefore you consider that it is not advisable to have fever patients treated in the workhouses?—I am quite sure that it is not. Some time ago I took an interest in that very question, and I found, upon inquiry, that the convalescent patients got nothing but the common workhouse diet. They did not get a morsel of meat, and then when it was brought before the notice of the Board of Guardians, they, as people generally do in such cases, rushed into the opposite extreme, and gave them too much meat.

2292. Mr. D. Seymour.] What, in your opinion, would be the effect of an appeal to the charity of the public with reference to the present condition of the hospitals; would it or not be attended with any practical result?—For the Lock Hospital nothing would be subscribed.

2293. What is the reason of that?—In the first place, from the circumstances of the hospital, you would hardly ask for subscriptions to it. For the Cork-street Hospital there are, to a certain degree, subscriptions, and there might be some more subscriptions raised, but not at all to the amount necessary to make it a safeguard in case of epidemics. For the Hospital for Incurables, I am sure a considerable sum would be raised.

2294. Do you think that an appeal to private charity would not be able to cover the present expense of the hospitals?—Certainly not; the Cork-street Hospital must cease whenever the Government grant ceases.

2295. Dr. Brady.] Do you think it would be advisable to have incurable hospitals throughout the principal cities of Ireland?—The difficulty would be, that it would multiply the staff; we are fortunate in having a very inexpensive staff; our staff costs us only 224 l. a year.

2296. Chairman.] Do the medical gentlemen give their services gratuitously?—Yes; and our registrar has only 40 l. a year, and our matron has only 40 l. a year; that is very cheap. Now you could hardly have a small local hospital for less than that. There cannot be a more clear charity in the world than to support a person who is turned out of an hospital to die. It is cheaper to have one hospital than a multiplicity of them; and I think if we could, either by charitable subscriptions or any other means, keep up the number of patients in the hospital to 150, it would be a cheaper way.

2297. Mr. D. Seymour.] Suppose the Government were to say, "We will give a certain proportion of money towards the expense of the Hospital for Incurables, provided the rest is raised by subscriptions," do you think that would act as a stimulant?—Yes.

2298. If the Government were to recommend to Parliament the grant of a certain sum in proportion to the amount raised by private subscription, would that amount be raised; suppose the Government were to say, "We will give half," would private subscribers come forward and give the other half?—I think it would have a great effect; if, for instance, the Government were to say, "We will give 500 l. a year provided an additional 500 l. is raised," I think it would have a great effect.

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2299. Chairman.]

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2299. *Chairman.*] Do you recollect how that system used to work in the case of the old dispensaries in Ireland?—There were abuses which grew out of it, but still a great deal of money was raised in that way.

2300. Are you not aware that in consequence of the abuses which arose out of that system it was deemed necessary by the Legislature to alter the system?—I am quite aware that it was altered; I am not sure that the present system works better; it would be vain to suppose that in Dublin we could get additional subscriptions; but I think if the circumstances of the Hospital for Incurables were generally known throughout Ireland, that out of 74 inmates of the hospital only 27 are natives of Dublin, a sum of money would be raised sufficient to support the institution; but it is quite out of the question to suppose that 500 l. additional could be raised in Dublin.

2301. *Mr. Grogan.*] Have applications to your knowledge been made to Irish proprietors in this country to support the charities in Dublin?—I cannot say. In the time of the starvation there were some to whom I applied individually, and they sent me very large subscriptions.

2302. *Mr. Kershaw.*] You stated that there are some English and some Scotch, and that there were a good many Welsh and English women who became chargeable to these institutions?—In talking of the Lock Hospital, I said there were a great many of the women who were not natives of Dublin; a great many countrywomen brought up by soldiers, and several Welsh women. With respect to English women, I cannot say the numbers, but I desired the registrar to inquire for me the other day the native places of the patients, and thus I know the fact.

2303. They are generally women who accompany the soldiers?—Yes; they are very much brought by the soldiers.

2304. *Mr. D. Seymour.*] Are the Committee to understand that the Hospital for Incurables is open to all the world?—Yes; we have a French woman in the hospital, and two or three English in it, and some Scotch.

2305. Then that hospital would come within the principle of the question I put to you with reference to subscriptions from all parts of Ireland in aid of a Government grant?—Yes.

2306. *Dr. Brady.*] Do you consider workhouses fit and proper places for the reception of patients labouring under diseases which are of an incurable character?—If there are any of those diseases which require medical treatment and tender care, and judicious management, they are not intended for it.

2307. You say there are 100 beds; what number of beds would you consider sufficient for all the incurables who might require assistance in Dublin?—The only way in which I can answer that is by a return which I have here, from 1847 to the present day, of the number of applicants each year, the numbers received, and the numbers rejected. From the 1st of April 1847 to the 31st of March 1848, there were 76 applicants; there were 17 admitted; there were rejected for want of funds, 59. In the year 1849 to 1850, the number of applicants was 50; admitted, 14; rejected, 36. From 1850 to 1851, the number of applicants was 14; admitted, 5; rejected from want of funds, 9. Now it may appear strange that the numbers should vary so much, but the applicants ascertain first of all by inquiry at the hospital that there are vacancies, and when they knew that those wards were shut, because it was only just at the time that the Parliamentary grant was beginning to be curtailed, the people did not apply; that is the only way in which I can account for it in that year; that was two years after the grant had been diminished. In the next year, there were 58 applied; there were 17 admitted and 41 rejected.

2308. *Mr. Grogan.*] Were those rejections solely for the want of funds?—Yes, solely for want of funds; the number of applications in 1852-3 was 25; admitted, 9; rejected 16.

2309. *Mr. D. Seymour.*] I presume, in making the applications, there would be a certificate that the diseases were really incurable?—The first thing is the name of the petitioner; the next is a certificate from the medical person who has attended the petitioner; a certificate from the physician or surgeon to the hospital; a certificate from the employer, and a certificate from a clergyman. Those certificates must be sent in before the applicant is received as a candidate.

2310. Does the table before you show the proportion of the applications from Dublin and the applications from all Ireland?—Of the persons actually in the house it does.

2311. *Dr.*

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2311. *Dr. Brady.*] Do you know of your own knowledge that great distress arises from the fact that there are not sufficient funds to enable you to admit the number of applicants?—The greatest suffering and misery that can be. It is the most heart-rending thing in the world. Perhaps we have one vacancy and there are 10 or 12 applicants, every one of them fit objects to be received.

2312. *Mr. Percy.*] Why is it that in Dublin the only means for raising subscriptions is by advertisements and circulars; why are not other means resorted to?—We have not dinners in Dublin; we have concerts and sermons. Our principal means is by charity sermons, and we have collectors who go round from person to person.

2313. You do have concerts, do you?—Yes. If the Committee will allow me, I would say that, no matter how well our institutions are managed in Dublin—and I should be very happy if they were most strictly looked into, because I am confident that they are well managed—unless we can make an exceptional case for Dublin, we have not a strong ground to go upon; but I think upon that point we have; Dublin continuing to be the metropolis for the poor, though no longer the metropolis for the rich; the rich people and the employers having gone out of Dublin, and the poor flocking to it more and more every day; for instance, in the workhouses in Dublin a great proportion of the paupers are not natives of Dublin, but they are better taken care of in Dublin, and they come up from the country. We have a good many English paupers, and we have no means of sending them back again. But if the Committee would consider for a moment, there is a clear case that makes Dublin exceptional to all other towns in the kingdom; it still retains its character of being the metropolis of Ireland as far as the poor man is concerned; but it is no longer the metropolis for the rich. The Union is a fact accomplished now, and of course whatever the general effect of it upon the country was, it was a great detriment to Dublin. It has impoverished Dublin to the greatest degree, and at the same time a number of poor people have flocked to it.

2314. *Mr. Percy.*] Why should the poor come flocking to Dublin if the town is impoverished?—In the first place, it is the principal town in Ireland; it has the best hospital accommodation; the sick people are sent up to the hospitals where the doctors were educated. I dare say it is the case in London, that a great many people flock up to London, thinking that it is the great place to make money; and it is the same with regard to Dublin.

2315. *Chairman.*] Is not the fact of its being the great outlet for the population also a reason for their flocking up to Dublin?—Yes; and besides it is the great centre of communication with England.

2316. *Mr. Percy.*] Has the operation of the Poor Law had any effect in that respect?—Yes, a great deal.

2317. *Dr. Brady.*] From your experience as regards the working of the Hospital for Incurables in Dublin, do not you think it would be advisable to have a large hospital for incurables in London?—I should be delighted to have it; and some friends of mine were anxious to know our rules, and I sent over our rules to them; and I believe there was an attempt made, on the part of some individuals, to establish such an institution in England. I sent the rules of our hospital to Lord Castlereagh (the present Lord Londonderry), and I understood that they were about to establish an hospital of that kind in London.

2318. Do not you think it would be advisable for the Government, as a part of the police of this country, to establish such an institution?—I think, if anything is to be supported by the State, there cannot be a better institution than an hospital for incurables; but I am quite sure that in Ireland, and in Dublin, we have a great claim upon the Government of the country for the support of this institution in consideration of so much of our resources being absolutely absorbed by this country.

2319. *Mr. D. Seymour.*] Do patients come to you from Cork, and Belfast, and Limerick?—Yes, from all parts.

2320. I presume there is no other hospital for incurables in Ireland?—No; I never heard of one in the world but ours; it was established upwards of 100 years ago by a society of amateur musicians, and it grew up from a beginning of 10 persons to 100.

2321. *Chairman.*] Do you wish to make any remarks to the Committee with regard to the excessive evils which have arisen from the want of classification among

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among the female inmates in the union with which you have been connected?—
Yes.

2322. Does a great want of classification exist?—Yes.

2323. Is it the case that a woman of the town coming in, labouring under venereal disease, after her cure, is placed among the other inmates of the house?—Certainly.

2324. Do you think that that practice is attended with great danger to the morality of the other inmates?—Yes; by the present Poor Law regulations a girl, as soon as she comes to the age of 15, is drafted in amongst the adult females, who, in the South Dublin Union, are, in a great part, women of the town, and there is a constant circulation from the workhouse to the streets and to the brothels. It has been proved and ascertained that procuresses send in women on purpose to bring out the young girls as soon as they are fit; and at the South Dublin Union we have got it remedied to a certain degree; the Honourable Member for Launceston was very much the means of getting it done; encouraged by him, I went to the Poor-law Commissioners, and we (the guardians of the South Dublin Union) got their sanction for a classification to a certain degree; before that, they had always resisted our attempts at classification, but we got them to sanction that resolution, which the Board of Guardians passed unanimously, that the girls brought up in the institution should not, in future, be mixed with the adults; and we are able to manage that in the South Dublin Union. I believe that is the only workhouse where it exists.

2325. Mr. D. Seymour.] There is nothing in the Poor Law system, is there, that prevents classification?—The Commissioners always said that there was; we made many attempts to get it rectified, and always failed, till a visit which the honourable Member for Launceston made to Dublin, and he encouraged me to try it again; and with the assistance of Sir John Young and the present Poor-law Commissioners, they allowed us to pass this resolution, which I am in hopes may form the getting in of the wedge.

2326. Chairman.] Does that classification only exist as regards the children who have attained adult years in the house?—With reference to those merely.

2327. Is there no classification of persons who come in as adults?—None whatever; it has been distinctly said that you have no business to inquire into their characters; it is said that all we have to do is to ascertain their age; but we got the permission that those girls brought up in the house should be kept apart, and we managed to do it in the South Dublin Union, because we have the schools for the girls at a distance; they are not in the institution, but in another part of the town; and the results, I am happy to say, have been most gratifying, since the regulation was made known; those girls are not now drafted into the house, and we are able to provide for them as servants and apprentices.

2328. Mr. D. Seymour.] Do you think it would be advisable, and if advisable, practicable, to extend the system of classification to females coming into the house, not merely those brought up in the house; for instance, those under 20; do you think such a system would be a practicable improvement upon the present system?—I think it would be a very great improvement; there would be a difficulty in carrying it out, because age is no criterion; sometimes girls of the age of 14 are of the worst character, and when you get up to the age of 15 or 16 they are very bad indeed; but it would be a great advantage if the matron of the house were allowed to classify them according to their conduct in the house, to give a reward to a deserving girl; at present there is no classification. We will say, a labourer dies; he leaves his young wife and children; that woman is brought into the poor-house, and is very likely put to sleep with a prostitute.

2329. Suppose the advantage was given to applicants for poor-law relief of producing a certificate of character, would that be a sufficient check?—In the present poor-house system, character or good conduct goes for nothing.

2330. Do not you think, in the long run, looking to the ultimate effect of this mixture of good and bad, and the poverty entailed upon it, it would be more economical, as a public question, to spend a little more money in effecting a classification, rather than allow this system to go on?—Undoubtedly; there can be no question about that; if you did require to spend money, it would be money the best laid out in the world; I do not think you need necessarily spend, particularly as in almost all the workhouses except Dublin the pressure is greatly diminished.

2331. An amendment of the rules and regulations is required, rather than an increased

increased expenditure?—I have always found a difficulty on the part of the Poor-law Commissioners; they would not sanction any alteration of this sort. As far as the Lock Hospital is concerned, Dublin being a garrison town, there always will be a supply of those poor women coming into the city.

2332. Chairman.] Do you think that if venereal patients were excluded altogether from the workhouses, it would be the means of keeping a great number of prostitutes out of the poorhouse?—I induced our Board of Guardians to pass a resolution and make an application to the Lock Hospital, when this grant was diminished, to have their venereal patients admitted into the Lock Hospital; but the Poor-law Commissioners said, "We cannot sanction it; we cannot sanction relief being given, except in a workhouse, except to a fever patient out of the house." The want of classification was so dreadful, that when I went to our South Dublin Union, which, I believe, is rather above the average of workhouses, I found that the female venereal patients were confined in a shed in the playing yard of the boys; the boys' playground was all round the shed in which those women were confined.

2333. How many women were there in that shed?—There were 120 women.

2334. Mr. D. Seymour.] Was it an open shed?—No, it was a covered shed; but the boys were talking to the women.

2335. Are there poor-law inspectors there?—Yes.

2336. Do they inspect the workhouse?—I suppose they do, but I was not at all aware of "the state of things" myself until I happened to go there.

2337. Chairman.] Is that put a stop to now?—Yes, that is put a stop to now, but it is not efficiently done; the way in which it is done is by putting a barricade round, by which means the air is shut out, so that the women are much the worse for it.

2338. Mr. D. Seymour.] Who is to blame for that?—There was a sudden increase of venereal patients.

2339. In consequence of the falling-off of the Lock Hospital?—Very much from that cause; of course it multiplies in a very rapid ratio; a person suffering from the disease, being out of the hospital, the infection spreads very much. I am afraid of giving numbers, but, as well as I recollect, at that time there were 120 women in this shed, who all ought to have been in the Lock Hospital.

2340. In fact, you go further, because you attribute their being in the shed to the circumstance of their not getting into the Lock Hospital?—A great portion of them; and the physician of the Lock Hospital told me that whenever he met with a very bad case he rejected it. He only admitted the young and those whom he was likely to save; he said, "When a bad chronic case of venereal disease comes to me I send them about their business; I say, 'I have no room for you; go to the poor-house.'" I said to him, "What do you mean by that?" and he said, "When you come to understand what I do, I think you will approve of it. I can perhaps save persons where the disease has only just commenced, but with these other persons with whom the disease has long existed it is hopeless."

2341. Dr. Brady.] Do you consider that it would be advisable to have Lock Hospitals in all our seaport towns and large manufacturing towns?—I should think that as a system of police it is a very desirable thing for female patients; not for male patients. That was a question that was very much debated in Dublin, for the Lock Hospital was at one time open to male patients as well as female patients; and though it seemed hard at first, the conclusion that the authorities came to was, that for female patients they ought to keep it open, but not for male patients.

2342. It has been stated in evidence, that a great number of the soldiers are incapacitated from service, in consequence of contracting the venereal disease, and consequently the country is put to a large expense in training a man, and afterwards losing his services; do not you think it would be advisable, in all our garrisoned and seaport towns, that our soldiers and sailors should be preserved to us by means of hospitals of this kind?—There can be no question about that.

2343. Mr. D. Seymour.] In order to make that efficient, I presume you would require a compulsory attendance upon those hospitals, and the production of a certificate of cure?—That question would lead into the French system of police, and it is impossible to say how far that would be applicable to the state of society in this country.

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2344. Mr.

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2344. Mr. Grogan.] As a governor of the Lock Hospital, have you had practical experience of the effect of the laundry or the Reformatory Institution?—It has been very beneficial. The way it works is this: whenever they find a young person who is disposed to give up her bad habits, for whom they cannot get admission into any of the Penitentiaries, they put her into the laundry to wash the clothes for the institution, and they keep her there permanently, after she has recovered, till they are able to send her home to her friends, or provide for her otherwise.

2345. Do they use her services in that institution as those of an ordinary servant in the establishment?—Precisely so.

2346. Is it considered an object among the inmates of the Lock Hospital to be admitted to that reformatory institution?—I have always understood so; at the same time it is right I should tell the Committee that I have not taken the same personal interest in that institution that I have in some others. There are two gentlemen who have for years devoted themselves to it; Mr. Singer is one; it is only by attending the boards, and occasionally going through, that I know anything of it; but I have no hesitation in saying that the laundry is a most important and useful part of the institution.

2347. Was it considered by the Board of Governors, as well as by the inmates, a reward for a repentant female to be employed in the institution?—Certainly.

2348. And a situation much sought after by patients?—Certainly.

2349. Mr. D. Seymour.] You are evidently in favour of the reformatory principle being carried out as far as possible, because I understand you to say, that you would recommend that the matron should have an opportunity of rewarding reformed paupers in the workhouse; I presume you would venture it as widely as you could?—Clearly so.

Dr. James William Cusack, called in; and Examined.

Dr. J. W. Cusack.

2350. Chairman.] ARE you a Physician and Surgeon, resident in Dublin?—I am, and have been for many years.

2351. Do you now fill the office of President of the Royal College of Surgeons?—I did so under the old charter, and I do so under the new charter.

2352. With what hospital in Dublin are you peculiarly connected?—I have been connected for several years with Steevens's Hospital, and Swift's Lunatic Asylum.

2353. Would you have the kindness to state to the Committee shortly the history of the foundation of Steevens's Hospital?—It has the oldest foundation at present in existence in Dublin; it was built in 1730, and first received patients in 1733; it was built purely by subscription; the endowment was carried over; I wish to distinguish between the endowment and the building; Dr. Steevens having left the endowment to the use of his sister during her lifetime; she built the hospital herself by private subscription, which she accomplished, and then she gave up the endowment, on all the governors agreeing that she should have apartments in the hospital during her lifetime.

2354. Mr. Grogan.] She gave up her life-interest in the sum bequeathed by Dr. Steevens, on that arrangement with the governors?—Certainly.

2355. Chairman.] When did the hospital first receive a Parliamentary grant?—It received a Parliamentary grant first in 1805-6, but it first became connected with the Government on application, renting to the Commissioners of the Military Infirmary the upper story of the house as a general hospital for soldiers; they held it about five and a half years, but the first grant was in 1805-6.

2356. Has that continued uninterruptedly down to the present day?—The first money granted was for the repair of the building; the sum granted for the maintenance of patients was only 500*l.* at first, and that was gradually increased, so that the amount granted when the reduction took place was 1,500*l.* a year; the exact sums can be detailed.

2357. The first reduction was in 1849, I believe?—Yes; since that, 10 per cent. has been taken off from the grant of 1,500*l.* In the year 1819-20, there was some feeling on the minds of the governors that the Government were disposed to reduce the grant, and at that time a change took place in the Lock Hospital, and they agreed with the then chief officer of the Government to receive 30 venereal patients, and to maintain them, provided the grant was continued

tinued at 1,500*l.*; and from that period, up to 1849, 1,500*l.* a year was received from the Parliamentary grant. Dr. J. W. Cusack.

2358. Did male venereal patients continue to be received?—Yes, up to the time of the reduction; and at this present moment, as the grant has been reduced one-half, the venereal accommodation has been reduced one-half likewise.

2359. Have male venereal patients been received in the Lock Hospital since 1819?—No.

2360. How many medical officers are there connected with the institution?—There are five surgeons, two physicians, and a resident surgeon; the two senior surgeons are, in fact, the directors of the hospital; so far as it is understood under the bye-laws, they are considered to be consulting surgeons; the three junior surgeons do the duty, and the resident surgeon, of course, attends to the house in the absence of the surgeon; there are two physicians likewise.

2361. Do the two visiting surgeons receive a salary?—The only salary received is 10*l.* Irish, for carriage hire.

2362. Then the resident surgeon is the only medical officer connected with the establishment who receives a salary?—He receives a salary of 50*l.* per annum, and coals, candles, and other perquisites.

2363. Do the surgeons attending the hospital receive pupils?—They do.

2364. Do they receive a limited number of pupils each, or do they receive any number of pupils that present themselves?—They have internal and external pupils; the dresser is an internal pupil. The internal pupils are two to each; the externals are unlimited.

2365. What fees do the pupils pay?—An internal pupil pays 20 guineas for the winter six months, including his lectures; that is contributed by the surgeon. In the summer they pay 15 guineas. The external pupils pay eight guineas for the winter, including lectures, and five guineas for the summer.

2366. Besides the pupils, have the surgeons the right of giving instruction to their apprentices in the institution?—Yes; but apprenticeships having been done away with, that has changed the character of the profession in Dublin very much. There are no longer apprentices, except by agreement.

2367. Are clinical lectures delivered in the hospital?—During the winter six months twice each week; twice surgical, and twice medical.

2368. By whom are they delivered?—The three assistant directing surgeons deliver their lectures alternately; that is, they take a month about, or two months by private agreement.

2369. What is the course of clinical lectures required for each pupil; what length of time do they remain connected with the hospital?—They enter for six months or a year, as may be; and then they are guided and are directed altogether by the regulations of the service to which each pupil has applied himself. If going to the army, they, of course, attend the course demanded by the director-general, and so with regard to the navy; but an apprentice in former times was specially connected with the person of his master for five years.

2370. Are certificates granted of attendance upon Steevens's Hospital?—They are.

2371. An attendance on this hospital or some other hospital in Dublin is requisite for the attainment of a degree or a diploma?—Certainly.

2372. Is there a lecture-room connected with the institution?—There is a lecture-room, and an operation-room too.

2373. Is there no anatomical instruction given?—There is no anatomical instruction connected with the hospital; it is purely a medical and surgical hospital.

2374. What is the nature of the diseases treated in Steevens's Hospital?—It is a general hospital; fevers and contagious diseases alone are excluded, so far as civilians are concerned; at present the police are received into the hospital by agreement with the authorities, and we are compelled to receive any case that they send.

2375. Do you mean the constabulary?—The constabulary.

2376. Are they paid for by the authorities of the constabulary?—They are paid for; so much for each person per day.

2377. How are the admissions of patients regulated; is a recommendation necessary?—It is not essential; we take them indiscriminately.

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2378. Are you able to take the greater number of patients who present themselves at the door for relief?—It is impossible.

2379. Have you have many rejections?—Yes, they are very numerous.

2380. What number of beds are there at present open in the hospital?—At the last return we had about 127 persons from the public generally, besides the police, and the police vary from 60 to 130.

2381. Are the police treated in the general wards of the hospital, or are they separated from the other patients?—They are separated.

2382. What is the number of venereal male patients that are now treated in the hospital?—There are 15 at present; they are the worst class of cases that can be imagined; they are very costly, and their stay in the hospital must be protracted.

2383. To what class do the venereal male patients generally belong?—We take them as they come; the badness of the case is the only consideration; the agreement with the Government originally was to take the worst cases that we could find.

2384. Is the Parliamentary grant devoted to the general purposes of Ireland?—It is consolidated with the general fund; we took a number of police by agreement; at that time we had 1,500 *l.* a year, and the governors said that if they continued the 1,500 *l.* a year, they would take 30 venereal patients.

2385. Was the grant given on the distinct understanding that beds would be opened in the hospital for the reception of venereal male patients; is that correct?—The grant was continued; we had no increase of grant upon that occasion.

2386. When was that?—In the year 1820.

2387. Has there been any reduction in the number of patients since the grants have been reduced?—We now have only 15; we have half of the grant, and we keep half the venereal patients.

2388. Have you made any reduction in the other branches of the establishment in consequence of the reduction of the grant?—Certainly; we have only about 130 beds open for civilians, and we had formerly 150.

2389. Mr. Grogan.] That 150 was the general average of the hospital previously?—Previously it was.

2390. Lord A. Harvey.] In what year did the reduction take place from 150 to 130 beds?—In the year 1839. I should observe that the hospital was shaken by a storm; the chimneys fell in and destroyed the roof, and shook the whole building, and the consequence has been, that a large sum has been expended gradually on the repairs of the house, and which has contributed to compel the governors to reduce the number of patients.

2391. Mr. D. Seymour.] Although the number of patients has been reduced, what are the details with reference to the number of applications; have they fallen off or increased?—The applications are much the same, I apprehend. We have no report upon that subject.

2392. Chairman.] State to the Committee the names of the two surgeons at present in the hospital?—Mr. Peile and Sir Philip Crampton.

2393. Who is the attending physician?—Sir Henry Marsh; Dr. Croker is his assistant physician.

2394. There are three assistant surgeons; what are their names?—I am the senior, and there is Mr. Collis, and Mr. Wilmot.

2395. Do the medical officers give equal attendance to the constabulary patients, and the other patients in the hospital?—We are all obliged to attend.

2396. Do all the patients receive the same treatment?—All the same; we found it very inconvenient to keep an account when there was the slightest difference in the dietary, and therefore a dietary was formed to suit the general purposes.

2397. You are also a governor of the institution, are you not?—I am.

2398. Can you tell the Committee what is the number of the present governors?—I think it is 21.

2399. How often do they meet?—The special Boards are generally about from four to six a year. The committee meet twice each month. There is a managing committee of nine appointed by the governors, and the attendance of the managing committee is very regular.

2400. Are you a member of the managing committee?—I am.

2401. Is

2401. Is there always a sufficient attendance to transact the business of the institution?—Always; we have always a sufficient number. Dr. J. W. Cusack.

2402. Are the accounts kept by the registrar?—By the accountant; each month's account is passed, and then paid. 15 May 1854.

2403. What is the order of business at the bi-monthly meetings of the committee of management?—Once a month the accounts are examined and passed. The general business is done at the other meeting.

2404. By whom are the medical officers appointed?—The medical officers are appointed by the Board, with the exception of the resident surgeon, whose appointment is temporary; he is appointed by the managing committee.

2405. By whom are the other officers of the establishment appointed?—The chaplain is appointed by the Board.

2406. Mr. D. Seymour.] Is the chaplain paid?—The Protestant chaplain is not paid by the governors. There is an endowment under the will of Mrs. Johnston, and that endowment of 1,000 *l.* was applied to the purchase of an income to maintain a chaplain there, so long as the Protestant religion is the religion of the country.

2407. That was the will of the testator?—Yes. In addition to that, there is 40 *l.* a year left by the Bishop of Clogher, for the same purpose. It is a comfortable support; he has 150 *l.* a year; but he has no allowance from the hospital.

2408. Chairman.] Has he apartments?—Yes; but the governors have taken every thing that was extra.

2409. Who appoints the servants of the establishment?—The male servants are appointed by the managing committee, and the female servants by the matron, under the direction of the committee.

2410. Are the patients, generally, natives of Dublin?—On the 9th of this month I made an inquiry. I took each person, and inquired carefully into the matter, and I found that two-thirds were natives of Dublin, and one-third natives of the country.

2411. Do you receive patients from the county hospitals and infirmaries?—The hospital is open to every one.

2412. It was stated that it was the practice in the county infirmaries, occasionally, to send up serious cases to the Meath Hospital; is that done at Steevens's Hospital?—Yes; but then the county infirmaries are so well supplied with surgeons, that they are not fond of sending up any whom they think they can cure.

2413. Is that occasionally done in Steevens's Hospital?—They are discharged first, and then they come to make application themselves. It is not a direct application of the county infirmary to the hospital, but having taken their turn and found that they are not cured, of course they naturally apply elsewhere.

2414. Mr. Percy.] How comes it that the physicians receive a salary, and the surgeons none?—It is so in the report; I cannot explain it.

2415. Does the physician take pupils?—Yes; but it is merely nominal.

2416. Chairman.] Does the physician receive carriage hire?—£. 30. Irish.

2417. Is the statement of the salaries and allowances, given in the Commissioners' Report of 1842, generally correct?—It is, except that some reduction was made in the resident surgeon's salary; it is only 50 *l.* a year now.

2418. Mr. D. Seymour.] Your present physician is Sir Henry Marsh?—Yes.

2419. It has been the habit to appoint the chief physician, in Dublin, as consulting physician, and his perquisite would be his carriage hire?—There generally has been one of the first physicians in Dublin.

2420. Is he generally a person who has passed that status in his profession in which he would be likely to have pupils, or be interested in attending the hospital otherwise than as a boon to the public?—As a boon to the public; he receives no emolument, except 27 *l.* a year, and he has generally been in the habit of giving that to a young man.

2421. The junior surgeons attending the hospital would have a direct object in their connexion with the hospital, but the physician is generally a man who has passed that position in his profession in which he would have any personal object to gain in attending the hospital?—At this moment neither of the physicians

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physicians receives one farthing; the senior physician receives 27 l. 13 s. 10 d.; the junior physician, or assistant physician, does not receive that.

2422. Mr. Grogan.] Steevens's Hospital is a general hospital, is it not?—Yes, a general hospital for medicine and surgery; the surgical patients exceed the medical in number.

2423. Dr. Brady.] You speak of internal students attached to the institution; are they the dressers?—They are the dressers; there is a pupil on duty every day; the hospital is some distance from the town, and we always hold one on service.

2424. And no student is allowed to be a dresser in the institution who is not what is called an in-door pupil?—They are all allowed, but, in the absence of the pupils, patients would become neglected unless we had some person responsible for them.

2425. Mr. D. Seymour.] Is there anything in the character of the certificate at Steevens's Hospital which makes it preferable, in the eyes of examiners, to that obtained in the Richmond or other hospitals?—Nothing, except that those who have resided, and have received a certificate accordingly, may have some greater character with the electors at the dispensaries.

2426. The external pupils are allowed, are they not, to attend with the surgeons, and go round the hospital?—Always.

2427. What is your average attendance of pupils?—About 30.

2428. As compared with other hospitals, is that a greater or less average?—Less on account of the distance from the town; and we have no anatomical school connected with the hospital.

2429. Steevens's hospital does not afford the same opportunities to medical students that other hospitals do?—The students are independent of the hospital, but still they are connected with it; formerly the Professors of the College of Surgeons, both Mr. Wilmot and Mr. Collis, were surgeons of the hospital, and it had this influence; there is only one gentleman now who is connected with the school, and that, I believe, the Richmond.

2430. In your opinion, if the present grant to Steevens's Hospital was added to the Richmond Hospital, could the same attention be supplied to the increased number of patients, by giving them increased means of accommodation at the Richmond Hospital?—I am sure that it is not desirable to centralise the pupils too much; each pupil must have a certain area or space, so that he may see. In visiting patients, there is but the bed the subject of observation at the time, and if you overload the attending medical officer with attendants, of course a portion of the pupils must see nothing, as is constantly the case.

2431. An increased grant to the Richmond Hospital would enable it to increase its means of accommodation, and so increase the space for pupils to attend; is there anything to prevent that?—It is physically impossible; a bed has so many feet at each side of it, and you cannot enable more than a certain number of persons to see.

2432. Mr. Grogan.] The practice in visiting hospitals I understand to be, that the visiting surgeon, accompanied by a class of students, goes round to each patient?—Yes.

2433. And if the number of students should be in excess of the accommodation in standing round the bed, some of the students must miss the opportunity of seeing the disease?—Certainly; one hospital in Dublin, even though in it was centralised all the money, would not do the same good as the several hospitals do now.

2434. Dr. Brady.] You speak of clinical instruction?—Certainly.

2435. Chairman.] Besides the difficulty of giving sufficient accommodation to the pupils in one hospital, do you think that the existence of these several hospitals is an advantage to the instruction of the pupils, as creating emulation between the schools?—Certainly; I am sure that if there were three surgeons attending one hospital, and they had it all to themselves, and you had that multiplied by five, the 15 would all contend with each other to see who would have the most pupils naturally, and the public would be benefited; at the same time, I do not deny that a hospital may be overloaded with medical officers.

2436. Does Steevens's Hospital possess considerable funds derived from estates and interest on stock?—£. 2,000 a year, and about 12,000 l. It was proposed lately, at the time that property in Ireland was at a low rate of purchase, to apply

apply this 12,000 l. to the purchase of land, so as to give the hospital a permanent support; but under the opinion of the present Baron Greene the proposal was given up; he stated that we had no power to buy.

2437. Suppose that the Parliamentary grant were withdrawn, would the income of the hospital be sufficient to maintain it in an efficient state?—We could maintain somewhere about 90 patients; from 80 to 100. The advantage under which we should enter the field now would be, that we should have a large force, because we have the constabulary and civilians, and we are obliged to provide for that. If the grant were taken away, we should be in a very distressed position for some time.

2438. Would it necessitate the closing of a portion of the hospital?—Certainly. The moment you have a staff, then every penny granted is applied to the public service.

2439. You stated that male venereal patients were first accommodated in Steevens's Hospital on their withdrawal from the Westmorland Lock Hospital?—Certainly.

2440. Will you inform the Committee what was the cause of the change in the Lock Hospital?—I was perfectly conversant at the time with all the circumstances connected with that change. I was intimate also with some of the officers of the institution. The institution got into disorder, not only from its government, but also from the demoralisation of the students. The late Mr. Todd, who was the surgeon, and had been a pupil in it, told me that the disadvantages of having pupils admitted to the Lock Hospital, as then constituted, were decided; there were connexions formed there between the pupils and the unfortunate persons who were there indiscriminately, and that afterwards tended to demoralise the minds of the students. In that exigency, the house having got into disorder, and this state of things existing, the Government proposed to break up the Lock Hospital, and reconstruct it. Then the hospital became appropriated to females alone, and the Government, in order to provide some relief for the poor, the worst cases, turned to Steevens's Hospital, and I understood at the same time the Richmond Hospital was to be compelled to take 20; that is, they proposed to provide for 50 male cases in Dublin.

2441. Was the admission of males to the Lock Hospital supposed to be a demoralising practice?—The union of males and females in the same house, was.

2442. Do you think that clinical instruction could be given in a female Lock Hospital, without running the risk of these demoralising influences?—I think it might.

2443. Will you state how?—If there were proper police regulations, and they were carried out, a portion of the hospital might be appropriated to clinical instruction; it is clear that the pupils should not have an opportunity of going through the wards, or forming an intimacy with the patients.

2444. Would you propose to remove the patient into a separate room for the purposes of instruction?—Certainly.

2445. Would you prevent the admission of the students to the house at large?—Certainly; it is so done on the continent, I believe, and those regulations are strictly carried out.

2446. Do you think that the pupil should not be allowed to see the patient except during the time of instruction, and in the presence of the medical officer?—Certainly.

2447. Dr. Brady.] You see no difficulty in carrying that out at all?—Not if the officers were determined to do it.

2448. Chairman.] Do you think that the existence of a female Lock Hospital is most valuable for the preservation of the proper sanitary condition of the town?—I am certain of it.

2449. From your knowledge of Dublin, as a long resident, do you think that voluntary subscriptions could be raised for the purpose of maintaining a female Lock Hospital?—Certainly not; voluntary subscriptions, in general, in Dublin have fallen off; new institutions attract a certain number of individuals, and they are supported for a time, but the persons who take an interest in them die away, and then the institution fails.

2450. Mr. D. Seymour.] The hospitals in this country are generally supported by bequests, are they not?—Yes; the endowment of Steevens's Hospital is by bequest.

2451. Chairman.] Do the remarks which you have made with regard to the

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general admission of pupils to the Lock Hospital apply in any degree to the Lying-in Hospital?—I think so, in a measure; I think that both hospitals should be open only to pupils who have attained a certain standing in the profession; few of course go to the Lying-in Hospital now who are under three years. I think a pupil should not be admitted to either hospital until he has served three years.

2452. Do you disapprove of the practice of admitting very young men to practice either in the Lock Hospital or the Lying-in Hospital?—Yes, before that period of their study to which I have alluded.

2453. Dr. Brady.] Do you mean three years after a young man has entered as a pupil at the hospital?—Yes, during his novitiate, in fact.

2454. Chairman.] Do you think that there is any objection to the accommodation of male venereal patients in general hospitals?—I never found any; I have had the administration of Steevens's Hospital. They told me at first that I could not control the patients; if they did anything wrong I locked them up in a separate part of the house, and I soon found that by a little energy they were as manageable as any other class of patients. The moment one committed a fault I punished him by turning him out.

2455. Are the male venereal patients in Steevens's Hospital an inferior class to the other patients?—They are mixed; we receive them from all places, and they are of all kinds.

2456. Are they generally young men?—They are both old and young, but unfortunately the old are the worst; I think, upon the whole, the lower orders of the Irish in that respect are very moral, and that the married men in the lower classes of life are not subject much to the disease.

2457. Mr. D. Seymour.] Do you know the proportion of married women who apply to the Lock Hospital?—There are certain forms of the disease which are most insidious, and those are most certainly communicated; a man often marries without being aware that he has secondary symptoms in his constitution; a speck or some simple thing would indicate it upon a close examination perhaps; then the child becomes contaminated, and the female and the child are all in the same state.

2458. In your opinion, would not the supporting of an institution for male venereal patients have a sensible effect in diminishing the number of female patients?—Certainly it would; the slighter forms of disease are more dangerous than the very severe forms; a man contracts the disease in the mildest form possible, scarcely perceptible; it is quickly passed over; he thinks that he need not apply to an hospital; perhaps it heals up, and then it breaks out when he marries.

2459. To what extent could you treat male patients as out-patients?—It depends very much upon the season of the year and the occupation of the individual; if you treat them with mercury you would find that it affects the disease; we all know the fact that the disease is constantly destructive to life.

2460. Would you, as a very experienced medical gentleman, recommend a system of treatment of out-patients in connexion with Steevens's Hospital or any of the other hospitals?—The larger number of the extern patients are venereal patients; they are treated with mercury.

2461. Chairman.] Is there a dispensary connected with the hospital?—Yes; the funds appropriated to it are consolidated with the general fund; we do not keep a separate account.

2462. Are there numbers of extern patients treated in the dispensary?—Yes, a great number.

2463. By whom are they attended?—By the junior surgeon.

2464. Mr. D. Seymour.] The expense of the dispensary is borne by the institution?—Yes.

2465. Chairman.] Do they get their medicines from the institution?—Yes.

2466. Mr. D. Seymour.] Was there any reason assigned in 1819 for reducing the grant?—At the time I believe the disease was very much abroad, and the governors apprehended that it might extend to them, and the Government having looked round to see whether they could provide for 30, the governors accepted the offer generally to keep the 30 patients, provided the grant was continued.

2467. Did the numbers fall off subsequently to 1819 below those which you had

had previously in the hospital, or did they keep the same with the additional 30?—They were not able to do that.

2468. It had a sensible effect upon your funds?—It had a sensible effect upon our funds; but I should explain that, by some modification of the dietary and the cheapness of provisions, we went up very high in numbers.

2469. Is clinical instruction now necessary for a medical education?—Certainly.

2470. Do you think that the reduction of the hospital accommodation in Dublin, which would occur from the reduction of the grant, would interfere with the amount of clinical instruction now given at the hospitals?—Certainly.

2471. Do you think it would be prejudicial to the School of Medicine in Dublin?—I have no doubt of it.

2472. Is the amount of clinical instruction now presented to pupils in the Dublin hospitals sufficient for all purposes?—It is.

2473. The School of Dublin holds a high place, I believe, in the schools in Europe?—It is generally understood to hold a high place.

2474. Is there any Government assistance given to the Medical School of Dublin except in the indirect way of grants to the hospitals?—There is none, directly.

2475. Are there any salaried professors of medical science in Dublin?—Not one.

2476. In fact, the Medical School of Dublin is entirely self-supporting, except in the matter of the grant to the hospitals?—It has grown under the energy of the parties who held high places in it some years since; emulation of course forced every one to work his best, and on that foundation the school depended; a sufficient supply of patients and every advantage to competition is, I think, what is called for.

2477. That remark cannot be applied, can it, to the School of Medicine lately established in connexion with the Queen's Colleges?—They have no competition.

2478. But they receive an endowment from the Government?—They receive an endowment from the Government.

2479. Dr. Brady.] I believe a large amount of the pupils who study in Dublin take out degrees elsewhere other than in Dublin?—A great number do, from various causes; it depends very much upon the course which the individual is to take in life; if he can obtain a degree upon easier terms at one place than another, he will go there.

2480. It is considered that they can take degrees elsewhere, either in a pecuniary point of view, or there is an easier course of examination?—They think so, and that is sufficient.

2481. Mr. D. Seymour.] Your standard is severer, is not it?—It is severer in this respect, that there are various branches of study examined on, for instance, at the College of Surgeons in Dublin, which are not examined on in the College of Surgeons in Edinburgh, or the College of Surgeons in London. There is a half medical examination given in the College of Surgeons, or at least they require to know those branches, and they are examined in them, and that complicates the examination more in Dublin.

2482. Do not some of your medical men go through the French hospitals?—Many do so.

2483. Why do they do that; is it from any superiority in the French system?—A man would stop short indeed in information if he confined himself to observation alone at home; a man must see disease in every shape.

2484. Is there anything in the system of the French hospitals, whether venereal hospitals or any others, which is superior in any respect to that of Dublin?—I think not.

2485. Is there anything in the fact of having clinical attendance upon venereal patients in Paris; is that a circumstance which attracts attention?—I have not been there for several years; I do not know.

2486. Chairman.] Do you think clinical instruction could possibly be given with success in a workhouse hospital?—I do not think it could, unless you changed the entire system; if you cut off a part of the workhouse and make a direct school there, of course there are men in all the workhouses perfectly competent to give the information; but the class of patients admitted there, and the whole system, I think, is unsuited to it.

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2487. Do you think pupils would see a sufficient variety of disease?—I think not.

2488. Dr. Brady.] They could not see operations and fractures. Surgery could not be learned there?—A mere workhouse hospital would contain only the accidents that occurred in it, or to a class of persons who received a certificate from the health officer.

2489. Mr. Percy.] You stated that you received no fever cases?—Except the constabulary.

2490. But the colleges accept your certificates, do they not?—They do; the constabulary are a large proportion of the institution at present.

2491. Before you admitted the constabulary, did the colleges accept your certificate?—They did.

2492. Chairman.] Is not attendance on some fever patients necessary for obtaining a diploma?—Pupils are not obliged, specially, to attend a fever hospital. Certificates are granted for attending a hospital.

2493. Mr. Percy.] Even though fever is not admitted?—Even though fever is not admitted, but there is always a certain portion of it.

2494. Chairman.] Do students generally attend a hospital where fever is treated in Dublin?—They have an opportunity, at the Meath Hospital, of seeing a large portion of fever; in the minor hospitals they have not.

2495. Mr. D. Seymour.] In your opinion, is there a sufficient means in Dublin at present for educating the medical profession in the venereal disease?—I do not think there is.

2496. Do you attribute that to the fact of the lessening of the grant to the Lock Hospital?—Yes.

2497. If the Lock Hospital were placed in a condition to have 160 beds constantly full of patients, and opportunities were offered for a clinical system of instruction to the pupils, would that meet the necessities of the profession in Dublin?—It would not, for this reason: you charge a pupil, and if he is not obliged to attend under the collegiate regulations, he will not attend. No pupil will ever attend a specialty anywhere, unless under peculiar circumstances; some men will do it; but you must consider that a pupil comes to obtain his licence in the shortest possible space of time that he can; his day is overloaded with lectures, and it is with difficulty that he can attend one hospital; he cannot fly about from one hospital to the other. If you calculate the number of lectures that a pupil is obliged to attend, and with the other occupations that he has, it will be evident that it is impossible to attend more than one hospital.

2498. Chairman.] Do you think, if a female Lock Hospital was opened to pupils, they would avail themselves of it?—A few would; I do not think they would do it to any great extent; if they had to pay, certainly not.

2499. Mr. Grogan.] Do any gentlemen who have obtained their licence as surgeons frequent your hospital, to learn the practical part of it?—No doubt all the operations are open to the public; we never prevent any one from attending.

2500. And gentlemen who have obtained their diploma as surgeons do attend your hospital?—Yes, and they come there to reside as dressers; as intern pupils.

2501. Do they pay anything?—Yes.

2502. Towards the funds of the institution?—That is the payment that the surgeons receive; each surgeon has two dressers; the dressers pay the surgeon.

2503. Are you aware that certificates of attendances as intern pupils rank high with the examining Boards in this country?—I am quite satisfied that they rank high with the public Boards, such as dispensaries, and institutions, and infirmaries.

2504. In fact, it is a great recommendation, in addition to their diploma?—It is a recommendation. There is also, in the Regulations of the College of Surgeons for the curriculum for Fellows, a requirement that a pupil shall have done more than merely attend the hospitals; there is a requirement that he shall have been a dresser or a resident surgeon; a house surgeon, as it is called.

2505. Dr. Brady.] Are you aware that the dresserships in the London hospitals are thrown open now to general competition?—I was in Guy's Hospital in my time, but then there was a heavy payment, 50 l.; every man cannot be a dresser; it is quite a delusion. What I mean is, that if there are only 10 surgical patients, and there are 30 pupils, you cannot make each man manipulate; it will be found to be a difficulty.

2506. Do not you think it would be advisable that the dresserships in the Dublin

Dublin hospitals should be thrown open to competition amongst the pupils?— Dr. J. W. Cusack I think it would be a very valuable thing.

2507. Mr. Grogan.] In point of fact, as regards the accommodation in Steevens's Hospital, in the way of dresserships, is that accommodation always full?—It is generally full.

2508. Do the young medical men look for that situation with eagerness?—They do.

2509. Mr. D. Seymour.] As to the condition of the education in Dublin with respect to the venereal disease, I understand you to say, that if the Lock Hospital had its present grants continued, and was carried on on the same system in which it is now managed, as an educational school, it would be practically of very little avail to the profession of Dublin?—I have stated that I would not open the hospital generally; that I would restrict it to a select number of cases, submitted to the pupils under those regulations. I said, if it was opened, and a pupil was made to pay for it, the number of pupils attending would not be very great, unless the public Boards demanded attendance as a qualification.

2510. Would you, in connexion with any additional grant, or a continuance of the present grant, recommend that it should be made a condition in the future granting of diplomas by the public Boards; that there should be a certificate of attendance at the Lock Hospital, assuming it to be placed in a better position?—Assuming it to be placed in a better position, I think it would be a very valuable addition; at the same time that involves the question, whether useful instruction cannot be very nearly equally available on the male alone; all secondary diseases are the same in the male and in the female; they all spring from the same source. The only difference is the appearance of the primary ulcer on the organs of generation.

2511. Dr. Brady.] The organs of generation though different in the male and in the female are equally liable to disease?—They are.

2512. The form of the ulcer is similar?—It is.

2513. Mr. D. Seymour.] You mean that if the pupils were not charged anything for attendance, it would be an improvement in the education of the pupil?—It would.

Mr. Robert Blake M'Vittie, called in; and Examined.

2514. Chairman.] ARE you the Accountant of Dr. Steevens's Hospital?— I am.

Mr. R. B. M'Vittie.

2515. How long have you held the office of accountant of that hospital?—I think about eleven or twelve years.

2516. Are you the first person who has held that appointment?—Yes; under the report or recommendation of the Commissioners: Mr. Barlow, Mr. La Touche, and Mr. Hamilton.

2517. The Commissioners of 1842 recommended the appointment of an accountant; were you appointed in consequence of that report?—I was.

2518. Will you give the Committee an accurate account of the income and expenditure of Dr. Steevens's Hospital for the present year?—I have a return here which I will hand in to the Committee.—(The same was delivered in.)

Vide Appendix.

2519. Where are the estates belonging to the hospital situated?—In Westmeath, King's County, Carlow, Meath, the county of Dublin, and the city of Dublin.

2520. By whom are the estates managed?—By a Mr. Finlay Cusack, the agent.

2521. Is he the registrar of the institution?—Yes, he is the registrar of the institution.

2522. What are his particular duties?—To receive the rents, and to account monthly to the Audit-office for such receipts and disbursements of head-rents, poor-rates, &c.; to attend the general meetings of the Board of Governors when summoned, and to note down their proceedings, and manage what correspondence or law business arises out of the estates.

2523. Lord A. Hervey.] What is the nature of those estates?—Land and houses.

2524. Can you account for the deterioration which has taken place in their annual value?—After the potato blight they decreased very considerably; they are now gradually reviving again; we had also to get rid of some pauper-tenants,

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tenants, and give them a small sum of money to send them out to America, and in that way the estates suffered a little loss. The poor-rates on the estates last year amounted to 118*l.* 2*s.* 4*d.*; the purchase of Crown-rents, 7*l.* 10*s.* 6*d.*; head-rents and quit-rents, 305*l.* 2*s.* 10*d.*; allowances to tenants giving up, and emigration expenses, 64*l.* 19*s.* 6*d.*; apprentice fee, churchwardens of Athboy, 9*l.* 4*s.* 7*d.*; bailiff's salary, and sundry incidental expenses, 61*l.* 18*s.*, making the total liabilities about 566*l.*

2525. Do you expect that they will maintain the same amount again?—I do.

2526. What is the largest amount of net receipts that you ever had?—From 2,000*l.* to 2,200*l.*

2527. Mr. Percy.] What is the amount of the gross receipts?—Somewhere about 2,700*l.*

2528. Sir F. Lewis.] In 1832 the amount derived from the estates was 2,842*l.*; was that the gross amount?—Yes.

2529. The amount that year derived from other sources was 677*l.*; will you state what those other sources were?—Interest on funded property and voluntary donations, put together.

2530. Chairman.] Were those estates bequeathed to the hospital at different times?—They were; the principal bequest was that of Dr. Steevens, and a bequest of Edward Cusack, Esq.

2531. Sir F. Lewis.] Do you know what the amount of the rents derived from Steevens's bequest was?—About 600*l.* a year.

2532. The income of the estate has not increased since its bequest?—The estates are let on leases of lives, renewable for ever.

2533. Chairman.] How are those estates generally let to the tenants?—The leases of this property of Dr. Steevens are for lives renewable for ever; others are determinable leases; the leases are restricted to a certain number of years.

2534. What is the amount of the Parliamentary grant in the last year?—£. 945.

2535. Has that grant been reduced lately?—The grant was 1,500*l.* the year before the reduction took place. In 1850-51, it was 1,350*l.*; in 1851-52, 1,200*l.*; in 1852-53, 1,050*l.*; in 1853-54, 945*l.*

2536. What is the nature of the sum annually paid to the institution for the support of the constabulary; by whom is it paid?—The members of the constabulary pay 10*d.* each, and the Government pay an additional 4*d.* per man.

2537. Do you mean 10*d.* per day?—Yes; the original arrangement was 10*d.*, but the governors found that they were losing by the arrangement, and they made an appeal to the constabulary authorities, and they granted an increase of 2*d.*; and recently the increase in the price of provisions has been so great, that they have had to apply again.

2538. Do the constabulary patients come merely from the depôt in the Phoenix Park, or from the force at large?—From the force at large.

2539. Do they come from all parts of Ireland?—They do.

2540. Mr. D. Seymour.] Is there any difference between the dietary of the constabulary and that of the other patients?—It is a very liberal dietary, there is no difference made except an individual case requires it.

2541. Chairman.] Does the hospital receive 14*d.* per day for each constabulary patient?—Fourteen-pence per day.

2542. From what fund is that paid?—An account is furnished monthly to the paymaster of each company, of the number of patients received into the hospital from his company, and the amount due, and he makes his payment accordingly.

2543. What is the interest on stock?—Three and a quarter per cent.; an accumulation of bequests left from time to time to the hospital, and which the governors have invested.

2544. In that fund, are there any investments which have been made by the governors out of the funds of the hospital?—No.

2545. Have investments been made at any time from the income of the hospital?—Not in my time, nor am I aware of any having been made at any time. I have searched the records, but I never met with such a transaction in the proceedings of the house; several of the bequests were left for investment, and the interest only to be applied to the general purposes of the hospital.

2546. Does this item of donations include the annual subscriptions; it is very small?—Our subscriptions are very small indeed; the hospital receives many cases

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cases from the Great Southern and Western Railway. I recently applied to the Board for a subscription, and all I could get was a subscription of 5*l.* We are very limited indeed in our subscriptions.

2547. Have any steps been taken by the Board to increase the amount of voluntary subscriptions?—No, except by occasional application where they thought that they should succeed. They got a bequest of 500*l.* some few years ago, and Sir G. Ellie, who lately died, left them 250*l.*; they do not make an appeal to the public, because at the present time very little resources would be derived from that. I am connected with Sir Patrick Dun's Hospital, and in my duty there I have to apply for subscriptions, and I find that voluntary subscriptions are diminishing in the city of Dublin.

2548. Mr. Grogan.] As registrar of Sir Patrick Dun's Hospital, are you aware of the difficulty of getting private subscriptions generally in Dublin?—Yes.

2549. Chairman.] By what body is the hospital regulated?—By the house committee, which meet twice a month.

2550. Do they issue contracts for the provisions?—They do.

2551. Are the provisions and all the necessaries for the house supplied by contract?—Yes, they are supplied by contract.

2552. For what period of time are they issued?—For a year.

2553. Are the lowest tenders taken?—Not if the governors are aware that there is anything against the character of the person putting in the tender; but if they believe him to be a respectable person, they take the lowest tender.

2554. There is a charge for medical expenses; does that mean medicines?—It includes drugs, wine, leeches, lint and tow, and such matters, and medical and surgical apparatus.

2555. There is another item here for furniture; what does that amount to for the year 1852-53?—£. 473. 9*s.* 6*d.* for furniture, which embraces bedding, blankets, quilts, and all matters of that kind.

2556. Is that the usual average expenditure?—The year before it was 319*l.* 8*s.* 2*d.*; the year before that it was 228*l.* 6*s.* 8*d.*; it is fluctuating.

2557. What were the repairs in that year?—£. 381. 15*s.* 7*d.*; the preceding year they were 660*l.* 6*s.* 8*d.*

2558. What is the reason of there being such a discrepancy between the two years?—A large amount of repairs was executed in the year 1852.

2559. What do the repairs include; were you obliged to repair the roof that year?—We were obliged to take up a considerable part of the flooring, and the timbers in the roof had got the dry-rot, and had to be taken out; there were many heavy items of expense that year.

2560. What will be the general sum required for repairs for the future?—About 200*l.* a year; but at some future time the governors will be obliged to expend a sum in putting new sashes in the hospital.

2561. Do you burn gas in the wards?—Yes, gas only.

2562. Are the salaries and wages an equal sum every year; in the year ending the 31st of March 1852, I observe it was 1,050*l.*; is that the usual sum?—About 1,100*l.* a year is the usual sum.

2563. Will you state to the Committee the number of persons, and their names, receiving salaries now at the institution?—Sir Henry Marsh receives 27*l.* 13*s.* 8*d.*; he is the physician; the resident surgeon receives 50*l.*

2564. Has that been reduced?—It was formerly 55*l.* 7*s.* 8*d.*; the apothecary receives 86*l.*

2565. Is he resident?—He is resident; the agent receives 92*l.* 6*s.*

2566. Who is the agent?—Mr. Finlay Cusack.

2567. Has Mr. Cusack any other duties to perform, except the receiving of the rents and the management of the estates?—He has to attend the Boards, and minute their proceedings, and manage any correspondence that may arise between the tenants and the Board.

2568. Mr. Percy.] He is the secretary and the agent?—He is the secretary to the Board; the accountant receives 73*l.* 10*s.*

2569. Chairman.] Is the office of inspector of accounts done away with?—It is not called now by that name; that was before the report of the Commissioners of 1842.

2570. Does the accountant now take his place?—He does.

2571. Is the accountant resident?—He is non-resident.

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2572. Who is the stewardess?—Miss Thompson.
2573. What are her duties?—To receive all the provisions from the contractors, and distribute them, and see that the persons employed about the house, particularly the porters, discharge their duties.
2574. Is she at the head of the establishment?—There are no officers at the head of the establishment; the committee meet twice a month, and everything that is done is submitted to them.
2575. The duties of the stewardess are different from those of the matron?—Yes, quite different.
2576. What does the matron receive?—Sixty guineas.
2577. That is an increase since 1842?—Yes; consequent upon the admission of the constabulary, the governors increased her salary; the stewardess receives 67 l. 3s.; those are the only officers who are paid by the Board.
2578. How many nurses are there now?—About 20 head nurses, and assistants.
2579. Have they been increased in consequence of the admission of the constabulary?—Yes.
2580. Has the establishment been increased in consequence of the admission of the constabulary?—No other, except the increase to the matron's salary and the increase to mine. My salary, as accountant, is 50 guineas, and it was increased to 70 guineas in consequence of the extra labour.
2581. Do all the servants reside in the house?—They all reside in the hospital.
2582. Do they all receive coals and candles?—They do.
2583. By whom are they appointed?—The subordinate persons are appointed by the matron, subject to the approbation of the committee.
2584. Do the nurses and servants diet in the house?—They diet themselves.
2585. Do they receive allowances for it?—They receive board wages for that purpose.
2586. Beside their salaries?—No; it is all included.
2587. What are the salaries of the nurses now?—They vary; the head nurses have 20 l. a year, and the others 18 l. 5s.
2588. Do they diet themselves out of that?—Yes.
2589. Sir F. Lewis.] Has the late accountant retired?—He is dead.
2590. Mr. Percy.] Are there any rations allowed?—No.
2591. Chairman.] In 1842 the chaplain did receive a salary; has that been discontinued?—Yes.
2592. How is he paid?—By the "rents" arising from ground purchased by the bequest of Mrs. Hester Johnson, "Stella," and also by a fund created by the Bishop of Clogher.
2593. Was that left for the special purpose of endowing a chaplain to the hospital?—Yes.
2594. Has he rooms?—He has rooms in the house.
2595. Is there a chapel of the Established Church connected with the institution?—Yes.
2596. Are there pew rents arising from the chapel?—No.
2597. Who attend that chapel?—The inmates of the hospital and the officers, and sometimes persons from the dépôt in the Park.
2598. Is it open to the public generally?—Yes.
2599. Who is the present chaplain?—The Rev. Mr. Dobbin.
2600. Is there a Roman-catholic chaplain attached to the hospital?—A Roman-catholic chaplain is sent for when required by a patient particularly.
2601. Does he receive any salary?—He does not receive any salary.
2602. What number of patients are there at present in the hospital, including the constabulary?—The number of patients on the 31st of March 1853, was 230; on the 1st of March 1854, it was 222.
2603. What is the number of beds?—The hospital is capable of accommodating 250.
2604. Can you make up beds for 250?—We can make up beds for 250.
2605. Will you state the number of patients now in the institution, distinguishing the constabulary and the general patients?—On the 1st of March 1854, the number of constabulary was 95, and the number of paupers was 127; making a total of 222. On the 1st of March, the year preceding, the number

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- number of constabulary was 103, and the number of paupers, 127; making a total of 230.
2606. What is the number of venereal male patients in the house?—Fifteen.
2607. Is that limited to 15?—It has been reduced to the present number in consequence of the reduction of the grant.
2608. Has there been a reduction in the number of the other patients in the house?—No; the average is about the same.
2609. The reduction has been made in the venereal patients?—The reduction has been made in the venereal patients.
2610. Has that reduction been made for this reason, that the grant was originally increased to 1,500 l. a year on the understanding that male venereal patients were to be received?—It was not originally increased on their account; it was continued; the increase in the grant took place long before the time when the Lock Hospital was closed to venereal male patients.
2611. Is it intended to reduce the number of venereal patients in proportion to the decrease of the grant?—The governors would feel obliged to do so; they consider that other applicants have a stronger claim upon the foundation.
2612. Are the governors of opinion that the foundation was originally intended for a class of patients other than venereal patients?—Decidedly, for a class other than venereal patients.
2613. Then the effect of the extinction of the grant will be the closing of the venereal ward in the hospital?—Yes; 30 beds will be closed.
2614. If the grant is abolished altogether, will it be possible to keep the hospital, with its present number of patients, independently of the venereal patients?—Not the present number, certainly.
2615. It will be necessary to reduce the hospital in other respects besides the venereal ward?—Besides the venereal ward.
2616. Is there any land attached to the hospital?—It stands on ground; there is a laundry-yard and a steward's garden; and also Swift's Hospital, which adjoins, rents a small piece of ground formerly attached to the hospital, for their garden, for which they pay a small annual rent.
2617. Who receives that?—The hospital.
2618. I see in the Report of the Commissioners that the stewardess used to receive the rents of the ground for her own use; is that practice continued?—No.
2619. Does it go into the general account of the rents of the hospital?—Yes.
2620. What is the qualification for a governor?—There is no stated qualification; when a vacancy occurs, the governors elect the gentleman who they think will be most useful to the hospital.
2621. Do the governors subscribe to the institution in general?—Not in general.
2622. Is there a permanent chairman?—There is not a permanent chairman.
2623. Do any of the governors subscribe?—They do not; I am not aware of any subscription having been received from a governor, except his Grace the Archbishop of Dublin: he subscribes.
2624. Mr. Percy.] Who are the persons who subscribe the rest of the 46 l.?—Public individuals not connected with the hospital at all.
2625. Mr. D. Seymour.] Do you mean there is an annual subscription by the Archbishop?—Yes.
2626. Chairman.] Is there any recommendation necessary for the admission of patients?—Not necessarily.
2627. Who admits the patients?—When the attending surgeons and the physicians are not present the resident surgeon admits those who he thinks are suitable objects; accidents are taken at all times.
2628. Are applicants frequently refused?—They must necessarily be so in the present diminished state of the funds.
2629. Is there a dispensary connected with the institution?—There is a dispensary.
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2630. Can you state the number of persons who have received medical relief at the dispensary during the last year?—In 1852-3, 15,683 were relieved in it; in 1850-1, 8,588; 1851-2, 15,750.

2631. Mr. Grogan.] Do you know when it was first established?—I cannot say.

2632. Chairman.] By whom is the dispensary attended?—By the resident surgeon and the junior surgeon.

2633. Are the patients supplied with medicine from the hospital?—Yes.

2634. Without charge?—Without charge.

2635. In what station of life are the patients who apply to the dispensary?—Mechanics, and tradesmen, and farm labourers, and persons of that class.

2636. Is any recommendation necessary?—Not any recommendation.

2637. Are the patients at the dispensary ever visited at their houses?—No.

2638. Is any person received into the hospital on payment of any sum of money?—Formerly the committee allowed patients to come in, on paying a certain sum, but they found it troublesome; such persons expected much more than the hospital could afford in the way of accommodation. Those who are willing to give a contribution when they go out, do so.

2639. Have you known cases of a contribution being given by the friends of a patient?—By the patients frequently; by respectable parties.

2640. Lord A. Hervey.] Under what head does that appear?—Under the head of donations and subscriptions.

2641. Chairman.] Do you provide poor persons coming into the hospital with clothes?—We have a hospital costume for those whose clothes may have been infected, and which are obliged to be removed; they are not put on except when necessary.

2642. Who regulates the dietary?—The attending physicians and surgeons.

2643. Is there a regular scale of dietary, or does it vary with each patient?—There is a regular scale, liable, of course, to fluctuations; they must occasionally depart from the standing rule.

2644. What is the mode of checking the receipts and issues of provisions; who performs that duty?—That is performed by me, under the inspection of the committee.

2645. How is that done?—A book is kept; there is a debtor and creditor account; on one side all the receipts are put down, and on the other side the number of patients, all the issues according to the dietary, and the extras from the physician's extra books; that book is made up every morning.

2646. Are the provisions issued from the stores at a certain time every morning?—Every morning.

2647. Mr. Percy.] What are the duties of the stewardess?—That is part of her duty.

2648. Chairman.] Has the matron anything to do with the issue of provisions?—Not at all.

2649. Mr. Percy.] What are her duties?—To attend to the internal arrangement of the hospital, attend to the patients, and to see that the medicine and food are properly administered.

2650. Chairman.] Have there been any reductions made in the general expenditure of the hospital, since the reduction of their grant, with the exception of the venereal ward?—None, except in that case.

2651. Has there been any reduction made in the salaries?—None, except that of the resident surgeon.

2652. Nor in the number of beds in the other wards?—No.

2653. Mr. Grogan.] When you use the word pauper, you mean people not paying?—I do not mean exactly the class who are paupers; they are generally farm servants and artisans, and sometimes domestic servants, and frequently humble shopkeepers.

2654. Chairman.] Do you think any material reduction could be made in the establishment charges of the hospital?—Not in the present state of the hospital; of course if the grant were taken away, the governors would be obliged to reduce the salaries and make many alterations.

2655. That

2655. That has not been done yet?—No.

2656. Mr. Kershaw.] Is it your opinion, that the great body of parties applying for medical relief at the dispensary are in most cases unable to pay for their own medicines?—I consider that they are; they are generally humble operatives, and very frequently they have families; and at present provisions are so high, that it is a very great boon to them to get advice and medicine without any charge.

2657. Do you think any of those parties are capable of paying for themselves?—None would get medicine or treatment at the hospital that the person attending considered able to pay.

2658. But you receive them promiscuously, on application for medicine?—Of course; but they are generally confined to persons of that grade.

2659. You said small shopkeepers, and servants?—I said shopkeepers take advantage of the wards of the hospital; they are received frequently into the wards of the hospital.

2660. Dr. Brady.] You mean in case of accident?—Yes, and various diseases.

2661. Mr. Percy.] Do you take in fever patients?—Only from the constabulary.

2662. Dr. Brady.] What class of shopkeepers are they?—Humble shopkeepers, such as hucksters.

2663. People who are not in a position to pay for medical advice?—Exactly so.

2664. Chairman.] When you speak of 15 beds only being now open for venereal patients, does that include the venereal patients who come in from the constabulary?—Not at all; they are exclusive of those 15 beds.

2665. Do you admit as many venereal patients connected with the constabulary as apply?—Yes.

2666. Are there clinical clerks connected with the hospital?—There are.

2667. How many?—There is a surgical clerk and a medical clerk.

2668. Are they resident?—They are resident.

2669. Have they anything to do with the diet roll?—Nothing whatever; they merely take the orders from the physicians.

2670. Mr. Grogan.] You intimated that there was a sum of 46 l. received in the last year from other sources; subscriptions, in fact?—In 1853, 45 l. 5 s.; in 1852, 55 l. 8 s.; in 1851, 285 l. 10 s. including the bequest of 250 l. from Lieutenant-general Sir G. Ellie.

2671. Were there any peculiar circumstances in the years 1852 and 1853?—The average in those years is near about the same.

2672. Chairman.] Will you continue the return which is to be found in the Commissioners' Report, at page 93, down to the present day, for each year separately since 1840? Then there is another return here at page 94; will you give a similar return to that, specifying the number of constabulary patients, and the number of venereal patients?—I will.

2673. And also a detailed account of the income and expenditure, showing all the items for the past year?—Yes.

2674. Will you show what the expense and maintenance of the venereal beds for the last year was?—There is no separate account kept of the venereal patients; the money received from the Government is used and expended generally for the hospital.

2675. What is the average expense of a bed per year?—Twenty three pounds eight shillings.

2676. Dr. Brady.] Does that include all the expenses?—Yes, all.

2677. Does it include taxes?—We are not liable to taxes, except poor rates and income-tax.

2678. Chairman.] Did the Parliamentary grant of last year defray not only the expense of those 15 venereal patients, but a considerable portion of the expense of the general hospital besides?—The venereal patients are a more expensive class than the others, for this reason: they are the worst venereal cases that are received, very often broken-down constitutions; they have to get good nutritious diet, and they frequently remain a long time in the hospital.

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Martis, 16^o die Maii, 1854.

MEMBERS PRESENT.

Lord Naas.
Mr. Whitmore.
Dr. Brady.
Mr. James MacGregor.
Lord Alfred Hervey.
Mr. Digby Seymour.

Mr. Percy.
Sir John Hanmer.
Mr. Grogan.
Sir Thomas Burke.
Mr. Shirley.
Mr. Kershaw.

THE RIGHT HONOURABLE LORD NAAS IN THE CHAIR.

Dr. William Stokes, called in; and Examined.

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2679. *Chairman.*] ARE you Regius Professor of Physic in the Dublin University?—I am.

2680. And also physician to the Meath Hospital?—Yes.

2681. Are you anxious to make some remarks regarding certain statements made by a former witness, as to the mortality of pupils in the Dublin hospitals?—Yes. It was stated that three per cent. of the pupils who studied fever in the wards of the Meath Hospital died per annum; that certainly is more than what is correct. I have had good opportunities of knowing the facts, because I have been in attendance upon certainly the majority of our young men who have had fever since 1828, either attending them from the first or having been called into consultation with my late colleague, Dr. Graves, or my present colleague, Dr. Lees. The proportion of pupils who take fever varies according to the different epidemics; but I should think that a quarter per cent. would be much nearer the amount of deaths than three per cent.

2682. Does the amount of mortality vary very much with the character of the epidemic?—It has done so; I have made a slight calculation here, and if three per cent. of the pupils died of fever, taking the average attendance at 70, we should then have 52 $\frac{1}{2}$ pupils who have died during the last 25 years, which is far beyond the fact; and supposing the mortality among fever patients to be one in 25, that would give us a return of 1,312 pupils who have had fever since the establishment of the hospital, which is altogether beyond the amount.

2683. Do your remarks apply to the Meath Hospital?—Yes.

2684. Do you observe any indisposition on the part of pupils to receive instruction in the fever wards?—Not the slightest, except among some junior men; but after a year or two they conquer that feeling, and the general class attend the wards.

2685. Is there any particular year of their course in which they attend the fever course?—They attend the fever wards along with the other instruction.

2686. Is there any risk attending the passage of pupils from the fever ward into the general body of the hospital?—There has not been, to my knowledge, a single instance of their carrying the contagion since the year 1828.

2687. Is the fever ward of the Meath Hospital at the top of the house?—The upper story is entirely reserved for that purpose.

2688. Is it entirely under the same roof as the rest of the hospital?—Yes.

2689. Mr. Percy.] What is the class of fevers that you take into the Meath Hospital; do you take small-pox?—Yes, and scarlatina, measles, and spotted typhus, and what is called typhoid fever, which is a milder description of typhus. We also admit cases of rheumatic fever.

2690. Are you aware that it is the custom in London to intermingle patients, with the exception of the small pox patients, amongst other chronic cases?—I have heard so; but I have not, for some time, visited any of the great London hospitals.

2691. Dr. Brady.] I think we have not such a severe character of fever in this country as you have in Ireland?—I think not; at least it is different, to a certain degree, from the Irish fever. It is probably less contagious.

2692. *Chairman.*] Will you state generally to the Committee the position that the

the Dublin school holds among the medical schools of the world?—I think I may state that it holds a very excellent position in certain departments; it holds a first-rate position in practical medicine and practical surgery; it does not hold so high a position in other departments as some schools.

2693. Do you think that the position of the Irish school in practical medicine and surgery depends very much upon the state of the hospitals in Dublin?—Entirely; I think that the number of the hospitals, and the efficiency with which they have been worked, have produced a great number of energetic and scientific men, who have almost all, while they had time, been occupied in teaching, and thus a great impetus has been given to clinical study in Dublin.

2694. Does the medical school of Dublin receive any support from the Government, except in an indirect way, through grants to the hospitals?—Not that I know of.

2695. Is it supported from the funds of the State in any way, except through the hospital grants?—I think not.

2696. Do you think that there has been an ample return to the State for the money so expended?—I do not know of any instance in which so much good has been done for the State, or so much credit obtained for the country, with so little expenditure of public means.

2697. Dr. Brady.] The character of the fever in Ireland is of a most severe description, is it not, generally speaking?—There are great varieties of fever in Ireland; epidemics vary; we have epidemics of a mild fever, something like the English fever, and again, of a malignant spotted fever; and, in some epidemics, we find the two forms of fever mixed up. I do not consider them as essentially different.

2698. Do medical men in the interior of Ireland, and in the city of Dublin, suffer much from fever, generally speaking?—To a very great extent. I may state to the Committee, in answer to the question, that some years ago Mr. Cusack and I took a great deal of interest in the matter, and we examined into the mortality of the Irish medical profession, particularly with reference to fever, and the general results were very startling; I can pledge myself as to their accuracy, and the pains which were taken to produce a true result. If the Committee will permit me to read one or two sentences it might be advisable: "We find that, according to the returns received, for a period of 25 years previous to 1843, which were undoubtedly deficient, as we had to extend the investigation so far back, 568, out of 1,220 practitioners in charge of medical institutions, suffered from typhus fever; of those 28 had fever twice; and, in 1847, 1-15th of the entire medical community died."

2699. Is that one-fourth of the whole number employed?—Out of the 1,220 practitioners, we found that 568 had fever; and, with respect to the epidemic of the year 1847, 1-15th of the entire medical community of Ireland died of fever.

2700. Mr. Grogan.] These returns were answers to circulars sent by you to the different medical institutions?—Yes.

2701. Mr. J. MacGregor.] How many of those 1,220 medical men were on duty at one time?—I cannot answer that question.

2702. Out of the 1,220 persons, it is not an extraordinary circumstance at all that one-fourth should die in five years?—I do not say that the whole of that number died, but that 568 suffered from typhus fever; and with respect to the epidemic of 1847, it appeared that 1-15th of the entire medical community died during one year.

2703. Of the entire medical community of Ireland?—Yes.

2704. *Chairman.*] Is it the case that during the period of 25 years, nearly one-half of the number of medical men to whom your return applies were afflicted with typhus fever?—Yes; and during the year 1847, when we had the epidemic and famine fever, not less than 178 Irish practitioners died, being one in every 14.83 in a single year.

2705. Mr. Grogan.] Was there anything peculiar in the circumstances of the medical men in Ireland at that time, which occasioned that great mortality?—The dispensary officers of Ireland are generally subject to very bad fevers. They had an enormous quantity of work to do at that time, and extreme hardship to go through, and they were continually exposed to the most concentrated contagion.

2706. *Chairman.*] Did they frequently visit their patients in close cabins and

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and miserable places?—Yes; just so. The great majority of those fevers were taken in visiting the patients at their own houses.

2707. Mr. Grogan.] What became of the families of those medical men?—The majority were reduced to the most extreme destitution, and there was no provision for them. One great object of the investigations which we undertook, was to bring the position of the medical men of Ireland before the Government, with the view of obtaining some legal provision for the families of gentlemen whose lives had been sacrificed to the public service.

2708. Mr. Percy.] Have you made a calculation of the mortality amongst medical men in London?—No.

2709. Dr. Brady.] Then you would account for their early death from the labours of their profession?—I do; and also I attribute it to the extreme anxiety of mind and distress which they had gone through for a length of time before; and frequently from this, that in their zeal they continued to practise and attend to the sick when they were themselves far advanced in typhus fever. There were many instances in which a physician was actually met by a brother practitioner, in the discharge of his duties, among miserable people, and discovered to be in the sixth, seventh, or eighth day of typhus fever.

2710. Mr. Percy.] Was the mortality of the medical men as great in the time of the cholera?—No, nothing like so much. I cannot say what it was, but it was comparatively trifling. In one or two situations, there was a remarkable mortality of medical men; but they were very localised.

2711. Chairman.] Are most of the medical men practising in Ireland educated at the Dublin schools?—I think so. In the North of Ireland there are medical men who have received most, if not all, of their education in Scotland; but, as a general rule, the majority of the dispensary medical officers of Ireland have been educated, at least during a considerable part of their course, in Dublin.

2712. What is the character of that body in the profession?—I think I may safely say that the Irish dispensary surgeon and physician is as well-educated a country practitioner as is to be met with in any part of the world; I could point to a vast number of names of men of the highest possible order in the list of the Irish country practitioners.

2713. Dr. Brady.] You have considerable knowledge of the medical officers of the county infirmaries in Ireland; are you not of opinion that they are a first-rate body of men?—Generally they are an excellent body of men; they naturally become so from their connexion with the infirmaries.

2714. Then, in your opinion, it would be an injury to the community at large if those institutions were done away with?—So far as they subserve to the production of a superior order of men, I think it would.

2715. Chairman.] Is it not the case, that in every part of Ireland good medical advice and assistance can be obtained?—With but very few exceptions.

2716. Have those men been almost all educated in the Dublin schools?—A large proportion of them.

2717. Dr. Brady.] At all events, they are members of the Royal College of Surgeons in Dublin, or graduates of the University of Dublin?—They are members of the Royal College of Surgeons, or have taken medical degrees from the University of Dublin, or a license from the College of Physicians.

2718. Chairman.] Are you of opinion that the hospitals in Dublin which now afford clinical instruction, could, with advantage, be consolidated, and their numbers rendered fewer, while their accommodation both to pupils and patients would be enlarged?—I should be sorry to see it done to any great extent. I think that the success of the Dublin school has arisen from pursuing a system the opposite of consolidation; I think that the existence of so many institutions has an excellent effect; it produces a most wholesome rivalry between the institutions, a rivalry that the public must benefit by; and the facts are, at all events, that, with that divided system, we have produced results which we may be proud of.

2719. What proportion should the number of pupils bear to the number of beds in a hospital?—It is a question which, I think, has never been carefully examined; but we might safely say, that a bed a pupil should be the minimum, and that a bed a pupil would make a good working clinical hospital.

2720. Do you think that there should be an equal number of pupils to the number

number of patients?—No; but in order to have a useful hospital for the pupils, we should have at least as many beds as pupils. In every hospital we are not to suppose that every pupil avails himself of all the advantages of the institution; in point of fact, where there is a large class, the number who avail themselves fully of the advantages put before them, is certainly not more than two-thirds.

2721. Were you one of the first persons engaged in the establishment of the present system of clinical instruction in Dublin?—No, the founder was Dr. Graves, now deceased.

2722. Were you his pupil at the time that he commenced?—I joined him soon after he commenced. I was his second pupil and soon after became his colleague; and I then joined him, and worked with him in carrying out this system.

2723. Have you had an opportunity of watching the progress and effect of clinical instruction from its commencement in Dublin?—From the commencement of that form of clinical instruction. Clinical lectures were given before, but the form of instruction was very different from what it is now.

2724. Will you state the difference between clinical instruction and a clinical lecture?—In a clinical lecture the hospital officer goes into the theatre where the pupils are assembled, and delivers a lecture upon this or that case, as he chooses, the patient not being present. In the case of clinical instruction the mode adopted is this: such students as are willing to avail themselves of the advantage, return their names to the attending medical man, and he then gives to each, according to his power of accommodation for them, a certain number of beds, and the patients in those beds are then in their charge. They have to take their cases accurately, to attend to all the wants of the patients, to make daily examinations of the patient; and when the medical officer comes round they are to be at their post, to return him a full and true account of everything that has occurred; they are also to suggest the treatment which they consider necessary, and any difficulties that may arise to them in their minds are solved by the attending medical officer; he thus acts as a director and consultant, and they act as if they were unassisted until he comes round, and the result of this system is perfectly marvellous. In six months a student of ordinary intelligence will really become a most useful medical man.

2725. Does the student attend a patient in the hospitals in the same manner as a medical man does in after-life when he is called on to attend at the bedside of a patient?—Exactly so; the pupil is trained to all the exercise of his faculties, to the exercise of his own judgment, to the exercise of his eye, his ear, and his hands; he is taught caution; he is taught how to think, he learns the combination of diseases, and he gets a zeal which is extraordinary.

2726. Are you of opinion that this mode of instruction is the first element in a medical education?—I think it is by far the first element after a proper education in general literature; after that, I believe that clinical instruction is infinitely superior to every other sort of instruction.

2727. Mr. Grogan.] By the superintendence of the medical officers of the institution, an efficient guard against mismanagement is, of course, afforded?—It is so, completely.

2728. Chairman.] Is it your opinion that the patient himself obtains advantage from this system?—The greatest possible advantage. I think there is no greater advantage to the sick in a hospital than the attendance of a class of pupils; there are a thousand things which would escape a medical officer which are discovered by a zealous student; and the patients, feeling themselves to be the object of special and particular solicitude to A, B, or C, make him their confidant, and the best results follow.

2729. Do you find that the generality of pupils avail themselves of those advantages?—A great number do, but not so many as I would desire; the general system prevails, more or less now, throughout Dublin.

2730. Dr. Brady.] Does not the whole of the class go round the bed?—You cannot compel them, but the majority of the class go round with the physician. In the Meath Hospital we have adopted a most wholesome regulation, and it is that the days of instruction in surgery, and the days of instruction in medicine, are kept separate; the consequence is, that the attention of the student is not

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distracted; and the attending medical officer is stimulated to exertion and instruction by having a sufficient auditory, which is a very important point; for there is nothing more depressing to a zealous man than to find that, while he is willing to give instruction, his auditory is taken from him in consequence of their attending at some other place during the time he is lecturing.

2731. I believe you have paid particular attention to the use of the stethoscope?—We do not make it a special study.

2732. I believe you, yourself, attended to the bringing of the stethoscope greatly into use?—At the time that I began practice every well-educated man was using it.

2733. It is impossible, is it not, for a student to understand the sounds of the chest without the use of the stethoscope?—Certainly.

2734. And you think it impossible for a man to be thoroughly educated in the diseases of the chest, unless there is a hospital similar to those we are speaking of now?—Not impossible; but such a system gives the greatest facilities for the study of physical diagnosis.

2735. Then if those hospitals were to become less efficient than they are, the community at large, both rich and poor, would be great sufferers?—Unquestionably.

2736. Sir J. Hammer.] Do those students pay for their education?—Yes.

2737. They are not supported in any way by the grant to the institution?—Not at all.

2738. Chairman.] Is it your opinion that, as this system of practical clinical instruction is of so much value, all institutions receiving Government grants should be open for the reception of pupils?—I think so; I think that they all should be, as far as is convenient, made available for clinical instruction.

2739. Do you think that the advantage to the pupil is so great that they are bound to do it?—I think so.

2740. Do you think that the attendance of pupils on the Female Lock Hospital ought to be necessary to qualify them for a diploma?—It is not necessary, because a young man may answer very well indeed upon syphilitic disease, who has never been in a Female Lock Hospital. At the same time, there is no doubt that it would be a great addition to our clinical school if a Lock Hospital was open, under restrictions, to the senior class of pupils.

2741. Will you state how you would propose to open the Lock Hospital to students?—I would adopt the system they have on the Continent, where the patient is brought in singly into an apartment, where the teacher and his pupils are assembled. I believe she is veiled; they do not see her face while the disease is examined, and she is then removed; and no communication whatever is permitted between the pupils and the general body of the house.

2742. Do you think that it would be undesirable to allow the pupils to have general admission to the wards?—Certainly; I think it would be anything but advisable.

2743. Is it the fact that it was tried in Dublin, and found to be most prejudicial to the morals of the pupils?—I have heard that there was very gross immorality practised.

2744. Do you think that an attendance on a Female Lock Hospital is most necessary for pupils, who intend to qualify for the army and navy?—I believe the two special studies which are most necessary for the public service to be the study of fevers, and the study of the venereal disease.

2745. Do you think that the study of fever, in Dublin, as presented to the pupil, is sufficient for the wants of the school?—I think it might be enlarged, but up to the present it has done very well. It is a remarkable fact, that from the investigations in the wards of the Meath Hospital, under the Government grant, there has been produced certainly the most extensive and valuable work on fever which we possess, and that is Dr. Graves's Clinical Medicine; that was taken from the clinical observation, principally, of 35 beds; this shows what can be done with even a small number of beds. Then, on the other side of the water, we have a Fever Hospital attached to the House of Industry, and Dr. Corrigan has availed himself of his opportunities there by the publication of his lectures on fever. I should be very sorry to say that we should not be better if we had more clinical fever patients.

2746. Is fever the disease which is most common to the country practitioner in Ireland?—I think so; and further, I would say that fever in all probability,

probability in some form or other, is the disease which a medical officer in the army will have most to contend with when he goes abroad; and I have very little doubt indeed, that although the fever of warm climates has phenomena different from ours, yet the great principles of the treatment of fever can be learned, but only by clinical study, at home.

2747. Have you given your attention in a great measure to the recurrence of epidemics in Ireland?—Not very specially; but I have long thought that they were singularly irregular and unaccountable; they have occurred at all seasons and in great varieties of the social state of the people; great varieties with respect to the price of provisions, and so on. I feel at the greatest possible loss to explain the rise and fall of epidemics in Ireland, and I do not think that the matter has been at all explained.

2748. Do you think that any rule can be laid down for their periodical recurrence, or any cause assigned for their breaking out?—It appeared in some of the census returns, that there was reason to believe that something like a decennial period existed, and I am not prepared to say that that is not the case; but it applies principally to the great epidemics which affect the entire country, for there is a class of local epidemics which cannot be said to be decennial, or to have any other periodic character, and we do not know why they break out.

2749. Do you think that the suppression of the Cork-street Fever Hospital would have a prejudicial effect upon the health of the city of Dublin, in case of epidemic breaking out?—I have no doubt whatever of it. It could be looked upon in no other way than as a great misfortune.

2750. Do you think that temporary hospitals merely established for the relief of an epidemic after its breaking out, can successfully contend with it?—The great objection to temporary hospitals is, that the arrangements are always done in a hurry, and they are always done imperfectly; they are not commenced until the very necessity for their existence is before you, and the sick are of course the sufferers. One great advantage of preserving an institution like the Cork-street Fever Hospital would be, that you would have then always ready a noble institution and a permanent staff and apparatus, which would meet the pressure to a certain extent of great epidemics, without the necessity of rushing at once into the building of a temporary hospital; it would give you time, at all events, to make a temporary hospital, if such became requisite.

2751. Are you aware of the amount of accommodation which can be given in the Cork-street Fever Hospital in case of an epidemic breaking out?—I have heard that they could easily accommodate 500, and they could accommodate more than that within the grounds of the hospital.

2752. Dr. Brady.] Is not an institution like that likely to prevent the extension of fever?—Clearly so; I should be sorry indeed to see the Cork-street Fever Hospital suppressed; I think it is an institution that has worked very well and done great good; its funds have been administered with great integrity, and it deserves every favour.

2753. Do you think that it would be advisable to have the Lock Hospital united in any way with the rest of the hospitals of Dublin?—I would say not, unless as a source of clinical instruction.

2754. At the present time medical students are not allowed to visit the Lock Hospital; do you think that there could be any arrangement made between the lecturers of the other hospitals, with a view of having their pupils to visit the Lock Hospital?—I can see no objection to such an arrangement, and I should think that it could be done without difficulty; but I am not in any way connected with the Lock Hospital.

2755. Do you think that that would be beneficial?—Certainly.

2756. Chairman.] Who are the bodies that grant licenses in Dublin?—The University of Dublin, the College of Surgeons, and the College of Physicians.

2757. Have these bodies the power of insisting on any curriculum that they choose?—They have.

2758. If it was thought necessary, could they make attendance on any particular form of disease indispensable to obtaining a licence?—They could do so.

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2759. Mr. J. MacGregor.] Do you know the number of medical men in the public service, in the army and navy?—No.

2760. Do you happen to know in what proportion they are supplied by the English universities and schools, and the Scotch and Irish universities and schools?—I cannot answer that question.

2761. Is it on the ground of humanity towards the patients who are accommodated at the Dublin hospitals, that you would recommend a continuance of the Government grant, or more for the purpose of keeping up a good medical school, so as to give a first-rate medical education?—On both grounds.

2762. On which ground more prominently?—They are both very important matters. I think the two are of such importance that it is impossible to say which is the more important.

2763. Mr. Percy.] Do you consider that there is sufficient hospital accommodation for fever patients under ordinary circumstances in Dublin at present?—Certainly, with Cork-street Fever Hospital; but without the Cork-street Hospital I would say not.

2764. You have 36 beds in the Meath Hospital; how many are there in the Hardwicke Hospital?—I think 120.

2765. Do you think that that is sufficient for the instruction of the students in medicine in Dublin?—I think it would afford exceedingly good instruction, but I should like to see a little more.

2766. Combined with the Cork-street Fever Hospital, that would be amply sufficient for the accommodation of fever patients?—Yes; in the ordinary state of the city that would be quite sufficient.

2767. Chairman.] Are you of opinion that clinical instruction could be successfully given in hospitals attached to workhouses?—My opinion is directly the opposite; I think that it could not be successfully given under the present system; of course, in a workhouse hospital you meet with a great variety of disease, and, so far as seeing cases is concerned, it would be idle to say that there would be no advantage, but as means of clinical instruction I think they would be objectionable. When Mr. Verreker was in Dublin, he was kind enough to ask some of the medical men there to put down on paper what their views on the general subject were; and I put down, in the form of a few heads, my views upon that subject, among others which I sent him, and I will just read to the Committee the answer which I will give to that question. I would say, "That the hospital of a union workhouse is unfitted not only for the treatment of the non-destitute sick, but also for the purposes of a medical school; and again, for the production of that higher class of medical practitioners above alluded to." I was alluding to a class of men who have been so long the ornament of Dublin, who have really been produced by our general hospitals. "The following circumstances are among those which render a workhouse hospital unfit as a school of medicine and surgery: First, that the number of sick, as compared with the number of attendants, is so great that the medical officer would not have time for giving clinical instruction, either at the bedside or in a theatre." At present, in the South Dublin Union, I believe there are somewhere about 1,200 sick, and that number is divided between two medical men. "Secondly, that they would not present a sufficient variety of cases to render them useful as places of general instruction."

2768. Do you think that there would only be particular forms of disease presented to the pupil in the workhouse?—There would be a common character given to all those cases which entered the workhouse hospital from the workhouse, that common character arising from the similarity of circumstances as to their lodging, and food, and the confinement to which the inmate of the workhouse has been so long exposed; it is a character very difficult to describe in words, but we can imagine it by supposing the patient to be in a generally depressed physical condition.

2769. Would the appearance of disease which generally presents itself among a population who are employed in the usual avocations of life, be found in a workhouse?—I think not at all, unless perhaps in this way: that owing in a great degree to the deficient hospital accommodation of Dublin, it does happen that many persons actually come to the workhouse-gate on account of sickness, they lay themselves down there, and challenge the master of the workhouse to refuse them; that class of persons would be, to a certain degree, similar.

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2770. They are not the cases who come in from the general body of the workhouse?—No; they may afterwards become inmates of the workhouse.

2771. Dr. Brady.] Those remarks which you have just read were made perfectly irrespective of this Committee?—Totally so; they were made with reference to Mr. Verreker's request, when we were considering the chances of the hospital grants being removed.

2772. Sir J. Hammer.] Are there in the country towns of Ireland many infirmaries or hospitals?—There is an infirmary for every county in Ireland, and in some counties I think there are two; I believe that in Tipperary there are two.

2773. And the medical men attending those infirmaries generally receive their education in Dublin?—I believe that every surgeon of an infirmary in Ireland is a member of the College of Surgeons; it is required that he be so by Act of Parliament.

2774. Have those medical men received their education at those Dublin hospitals?—Yes; I wish to state two things more, which embrace the question which was put to me by the Chairman. "Fourthly, that no opportunity would exist for studying disease, as it attacks the individual previously in good health, and not having been confined within the walls of a workhouse," and lastly, "That a large proportion of surgical cases would be wanting." I beg to put this paper in evidence.

2775. They would never come into the workhouse at all?—No, they would not be found there.

2776. What amount of public grant do you think that the citizens of Dublin would be justified in asking for, in support of their hospitals?—I think that we might fairly ask to have the grants restored to their original amount.

2777. Do you think that the reduction of the grants has had any effect upon the efficiency of the instruction?—Not yet; except in the case of the Hardwicke Hospital, where a great number of beds were obliged to be closed, but they were afterwards re-opened by the direction of the Lord Lieutenant. It has perhaps had this effect, that from the uncertainty which prevails with respect to the endowments of these institutions, a good deal of discouragement exists in the minds of the medical officers of Dublin, with respect to the stability of the institutions, and of course that re-acts upon their energies.

2778. You think that they would look principally to the permanence of the endowment, whatever it might be?—Certainly.

2779. Mr. Grogan.] Is it within your knowledge that the Whitworth Chronic Hospital was absolutely closed, upon one occasion, for want of funds?—I have heard so.

2780. It was subsequently re-opened, was it not?—Yes; the Meath Hospital too would have been now much reduced, except for the same interference which I have mentioned, that of Lord Clarendon. I have here a memorial presented to the Lord Lieutenant upon that subject, from the Board of Governors of the Meath Hospital, and if the Committee will permit me, I would wish to put it in evidence. (*The same was delivered in.*)

2781. Chairman.] What answer was given to that memorial?—There was no written answer returned from the Government, but an understanding was communicated, that in consequence of the hospital being so much an educational institution, the diminution of the grants would be for a time suspended, and they have been suspended.

2782. Has the grant to the Meath Hospital been reduced in the same proportion as those to the other hospitals?—It was reduced in precisely the same proportion, but the reduction has not gone on since 1850.

2783. Mr. Grogan.] There was one-tenth struck off, and you remained at that reduced amount subsequently?—Yes.

2784. Chairman.] Do you think that the sums of money now granted by the Government for the support of these hospitals, could be supplied from other sources?—I am sure that they could not.

2785. Why do you think so?—I think that the Dublin people are too poor; I am sure that they would not subscribe anything to the Lock Hospital; and with respect to the Cork-street fever hospital, during the last few years, there has been a great falling off in the class of persons who were so much interested in it, that is the respectable and wealthy manufacturers of the West of Dublin; they are a class now almost extinct, and their place is taken up by

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miserable paupers, and their houses are occupied by the most wretched inmates.

2786. Mr. Shirley.] Do you think that tradespeople in Dublin are poorer than they were before the famine?—I am sure they are, but I think they are recovering; at the time of the famine there was a great reduction in the income of almost every man in Dublin, professional or trading.

2787. You do not think that they have recovered in Dublin so much as in the country parts of Ireland?—I think not.

2788. Dr. Brady.] The value of house property has fallen in Dublin, has it not?—I have heard so, but I think that it has latterly been improving.

2789. Chairman.] What is the character of the medical men who attend the workhouses in Dublin?—I am glad that your Lordship has asked me that question, because, from a misinterpretation of a passage in the paper which I sent to Mr. Verreker, an idea was created that I wished to speak lightly of those gentlemen; what I meant to say was, that a workhouse hospital would probably not produce a first-rate class of medical men, not that the men attending the workhouses at the present time were not of the first class. I know the four gentlemen who attend the two unions in Dublin intimately, and of Dr. Mayne I have the very highest opinion; there are few men in any country who have a greater amount of scientific knowledge of medicine. Dr. Monahan was a pupil of my own, and he is a gentleman of most sound and excellent knowledge; and I have the highest opinion of Dr. Kirkpatrick and Dr. Shannon.

2790. Will you state to the Committee the mode in which the pupils attending the schools at Dublin are entered, and describe shortly their course to the Committee?—A good deal depends upon the degree that they are going to take, if the question alludes to the hospitals.

2791. Will you give the Committee an account of the course which a medical student goes through in the schools of Dublin?—He attends a certain number of courses of lectures on anatomy, on medicine, on materia medica, chemistry, and on surgery, and other subjects. He attends according to his convenience, or, according to the regulations of certain bodies, so many of those courses annually. He also has to pursue practical anatomy, that is, dissection; and by some recent regulations he has to pursue practical chemistry also; that is, working in a laboratory under the professor, in either the University or the College of Surgeons, as the case may be. He has then to present certificates of a certain amount of hospital attendance; he may take as much of that as he pleases, and the more he takes, he will be looked upon of course with the greater favour by the examiners afterwards; he will be considered as a better man the more hospital attendance he has, and that is quite a proper and legitimate feeling.

2792. Is a general examination necessary at the close of a student's course, both in the University of Dublin and the College of Surgeons?—It is.

2793. Who are the examiners?—In the College of Surgeons, the examiners are appointed by the council of the college.

2794. Who are the examiners in the University school?—They consist of the Regius Professor of Physic and the Professors of Chemistry, Botany, Anatomy, and Surgery in the University; the Professors of the practice of Physic; the Materia Medica, Institutes of Medicine, Midwifery, and Medical Jurisprudence. By a recent regulation this Board has been augmented by the addition of the President and Censors of the College of Physicians, so that the candidate for the degree of M. D. is examined by a Board of 15 individuals.

2795. Is each student attached to any particular medical man as a pupil?—Not now; there are some few cases of apprenticeships, but not many; physicians never take apprentices, and the apprenticeship system is very much gone out now; but whether for good or evil, I feel great difficulty in giving an opinion.

2796. Dr. Brady.] Have you botanical gardens attached to your schools?—We have two very fine botanical gardens; the University has a noble botanical garden, and the Dublin Society also has an admirable one; they are accessible easily to the students.

2797. Are they expensive?—They are extremely expensive.

2798. And they are absolutely necessary, are they not, for the education of the medical students?—Education in botany is certainly to a degree necessary; it is perhaps not so necessary as the instruction in other departments, but it is

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of great importance to enlarge a young man's mind, and give him a taste for something not absolutely medical or professional.

2799. Mr. J. MacGregor.] Did you state that there were 1,200 sick persons in the South Dublin Union?—Yes.

2800. And only two medical men?—That is all.

2801. That allows so very short a space of time for attention to each patient, that it seems quite incredible?—A great number of them require nothing but food and drink.

2802. It would take 15 hours a day for each of the medical men to give a minute and a half to each patient?—I think so; but a large proportion of the patients do not require daily medical attendance; they are labouring under perfectly incurable diseases.

2803. Mr. Grogan.] They are principally cases of chronic patients, the symptoms of which do not vary from week to week?—Or from month to month; and that class of patients most obviously accumulate in the workhouses.

2804. Except for the great preponderance of such chronic cases, it would be impossible for two medical gentlemen to undertake the charge?—Totally impossible; as it is, they have an amount of labour put upon them which is quite excessive.

2805. Lord A. Hervey.] You stated that, if the Government grant was withdrawn, you thought the hospitals would fall to the ground?—Not all, because many of them have private property; for example, Steevens's Hospital; and if the present system of supporting the Meath Hospital was to continue, it could go on with half its number of beds, but there would be a most material reduction in the amount of relief that could be afforded by that hospital.

2806. You stated that Dublin was quite unable to support those hospitals by voluntary subscriptions?—I think there is very little hope of it.

2807. Do you think that Dublin is less able now to support hospitals of that kind by voluntary contributions than it was after the Union in 1804, for instance?—I do; because even since then the proportion between those persons who have independent incomes resident in Dublin, and those who have not, is very much altered. In my own recollection, the number of landholders and gentlemen and noblemen who have houses in Dublin has diminished wonderfully.

2808. There are several hospitals in Dublin now, are there not, which have no Parliamentary grants?—There are several.

2809. And they are maintained entirely by voluntary subscriptions?—Only in part by voluntary subscriptions; some of them are supported by a corporation rate or tax; others are supported by funds derived from donations and legacies; but mere voluntary subscriptions, consisting in giving a guinea or two guineas per annum, is a mode of subscription which is falling off, and has fallen off.

2810. Are those hospitals which are supported by voluntary contributions or corporation rates in a flourishing state?—I think they are, as far as the latter source of income goes.

2811. Sir J. Hanmer.] Has the trade of Dublin increased much of late years; has the class of merchants increased?—I was talking of an aristocratic class which we had in Dublin, to a large amount.

2812. Are there not other persons who might be equally likely to subscribe their two or three guineas to the hospital?—We have not found it so.

2813. Mr. Grogan.] With reference to those hospitals that do not participate in the Parliamentary grant to which you referred, are they of any extent?—They are very important. I think Mercer's Hospital and Jervis's Hospital are important hospitals; and St. Vincent's is a very important hospital.

2814. Mr. Percy.] How many patients does St. Vincent's Hospital contain?—I think 100.

2815. Chairman.] Is that establishment under the direction of a monastic institution?—Yes, of the Sisters of Charity.

2816. Lord A. Hervey.] I see that there are a great number of fever hospitals in different parts of Ireland; 183 altogether. Do you see any reason why the hospitals in Dublin should not be supported in the same way, by rates and grand jury presentments?—The only reason that I can give in answer to that is, that I think, if you support a hospital by rates, you make the Poor-law

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authorities sooner or later its governors, and we are of opinion that that is not the most wholesome mode of governing a medical institution. With a view to the well-working of the medical officers, we think that in the metropolis, at all events, it would be better if you had the institutions with their own independent governors, independent altogether of Poor-law interference or authority; and for my part, if the grants are to be continued, I should greatly prefer receiving them from some other source.

2817. Mr. Grogan.] Is there anything in the circumstances of Dublin as the metropolis of Ireland, and the influx of difficult and bad cases from the country for medical treatment in Dublin, which varies the case of the Dublin hospitals from that of the county fever hospitals to which his Lordship alluded?—Certainly; Dublin is exposed to a greater pressure than any of the district hospitals through the country, owing to its central position.

2818. Is it a fact that difficult cases come up for medical treatment to Dublin from various parts of the country?—A great many individuals do come up, but I am not prepared to say that they are sent up by the medical officers of the country. In fact, that is not at all so frequent as has been supposed; it is done occasionally, but not to any great extent. A patient himself, perhaps, after he has been under the charge of a country medical man, does come up occasionally.

2819. Are you aware that the medical officers in England, Wales, and Scotland, of the Poor-law institutions, are paid by a grant from Parliament?—I have heard so.

2820. Do you know the amount of it?—I do not.

2821. Mr. Percy.] What is your objection to the Poor-law authority in a hospital?—The Poor-law system implies economy to the greatest degree that it can be used; and when you are dealing with the treatment of disease, there is nothing more dangerous and inhuman than to have coercion applied in order to effect that economy. In fact, we are extremely anxious that a patient, no matter how humble he may be, shall have every possible advantage that good food and an abundant supply of wine may give him to insure his recovery; there is no limit whatever with us in the employment of wine. For example, we have had typhus fever patients in the hospital, who, in the course of their illness, have being given 24 bottles of the best wine; that sort of treatment would be objected to if the money was paid from the rates; it would be held to be extravagant, but it is not so.

2822. Lord A. Hervey.] Are you aware that any great inconvenience of that sort arises in the fever hospitals in the provinces?—I have heard many of our brethren complaining of the surveillance which was exercised upon them, and I think that whatever has a tendency to lower the status of the profession is fraught with mischief, and therefore, so far as the metropolitan hospitals are concerned, I should be sorry to see them placed under the control of the Poor-law authorities.

2823. Do you see any objection to hospitals being supported by grand jury presentments?—The same objection would not apply to such cases.

2824. Dr. Brady.] Are you of opinion that it would be better that the Poor-law medical officer should not be under the control of the guardians?—I am; I think that there is nothing more calculated to degrade a medical officer than subjecting him to the control of Poor-law guardians; by doing so you will create a class of men of an inferior rank, and the public must suffer accordingly.

2825. Of your own knowledge, are you aware that medical men have been greatly interfered with by the guardians of the poor of Ireland?—I have heard but too many complaints of it.

2826. And, in your opinion, that is injurious to the patients?—Clearly; because, if you degrade the profession, you will, of course, ultimately injure the public.

2827. Lord A. Hervey.] Is it injurious to the patients as regards their treatment; are they less well treated?—They would be less well treated if the administration of expensive medicines, or if the use of wine was interfered with.

2828. Is that so in the fever hospitals that are supported by the rates?—I have understood that the medical men feel that in ordering anything extra they are kept within a limit; that there is a power beyond them; and I think that

that the great principle in all medical institutions, should be that the medical officers should have unlimited power, so far as the medical management of a case is concerned.

2829. Mr. Percy.] Does not an ignorant guardian sometimes take upon himself to instruct the medical man?—I have never heard that, but I should not be surprised at it.

2830. Mr. Grogan.] Would you, as a general rule, consider it advisable that female venereal patients should be treated in Poor-law infirmaries?—Certainly not.

2831. If there were any regulation of the Poor-law Board forbidding the transfer of such patients to the Lock Hospital, would you consider that an interference with the medical men?—Certainly; that would be a very good example of it.

2832. You enumerated some hospitals in Dublin that did not participate in the Parliamentary grant, but had some assistance furnished by local taxation; did you mention the case of the City of Dublin Hospital?—It escaped my recollection at the moment.

2833. Do you know that hospital?—I do. I am not aware of the nature of its funds; it receives no Parliamentary grant, and I am not aware that it receives any public money at present.

2834. Do you know anything of its internal management?—Yes, in the same way as I do of other hospitals, and I have nothing to say that is not highly in its favour; it is officered by some very eminent medical gentlemen indeed.

2835. Chairman.] Supposing that the hospitals in Dublin were placed immediately under the control of the Poor-law Commissioners, do you think that the eminent medical men who are now attending those hospitals would remain in their present position?—I do not; my impression is, that if that power were exercised, those gentlemen would find themselves in an uneasy position, and certainly their successors would very likely not be of the same class. I cannot say that they would resign their situations; but they certainly would feel them, upon the whole, less honourable.

2836. Mr. Grogan.] With regard to private hospitals not participating in the Parliamentary grant, are they general hospitals; do they admit disease in all its forms and classes?—Except fevers; none of them admit fevers, but they admit every other disease.

2837. Mr. Percy.] Do they admit female venereal cases?—No; it is often very difficult to prevent such a case getting in.

2838. But they do not admit them specifically?—No.

2839. Mr. D. Seymour.] Do they treat female venereal patients as external patients?—I cannot answer the question positively, but I should suppose that they often have occasion to do so.

2840. Mr. Percy.] Are those hospitals all open to pupils?—Yes, they have all classes of pupils.

2841. And they are recognised, equally with those supported by the Parliamentary grant, by the Colleges of Physicians and Surgeons?—The recognition depends upon the number of beds.

2842. How many beds do you consider sufficient?—I think 100 is the minimum.

2843. Mr. Grogan.] However useful an institution may be in its general management and course of treating, unless they have that amount of beds, attendance on it is useless to the students?—Yes, those are the regulations of a great number of the licensing bodies.

2844. Mr. J. MacGregor.] Are all the hospitals which receive portions of the Government grant parts of the clinical school?—I think so, except the Lock Hospital and the Cork-street Fever Hospital. The Cork-street Hospital has never been really a part of the clinical school, and pupils do not attend the Cork street Hospital; they are admissible, but they have not been in the habit of attending. There are two reasons for that: one is the distance of the Cork-street Hospital from the College of Surgeons and the University; and another reason is, that it is a special hospital, and that a pupil bringing a certificate of attendance upon a fever hospital alone, although it might contain 500 beds, would not receive the same credit as he would from a general hospital of 100 beds;

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beds; and hence pupils have not been in the habit of going to the Cork-street Fever Hospital.

2845. One of the principal reasons for which you advocate a continuance of the Government grant, is that there should be a good medical school in Dublin?—Yes; and also on account of the advantage to the public, and the safety of the city. The medical officers of our hospitals have not only been successful teachers, but original investigators, and have added largely to medical and surgical knowledge.

2846. It would seem fair that the Government grant should be employed in promoting a good medical school?—Certainly; but I also said that I should regret to see the grant taken from the Cork-street Fever Hospital, which has proved of such great value.

2847. There is no reason why the Cork-street Fever Hospital should not be so for the future?—None whatever.

2848. Mr. Grogan.] Is there any objection at present in the Cork-street Fever Hospital to receive pupils?—None.

2849. The non-attendance arises upon the part of the pupils themselves?—Entirely.

2850. And that, to a great degree, is in consequence of the regulations of the Examining Boards?—Yes, in a great measure.

2851. Mr. J. MacGregor.] The students get no rank from attending that hospital?—None at all.

2852. Chairman.] It would be quite competent for the licensing bodies of Dublin to insist upon a larger amount of attendance on fever patients upon the part of the pupils?—It would be quite competent to them to do so, but in doing so they should lighten them of some other duties.

2853. Mr. D. Seymour.] The Committee have had evidence with regard to the venereal disease; would you leave it to the Examining Boards themselves in Dublin, or would you have the Government interfere in the matter?—I think it is difficult to see how the Government could interfere; but they might in this way, by giving a bonus to a student who has attended upon those specialities. For example, they might insist that a candidate for the public service should have attended a venereal hospital, and they might insist that he should have attended a fever hospital, and not permit him to enter the public service unless he did so.

2854. Dr. Brady.] Are you aware of any grants being given by the Continental Governments to forward the science of medicine in its different branches?—I cannot answer the question very particularly, except that I know in most of the great European cities the medical institutions are closely looked after by the Government, and I think that their endowments proceed from the Government.

2855. Are you not aware that in France a premium is given to the public vaccinators by the Government, and that that is most efficient in carrying out the system of vaccination?—I was not aware of it.

2856. Mr. D. Seymour.] Is there a hospital for chest diseases in Dublin?—No; chest diseases are received into all the hospitals.

2857. Do you think that there is any objection to that principle, or would you have one hospital set apart more especially for diseases of the chest; have you any suggestions to make upon that subject to the Committee?—With respect to consumption, which is the most frequent of the chronic forms of disease, we have not found that those cases did well in the Dublin hospitals. We are slow in admitting consumptive patients, we had rather not admit them; we might fill the hospital with consumptive patients if we chose, but, generally speaking, there are only a few cases in the hospital, and those have been principally admitted for purposes of clinical instruction.

2858. Dr. Brady.] Consumption is a very common disease in Ireland, is it not?—I am not prepared to say that it is more common in Ireland than in England and in other countries.

2859. Mr. Percy.] May not the prevailing epidemics of Dublin be attributed to the absence or inefficiency of sanitary measures?—I am strongly of opinion that the general health of Dublin would be greatly improved by an improvement in our sanitary system, but I cannot say that at present we have been able to connect epidemics with the state of our sanitary regulations.

2860. The

2860. The medical profession of Dublin have never taken any steps to urge an improvement in the sanitary condition of the city?—I do not think that they have interfered as a body.

2861. Have they done so individually?—Individually, in many cases they have done so.

2862. Have their representations been followed by any result?—The public authorities have made some improvements, whether they were from the suggestions of the medical profession or not, I cannot say.

2863. Are the improvements extensive at all?—I think that the whole of Dublin requires a great deal to be done in that way; the sewerage of Dublin is as bad as can be, and the supply of water is very insufficient, particularly in the poorer parts of the town.

2864. Is not that quite sufficient to account for a great deal of the fever prevailing in Dublin?—One would say so if the fever was constant, but it is so intermittent that it becomes difficult to connect the fever with a local cause.

2865. Is not it the case everywhere, that at certain seasons an epidemic becomes exceedingly violent, and at others it takes a mild form?—It is the most difficult question in the world.

2866. Mr. D. Seymour.] Is not the Liffey generally in a filthy condition?—It is.

2867. Are dredging machines at all employed upon it?—No.

2868. Sir J. Hanmer.] It is a tidal river, is not it?—Yes.

2869. Is there a space between high and low water mark?—Yes.

2870. It is very filthy?—I think it is very disagreeable indeed.

2871. Mr. D. Seymour.] Do not you think that the sanitary condition of Dublin would be improved if greater care was taken of the river?—The bed of the river exhales a most offensive smell in summer.

2872. Above the Carlisle Bridge, there are no dredging machines?—No.

2873. And it is above there that the smell proceeds?—Yes.

2874. Mr. Grogan.] Do you think that the severe epidemics which have prevailed in the country generally were in any way connected with the sanitary state of the country; the epidemic of 1847, for instance?—I think not; I think that the epidemic of 1847 was produced, in a great measure, by the great misery of the people, and the crowding of them together. They were crowded together in the workhouses, and they were crowded in every situation where they could get food; and we know that the malignity of an epidemic is increased in an enormous extent by the crowding together of persons afflicted with the disease.

2875. Mr. Percy.] Surely famine is an exceptional case?—Yes.

2876. Mr. Grogan.] In any anterior occurrence of a general epidemic, would your observations apply in the same manner?—We have not been able to arrive at any satisfactory conclusion upon that subject.

2877. As a general rule, a highly improved sanitary condition would tend to mitigate, at least, the severity of an epidemic when it occurs; but can you connect the violence of the epidemic in Ireland with anything connected with the sanitary state of the country?—I cannot; I think that too much has been said as to the connexion of epidemic diseases, and what is termed the sanitary state of the people, and that there are causes still hidden from us which regulate the invasions of epidemics.

Dr. William Robert Wilde, called in; and Examined.

2878. Chairman.] ARE you a Surgeon resident in Dublin?—I am.

2879. Are you a fellow of the Royal College of Surgeons?—I am.

2880. Have you resided in Dublin for some time?—Yes, for 20 years.

2881. Were you educated in Dublin?—Entirely.

2882. What hospital did you attend?—I lived in Steevens's Hospital.

2883. Were you a resident pupil?—Yes.

2884. Have you a general knowledge of the medical institutions in Ireland?—I think I have.

2885. Do you consider that residence in a hospital is indispensable to a good knowledge of medicine?—I think it is indispensable to a man having a thorough knowledge of his profession; but all cannot avail themselves of it.

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2886. Do

Dr. W. Stokes.

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Dr. W. R. Wilde.

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2886. Do the resident pupils in the hospitals act as dressers generally?—That is their business; they have the care of a certain number of patients.

2887. Do they by that means gain a large amount of information and instruction?—Their hands are educated, and their eyes are also educated in the observation of disease.

2888. Have the best surgeons in London and Dublin, generally, been residents in hospitals?—I know they have been so in Dublin, and I believe they have been so in London.

2889. Have you examined into the circumstances of many of the hospitals and schools of medicine in different parts of Europe?—In several parts of Europe I have.

2890. Have you written on that subject?—I have.

2891. When did you write?—In 1843, upon the subject of the Medical Institutions of Austria.

2892. Will you state, generally, to the Committee, how the medical institutions of Vienna are supported?—They are supported largely by the state, and in part by a taxation made upon the particular portions of the country from which the patients are received, and the various classes of the community from which they come; but largely by the state.

2893. What is the great hospital in Vienna to which you allude?—It is called the Allgemeine Krankenhaus.

2894. Was that great establishment built by the state?—By the state, in 1783, and finished in 1832, at a cost of 50,000 *l*.

2895. Do the state annually grant money to it?—If does.

2896. What sum?—Upwards of 20,000 *l*. a year in our money.

2897. Is that grant applied to the general purposes of the hospital, or principally to the instruction that is afforded in the hospital?—The government of Vienna grant 6,500 *l*. a year in our money to the medical officers attendants of the institution, and that is a portion of the medical school.

2898. Besides the support of the patients?—Yes.

2899. Were you a Census Commissioner in Ireland?—Yes, I was.

2900. Were you employed in the census of 1841?—I was.

2901. And also in the census of 1851?—Yes.

2902. Was there a statistical account of the Irish hospitals published in the census of 1841?—The deaths which took place in a large number of the Irish hospitals were published in the census of 1841, but in the census of 1851 a more correct account was taken of every hospital in Ireland on the night of the 30th of March.

2903. Was that the first time that anything like a bill of mortality was published in Ireland?—No; the first attempt to make a bill of mortality was that by Sir William Petty, about the year 1683; that was for the city of Dublin, consequently it was only a partial census. The next attempt was made in the census of 1841.

2904. But there was no attempt made between those periods?—None between those periods.

2905. Can you give the Committee any idea of the comparative rate of mortality in England and Ireland?—When the census was taken in 1841 it would appear to be rather less in Ireland; but there are certain disturbing causes that must be always taken into account, in making calculations founded upon a history given to you by persons, where they have to extend their memory over 10 or 11 years, and that which is daily received, as in England, where there is a registrar-general for registering the mortality week by week. At the time I speak of our mortality was about 1 in 57, in England it was about 1 in 50. At present we have not made up our census account for the number of deaths which occurred in the 10 years previously to the present inquiry, but I should say that it would be very much greater than in England, for the same period, owing to the calamity of the famine and the pestilence.

2906. Is there a system of general registration of births, deaths, and marriages in Ireland as there is in England?—There is a registration of the marriages of a particular religious class.

2907. Is there a system of registration for the country at large?—No; the Protestant and Presbyterian marriages are accounted for by the registrar-general of marriages.

2908. Have

2908. Have you been one of the teachers in the Park-street School of Dr. W. R. Wilde. Medicine, in Dublin?—I have.

2909. Can you inform the Committee the number of medical students receiving instruction in Dublin for the last year?—The number of students attending lectures, principally of the anatomical class, was 478, and perhaps 100 might be fairly added for those not attending the anatomical classes or dissections, but engaged in finishing their education; advanced students attending the hospitals. That would make 578 altogether.

2910. How long does it take to go through the course of medical instruction in Dublin necessary for obtaining a licence?—About four years.

2911. What is the average cost to the pupil?—The average cost to the pupil, of living and education, would be about 80 *l*. per annum; living is cheap in Dublin, and the student generally goes to the country for a short period in the summer, which should be taken into account in computing the sum of money spent in Dublin; 100 *l*. yearly would cover all expenses.

2912. Are the fees payable by medical pupils in Dublin less than are paid in London?—Yes, much less.

2913. Can you state to the Committee the difference?—In the London schools 4*l*. 4*s*. is paid for what in Dublin they pay 2*l*. 2*s*.; in the hospitals in Dublin 10*l*. 10*s*. would be about the average; it would be 20 guineas or 30 guineas in London; that is, the attendance upon an hospital for six months.

2914. Do pupils attend the hospitals in Dublin for more than six months generally?—For three six months; some attend longer, according to the class of education they receive, or to fit them for particular examinations.

2915. Is it the habit of many students who receive their instruction in Dublin, to go elsewhere afterwards for the purpose of seeing other schools?—Not generally; but most of those who can afford it do go and witness the practice in other schools, both in Great Britain and on the Continent.

2916. Do you think that the hospitals in Dublin, as at present established, afford every requisite necessary for medical instruction?—I do, taking them as a whole, which a student may visit if he wishes, and most of which he must visit according to the curriculum of his education.

2917. Have you been engaged in founding a hospital in Dublin?—Yes; St. Mark's Hospital.

2918. How long has that institution been founded?—I merely revived it; it was founded in the year 1750 in part of the Liberty of Dublin; after various vicissitudes, and losing a good deal of the money originally attached to it, I became connected with it, and put it upon its present footing, about the year 1844.

2919. Was it re-formed by voluntary contribution?—Entirely; but it has received since then a grant under an Act of Parliament from the corporation of Dublin—an annual grant equal to the amount of its subscriptions.

2920. What is the amount of that grant?—It is now about 100 *l*. a year.

2921. Is there great difficulty in Dublin at present in procuring voluntary contributions for hospital purposes?—I think I may safely say, that there is great difficulty. The peculiar circumstances of the country during the last few years have rendered it more difficult than ever; and previously to that, owing to circumstances which have been detailed already, the class of persons likely to give voluntary contributions for purposes of this nature, has been lessened day by day, and the class which has replaced them in numbers is not a class from which you could possibly expect relief of this description.

2922. Is the state of the city, with regard to the possibility of raising contributions for charitable purposes, very different now from what it was in the time of the Union?—As far as I can judge, from what I have read of the state of Dublin at the time of the Union, and from what I know personally of the state of Dublin now, I should say it is very different indeed. In the first place, there was a certain number of noblemen and their families residing in Dublin, having establishments; and there was the Irish House of Peers, and also a number of Commoners, many of them of considerable wealth, from distant parts of the country, residing in Dublin. I should think that you might fairly calculate, at that time, to get 10 *l*. a year from a peer, and 5 *l*. a year from a Commoner for Hospital Charities, which would make a large sum. Then it is known what the state of the Houses of Peers and Commons was at that time; that would give, upon the calculation which I have made, 3,890 *l*. a year; and

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Dr. W. R. Wilde. besides that there were a number of peeresses, dowagers, and ladies of that description residing in Dublin, who are very likely to give subscriptions to charities, and that class of people does not now exist in Dublin. There were also a number of contingent shopkeepers and traders.

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2923. Have you any means of showing the number of Peers and Members of Parliament residing at that time in Dublin?—Yes; I have here an almanack for the year 1800, which contains an account of the number and residences.

2924. Will you state the number to the Committee?—The number of Peers was 239; the number of Commoners was 300.

2925. That class is no longer resident in Dublin?—No; and many of them are not now in Ireland.

2926. What is the total amount of voluntary contributions for hospitals now subscribed in Dublin?—Upon the average, 1,500 l. a year.

2927. A former witness has stated that it is 3,000 l. a year; have you any remark to make upon that?—An erroneous impression has gone abroad upon that point. The former witness, in his examination, conceived that a taxation made by the community, or by persons appointed by the community, would be a voluntary contribution. Under the various Acts of Parliament, the hospitals of Dublin have certain rights which enable the corporation to grant them sums of money equivalent to the subscriptions, and that will exactly account for the difference between Dr. Hutton's evidence and my own, as he has made both the corporation grants and the voluntary contributions into one sum; whereas they are not voluntary grants any more than pipe-water taxation, or any ordinary taxation made by the municipal authorities.

2928. How many hospitals are there at present open in Dublin; will you state their names to the Committee?—Jervis-street Hospital, Steevens's Hospital, Mercer's Hospital, the Dublin Lying-in Hospital, St. Mark's Hospital, the Westmoreland Lock Hospital, the Hardwicke Fever Hospital, the House of Recovery, Cork-street, the Richmond Surgical Hospital, Sir Patrick Dunn's Hospital, the Whitworth Chronic Hospital; the Maison de Santé is mentioned among the hospitals, but it is a private one, it receives no grant whatever; the Whitworth Fever Hospital, Drumcondra, is now closed, it existed in 1851; the Coombe Lying-in Hospital; the Anglesea Lying-in Hospital, which I believe at present does not receive patients; the City of Dublin Hospital, and St. Vincent's Hospital.

2929. Have you prepared any statement to show the amount of hospital relief now given in Dublin in proportion to the general population?—The hospitals have altered in their amount of accommodation consequent upon the still greater depression of their funds even since this Census return upon the "States of Disease" was given in; and moreover, you cannot infer from the number of patients in a hospital any one night the amount of accommodation afforded by that hospital, because certain wards are closed for useful purposes; they are seldom quite full. I think the hospital accommodation of Dublin at present is about 1,200 beds, including the Lying-in Hospital, and excluding the Royal Hospital of Kilmainham, which would be about one bed to every 200 of the population, which is insufficient.

2930. Mr. Grogan.] By 1,200 beds, do you mean the number of beds actually open now under the grants, or the beds which the hospitals are capable of having open?—Altogether the hospitals had upon the night of the census 1,053 patients within them; that number includes hospitals of every description, and the constabulary department of Steevens's Hospital.

2931. Chairman.] What proportion did that bear to the population?—That would be but one bed to every 208.4 of the population within the municipal boundary of the city of Dublin; but the city of Dublin itself is very extensive without that municipal boundary.

2932. When you speak of the hospital accommodation being one to every 208 and a fraction of the population, do you include in your estimate of the population the number of persons in the lunatic asylums and the gaols?—No; they have been all excluded, as being already provided with medical relief elsewhere. The total population of Dublin city in March 1851, was 258,369.

2933. Does that give an accurate estimate of the population not provided with medical relief, except from the hospitals?—Just so.

2934. Mr. J. MacGregor.] Do you leave out the 1,200 sick people in the South Dublin Union Workhouse?—Yes; the sick and healthy in both union workhouses,

workhouses, who amount to 4,119, and also the inmates of the Hospital for Dr. W. R. Wilde. Incurables.

2935. Mr. Grogan.] And the military also?—The military were quite excluded from the census returns of our population.

2936. Chairman.] Does this estimate only include the population within the municipal boundary of the city?—Only the population within the municipal boundary of the city unprovided with hospitals.

2937. Is there not a large population without the boundary of the municipality who avail themselves of the hospitals of Dublin?—There is a very large population.

2938. What does it amount to?—About 35,000 people.

2939. That 35,000 people should, properly, be added to the 258,000 here?—Yes; the boundary is a mere boundary for municipal purposes.

2940. Mr. Grogan.] There is no broader distinction between the population within the boundaries and the population without the boundaries than there is between the City of London and the City of Westminster?—No.

2941. Sir J. Hanmer.] Have the Dublin hospitals increased of late years in number?—No.

2942. Do you know how many there were before the year 1800?—I do. Jervis-street Hospital, Steevens's Hospital, Mercer's Hospital, the Dublin Lying-in-Hospital, the Hospital of St. Mark, the Westmoreland Lock Hospital, and the Meath Hospital; that was the last founded.

2943. Which are the new hospitals?—The Hardwicke Fever Hospital, the Cork-street Fever Hospital, the Richmond Surgical Hospital, Sir Patrick Dunn's Hospital, the Whitworth Chronic Hospital, the Maison de Santé, which is a private hospital; the Whitworth Fever Hospital, at Drumcondra, which no longer exists; the Coombe Lying-in-Hospital, the Anglesea Lying-in-Hospital, the City of Dublin Hospital, and St. Vincent's Hospital. It is necessary to explain, perhaps, that some of those hospitals were established by the Government, others by the private means and the private energies of individuals.

2944. Dr. Brady.] Has the population of Dublin increased since the Union?—Yes, it has very much.

2945. Chairman.] Are you able to state to the Committee, that though the population has increased, the wealth of the town has decreased?—I believe it has very much so.

2946. Have you been for some years editor of the Dublin Quarterly Journal of Medical Science?—I was for several.

2947. As a medical writer, can you state the attainments of the principal hospital physicians and surgeons in Dublin?—The original contributions which supported that periodical during the time I was editor, and I believe also when Dr. Graves and Dr. Stokes were editors, were derived from the Dublin Hospital surgeons, from observations afforded by the patients in the Dublin hospitals; consequently they largely contributed to the reputation of the school of medicine.

2848. Have you also written biographies of many of the eminent hospital surgeons in former times in Dublin?—I have of several.

2949. Are you acquainted with the history of the institutions which they founded?—A large number of the sanitary institutions of Dublin were founded entirely by the private means of medical men.

2950. Is there any document now before Parliament, which will shew the results of your researches upon that subject?—This book which I have here upon the "Status of the Disease" will show that, but I may mention that Dr. Steevens founded his hospital entirely from his private means; Dr. Mosse founded the celebrated Lying-in Hospital of Dublin, by his private means; six medical men founded Jervis-street Hospital, and the Lock Hospital was founded by a medical man. The idea was first acted upon by a surgeon, Doyle of Dublin, who received a few patients affected with the venereal disease into a house in Rainsfort-street, and supported them by his own private means and such contributions as he could receive, and from that arose the present Lock Hospital, which when it was rebuilt was named after Lord Westmoreland, who happened at that time to be Lord Lieutenant of Ireland; the present Hospital for Incurables was a venereal hospital, and the governors exchanged with the hospital in Townsend-street; Sir Patrick Dunn's money went also to found a hospital.

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2951. Have

Dr. W. R. Wilde.

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2951. Have your researches as an antiquarian led you to inquire into the ancient history of hospitals in Ireland?—I have inquired into the history of them.

2952. Will you state to the Committee what the history of those institutions is?—We had a number of institutions of that description attached to the monastic establishments a great number of years ago, for the cure of leprosy, the names of which have come down to the present day to the amount of at least five in the provinces of Leinster and Munster; and they were all confiscated at the time of the general suppression of religious houses, with one exception.

2953. Which is that?—The Leper Hospital of Waterford, which has saved that county having an infirmary ever since, inasmuch as some of the endowments still continue. We had also hospitals for the reception of patients labouring under general diseases, both in the city of Dublin and other parts. In Dublin in particular we had a large monastic institution, the Priory of St. John's, in Thomas-street, which admitted patients in the year 1188—it is said in the Census Report to the amount of 55; but anxious to see upon what authority Mr. Archsdall, who published that statement some 60 years ago, founded his assertion, I went further back into the records, and I found, on referring to Ware, that the hospital maintained 155 beds in the reign of Edward 3, which, considering the population of Dublin at that period, would be a very large hospital accommodation indeed.

2954. Mr. Grogan.] By whom was it founded?—It was founded by Alfred le Palmer, a Dane.

2955. Chairman.] Do you believe that the institution was similar to the Priory of St. Bartholomew, London?—From the records it would appear to be precisely similar.

2956. What became of the Hospital of St. John, in Thomas-street?—It was suppressed by the Government at the time of the Reformation; its lands sold for 1,078 l. 5 s. 8 d., and 2 s. 6 d. a year, to the family of Pedgrave, as we learn from the records; that was common with religious houses at that time.

2957. What became of the Priory of Saint Bartholomew's in London at that time?—It was re-erected and re-endowed by Henry VIII. into a hospital for the reception of the sick, as appears by the records at that time.

2958. Mr. Grogan.] Was that forfeited also?—Yes.

2959. And re-endowed by the king?—Yes, and it retains that endowment to the present day to a very large amount.

2960. The estates, in fact, then belonging to the former Priory of Saint Bartholomew were re-granted to the institution?—Yes.

2961. And the estates granted to the Priory in Dublin were sold absolutely?—Yes, we know nothing more about them; there were other hospitals in Dublin, the Steyne Hospital, Allen's Hospital and St. Stephen's Hospital were suppressed at the time of the Reformation. They were all hospitals for the sick, contradistinguished from the usual hospitals so called, from having the order of Hospitallers attached to them.

2962. Mr. J. MacGregor.] Is there no record of any hospital being founded at the time that those were abolished?—None whatever.

2963. Mr. Grogan.] What became of those hospitals?—We know that there were inquisitions held upon them; we know they were sold, we know to whom some of them were sold, and that sums of money were paid for them.

2964. Chairman.] Is the Leper House of Waterford the only one which now remains in Ireland?—Yes.

2965. Mr. D. Seymour.] Were they generally sold to English families, or to Irish families?—I cannot tell; the names would appear to be English.

2966. Mr. Grogan.] Have your inquiries led you in any way to trace the foundations of those great hospitals in London, whose lands, you say, were re-granted to them by the Kings of England?—Yes; I have a note here taken from Lowe's "Charities of London," where it says, "St. Bartholomew's Hospital, Smithfield, founded in 1102,—by Rahere, the minstrel of king Henry I. At the suppression of monasteries in 1537, the Priory and Hospital, with their revenues, came into the possession of Henry VIII., who, in 1547, re-founded the hospital by Royal Charter." From this, its second foundation, St. Bartholomew's Hospital has increased in 300 years to more than five times its original extent;

extent. And here is an extract from another work, which I will read, with the permission of the Committee: "When the Parliament assembled in 1553, the King, who was languishing under the decline which soon put a period to his life, ordered the two Houses to attend him at Whitehall, where Bishop Ridley preached before him, recommending with such energy the duties of beneficence and charity, that his Majesty sent for him to inquire how he could best put in practice the duties which he had so well and so strongly enforced; and the result of this sermon and conference was, a determination in the King to found or incorporate anew, and endow with ample revenues, those noble institutions, Christ's, Bartholomew's, Bridewell, and St. Thomas's Hospitals." Under those two grants, those large institutions still continue to have the means of supplying most extensive medical relief.

2967. Mr. Grogan.] Do you know anything about their funds derived from those re-endowments?—I have the printed accounts of St. Bartholomew's Hospital and also of St. Thomas's Hospital, another institution originally a religious house; the income of St. Bartholomew's Hospital upon the account for 1852 was 31,972 l. 8 s. 5 d.; 71 l. 10 s. 7 d. was the amount of subscriptions received for that year, and the remainder is entirely from the funds of the hospital, mostly estates, and also the monies got by the election of governors, legacies, and other sources, which have been funded for the purpose of the hospital.

2968. It appears from the balance-sheet of the hospital, that out of a sum of 31,972 l. 8 s. 5 d., 71 l. 10 s. 7 d. is the only amount of voluntary subscriptions for that particular hospital?—Yes, so it would appear.

2969. Is there a somewhat similar statement with regard to St. Thomas's Hospital?—Yes, for the year 1853.

2970. What is the income of St. Thomas's Hospital?—£. 29,910. 0 s. 8 d.

2971. From what is that derived?—From lands and funded monies, and the ordinary management of its estates.

2972. How many subscriptions are there?—Donations 279 l. 12 s.; paid for parish patients 24 l. 17 s., and casual receipts, which I take to be voluntary contributions, 130 l. 5 s. 10 d.

2973. Those two great institutions are essentially dependent upon the revenues of the estates given to them upon their re-endowment?—Yes.

2974. Mr. Percy.] Do you know the number of hospitals in London which receive public grants?—I do not.

2975. Chairman.] As a general principle, are you of opinion that a country and locality should support its own sick as well as its own poor?—Taking the circumstances of the country into account, I think it ought.

2976. Upon what grounds do you think that such grants as are given to the Dublin hospitals by Parliament can be defended?—In the first place, I think, as a matter of right, though it is a long time to look back for it, as on the suppression of all our monastic institutions we did not receive any hospital grants or endowments in return; and in the second place, without the hospitals, I think the school of medicine in Dublin would not exist; those are the two principles upon which I, as an individual, would advocate this claim.

2977. Mr. D. Seymour.] First you say as a matter of right, and secondly, as a matter of education; is there no ground of necessity or utility?—Yes; as I already stated, the people of Dublin are themselves not able to support them.

2978. Sir J. Hanmer.] Are you acquainted with the medical schools of Edinburgh?—I never was a student in Edinburgh, but I have frequently been there, and I may say that I know a good deal of the general repute of its schools.

2979. Are they not, to a large extent, self-supporting?—I cannot tell about the school; the University pays its professors largely, and the pupils pay twice as much as in Dublin.

2980. Chairman.] Is it the fact, that several of the founders and donors to those hospitals, from time to time, made their contributions on the faith that they would be supported by Parliament?—I think when Dr. Mosse built out of his own resources the Lying-in Hospital, and made, as he did, several appeals to the Irish Parliament, to which they always responded, he finished the house on the express belief that the grant was to be continued by Parliament; he has left records which fully bear that construction.

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2981. Mr.

Dr. W. R. Wilde.

16 May 1854.

Dr. W. R. Wilde.

16 May 1854.

2981. Mr. Grogan.] Is that one of the biographies which you have written?—Yes.

2982. You have reason to know the fact from that circumstance?—Yes.

2983. Does the same remark apply to Dr. Steevens?—He did not state in his will anything upon the subject.

2984. Lord A. Hervey.] Is there anything to show that any such provision was made?—Parliament came forward upon three several occasions to relieve Dr. Mosse from his difficulties. I do not say there was a bargain made to that effect; it was upon the faith of getting it supported by Parliamentary grants that he continued the building, and finished it at his own expense almost.

2985. Mr. J. MacGregor.] Will you be kind enough to fill up a general return, containing the name of each hospital, whether it receives any portion of the Government grant; what is the amount of subscriptions from the public in the course of the last year; the amount of contributions from the city of Dublin; the amount of property invested belonging to the different hospitals; the income last year, and the total expenditure on the patients and on the staff; and whether the attendance at the hospital is part of the clinical curriculum or not, and the number of pupils attending each hospital?—I will do so. Upon the subject of out-door relief, I think figures should be taken with caution, because, unless you examine carefully into the names, you do not know that the same person may not have come back 10 times.

2986. If they do so, it is 10 times exercise of relief?—Yes; that is so.

2987. Chairman.] Are the recipients of medical relief, in the hospitals of Dublin, entirely natives of the city?—I should say that more than one-fourth were persons who come up specially for relief, and in every large city the proportion of natives to those who have migrated thereto is comparatively small. A large city is filled up every moment by persons from the country, so that a large amount of hospital accommodation is occupied always by persons who are not natives of Dublin, and another large proportion by persons who come up specially for hospital relief.

2988. Are there many persons from the country in the hospital of St. Mark's?—One-half, generally; often more.

2989. How do you account for the numbers who come from the country; are they attracted to Dublin by the superior amount of medical relief, or are they passers through?—They are generally persons sent up by some charitable person in the country, sending a note to the physician; or they are persons attracted by the hospitals generally.

2990. Is there a clinical system of instruction established at St. Mark's?—There is.

2991. Will you explain the nature of it?—There is a large dispensary attached to it, as well as a hospital for in-door relief; and with patients presenting themselves, one of the advanced students examines the various symptoms which the person presents, and describes those symptoms to the remaining portion of the class, and is taught to exercise his judgment upon the case, and make what the doctors call a diagnosis, and also speak with respect to the most applicable treatment; each pupil in succession being corrected by the medical man in attendance, if he should think it necessary.

2992. Do you think the existence of a Lock Hospital in Dublin to be most valuable?—I think it most necessary.

2993. Do the Government support Lock Hospitals in other parts of the kingdom?—Yes. I find an account in one of the English newspapers, the "Hampshire Telegraph," for 14 January last, of a meeting which was held at Portsmouth, for the purpose of increasing the general hospital accommodation afforded there; and I perceive by this, it has been arranged with the Government to establish, in connexion with the hospital at Portsmouth, a Lock Hospital for female patients. This is to cost from 1,600 *l.* to 1,800 *l.* for erection, and is to receive "the sum of 500 *l.* a year, for the maintenance of such 20 beds to be defrayed by the Government out of the public revenue;" and acting upon that, I sought still further information upon this subject, and I find, according to the Navy Estimates for the year 1854-5, that this 1,800 *l.* has been granted for that purpose to the Royal Portsmouth, Portsea and Gosport Hospital.

2994. Mr. Grogan.] It is a stipulation that 500 *l.* a year to that hospital is to be granted by Government?—Yes, so I read it.

2995. And that was one of the conditions upon which the governors of that institution

institution consented to the establishment of the 20 beds?—Yes; the item in the report is, "Constructing Lock-wards at the Portsmouth, Portsea, and Gosport Hospital, 1,800 *l.*"

2996. Chairman.] Do you think clinical instruction ought to be given in all hospitals which derive assistance from Government?—I think it would be very advisable, and would be some general return to the public service for the money so granted by the instruction of the pupils.

2997. Does that apply to Lock Hospitals as well as general hospitals?—Under certain restrictions it does.

2998. What restrictions do you think necessary for giving instruction in Lock Hospitals?—I agree with Dr. Cusack in what he said yesterday, that only a certain class of advanced pupils should be permitted to attend hospitals of that nature; I think they should not have access to the wards of the hospital. Even on the Continent, in Vienna, where there is a surveillance over the students by the police, such as would not be tolerated in a free country like this, that rule is observed; but I would have a room in which the patients could be examined day by day, without allowing any intercourse of the students with the rest of the hospital or the rest of the females. That, however, would be a matter of detail of which the medical men or governing bodies would, no doubt, see the propriety.

2999. Do you think it would be perfectly possible that every safeguard could be taken to prevent demoralisation amongst the pupils?—Yes.

3000. Do you think that class of education is of importance to medical men generally?—I think it is, but not of the same importance as diseases of more frequent occurrence, as, for instance, fever.

3001. Do you think it is particularly important to those medical men who propose to enter the service of the army and navy?—I do.

3002. Mr. D. Seymour.] Do you apply the term to female patients or the male patients, or to the study generally?—To the study generally.

3003. Supposing they had an opportunity of studying the male patients?—They are not required in the army and navy to see so much syphilitic disease in females as a person attending an Irish workhouse, or a person attending an Irish infirmary or gaol.

3004. Mr. Grogan.] Why do you mean that an officer attending an Irish gaol requires to have a competent knowledge of the syphilitic disease in the female?—Very much owing to the fact that women, not finding access to the Lock Hospital, and finding it difficult to obtain access to a county infirmary, commit petty crimes, for the purpose of getting into gaol, to be cured of the venereal disease.

3005. Upon what is that opinion based?—Personal knowledge, general repute, and this letter, written by Dr. Read, and Mr. Banon, physicians to the prison of Dublin, to the Inspectors-general of prisons, in the year 1851, showing the great increase of small crimes, and the greater necessity for both gaol accommodation and hospital accommodation. They base their recommendation upon this: "The immense increase in the prison population has been followed, as might be expected, by a proportionate increase of the sick and diseased; but the relative proportion has been largely exceeded in the course of the last two years, especially in 1851; and this occurrence appears to us to be directly attributable to two causes: the influx of vagrants, and the unfortunate limitation of hospital relief, under the process now in progress, tending to the abolition or contraction of these institutions."

3006. To whom is the letter addressed?—To the Inspector of Prisons.

3007. That is an official document?—Yes, dated February 1852.

3008. I see in the "Status of Disease," an official document before the House, which I believe was prepared by yourself, a similar remark, in page 106, under the head of "Sick in prisons:" were you induced to insert that statement from the fact of the number of patients brought under your notice in conducting the census?—Yes; we found 53 laboured under syphilis, of whom 42 were females, in the prisons of all Ireland, in one night.

3009. You have made just the same statement, that a number of those unfortunate persons commit petty thefts for the purpose of getting hospital accommodation?—Yes.

3010. Can anything have a more demoralising effect than to accustom the mind of any patient to commit an offence, for the sake of getting hospital accommodation

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accommodation in prisons?—Scarcely anything. I might remark, as a suggestion for the future management of a Lock Hospital, that it would be advisable to keep the married females totally distinct from the general public who seek relief; and I would also beg leave to add, that, with respect to having female venereal patients in general hospitals, that I think it would be very objectionable. The very fact of having this class of women, even in a distant ward, would militate against people going in; and it might be injurious to the students, and it would bring a class of persons about the hospital at a certain time of the day which would not conduce to the morality of the persons in attendance.

3011. Mr. Percy.] Is that the effect of the Middlesex Hospital or Bartholomew's Hospital, where there are such wards?—I am not aware.

3012. Lord A. Hervey.] Do you consider that the number of criminals committing petty crimes for the purposes of getting into prison hospitals is increasing?—I think it has increased up to the present period.

3013. How do you account for that increase?—A great deal is owing to the want of accommodation in other places for persons labouring under venereal disease.

3014. Has not there been a very large increase of the total number of persons in the hospitals connected with prisons?—A very large increase; that is owing to the condition in which the country has been for some time past; people have been very liable to receive disease on going into any place where the hospitals are crowded.

3015. I see that the number of patients in the prison infirmaries in 1849 amounted to 659, and in 1853 to 2,666; can any such increase as that be accounted for by the diminished accommodation in the hospitals?—A portion of it certainly can, but how far it is difficult to state.

3016. Dr. Brady.] You stated that the fact of having syphilitic patients in a general hospital in Dublin would have the effect of bringing a certain class of people about the institution, which would have the effect of keeping away respectable poor people?—That is my impression.

3017. Amongst a larger population such an effect would not take place; as for instance, in London?—No. In the same way, if you walk the streets of Dublin you know half the people there; in London even an inhabitant may walk the whole street and not meet a face he is acquainted with.

3018. What would affect an institution in Dublin would not affect one in London?—No.

3019. Chairman.] Are you of opinion that the workhouse hospitals could be made places where clinical instruction could be successfully administered?—Not such clinical instruction as is proper for a good medical education.

3020. Why do you think so?—The class of diseases that you meet there are always not sufficiently varied and acute; accidents are quite omitted, and the persons in the workhouse hospitals labour under fevers, chronic diseases of various kinds, and dysentery, and a large proportion of the beds are occupied by the lame and infirm, and decrepid, with sore legs, and ophthalmias; very useful for the student to see, but he does not see accidents there, nor are remarkable surgical operations performed there; he does not see acute diseases occurring in a previously healthy subject.

3021. Mr. D. Seymour.] And the character of the disease is more what you would associate with poverty and wretchedness?—Owing to the class who go in there, in the first instance; and, in the second instance, to the crowding together of a large number of people for a great length of time.

3022. Chairman.] Could the medical attendants of workhouses find time to teach?—Not at present; because the men in the Dublin unions are not able to perform the duties alone; they have to get two assistants.

3023. Dr. Brady.] Would not the freedom of action of the medical officer be interfered with by the guardians?—I presume the guardians would not permit it.

3024. Do you think that it would be injurious to the patients themselves, if workhouses were to be employed as schools of teaching?—I do not know that it would, because patients like to be lectured upon.

3025. Mr. D. Seymour.] Do you know any case in which collisions have taken place between the guardians and the medical men with reference to the treatment of patients?—There are constantly differences arising between them with regard

regard to nourishment, and things of that description. I was sent by the Poor-law Commissioners to inspect some workhouses, when labouring under an epidemic of ophthalmia, and I found that the medical men there were not able to have their intentions fulfilled. The children were kept in a wretched condition, and my treatment consisted in having them all sent out into a healthy locality, and a house was taken for them then by the guardians in the vicinity, and a large portion recovered; but that could not be effected by the ordinary medical men of the place.

3026. Mr. Grogan.] Would that also account for Dr. Brady's testimony, of the insufficient nutriment afforded for fever patients in a convalescent state?—No doubt of it.

3027. Economy being the great principle of Boards of Guardians?—Economy being the great principle of Boards of Guardians.

3028. Chairman.] Is there not a great dislike on the part of the labouring classes, not paupers, to go into a workhouse hospital?—Very great; it is only latterly, having been excluded from the hospitals of the city, that they have sought relief in the workhouse hospitals.

3029. Would the applicant also be aware, that though the medical officers of the workhouse might be clever and eminent men, still they were not the same class of men as would attend on him in the general hospitals of the city?—Perfectly so.

3030. Do you think that a consolidation of some of the Dublin hospitals could be effected with advantage?—I think the contrary; for, in the first instance, if you crowd people together you certainly decrease their chance of cure, and increase the mortality; that is an established fact. Most of the great hospitals decidedly do prevent a healthy emulation; and altogether, I think that a number of institutions, provided they are sufficiently large to come under the class of general hospitals, and to have both medical and surgical cases, fever, and I suppose some male venereal patients attached to them, would be better distributed over the city than having them concentrated at one spot.

3031. Are you of opinion that the largest hospitals are always the best schools of medicine?—No, I am not.

3032. In this great hospital at Vienna, to which you alluded, are special wards set apart for teaching?—Yes; the pupils have not the run of the whole hospital, but the most interesting cases are extracted from the rest of the patients for the clinique.

3033. Mr. Percy.] Are there separate wards for fever in that hospital?—Yes; fever is very fatal in Vienna.

3034. Chairman.] Are most of the hospitals in Dublin schools of medicine?—The Lock Hospital is not, but most of the others are.

3035. Mr. D. Seymour.] Does the same physician or surgeon attend more than one hospital, and lecture to pupils at each hospital?—With the exception of Sir Patrick Dun's Hospital, I do not know any hospital the surgeons or physicians to which have two hospitals; but that is a clinical hospital, which men take in rotation for a particular purpose; and students, to entitle them to a medical degree from the University.

3036. Chairman.] Is there a considerable rivalry between the schools of medicine?—Yes, there is a very wholesome rivalry.

3037. Do you think that that emulation is productive of good not only to the pupils, but to the patients themselves?—I am quite sure that it is.

3038. Dr. Brady.] Have you not a number of students from England, occasionally coming over to the Dublin school?—We have many students from England, and many from America.

3039. Mr. D. Seymour.] Do they select the largest hospital?—They are persons who have taken their degrees generally, and merely come to perfect themselves.

3040. Do they come to perfect themselves in any particular branch?—The Lying-in Hospital is the great place of attraction.

3041. The Lying-in Hospital forms a very special object in the eyes of those who go over to Dublin?—It does.

3042. Many of them being graduates of other schools?—Yes.

3043. Have you any documents which would show the number of persons from the provinces who died in the Dublin hospitals at any period?—In the census

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census of 1841, we found it to be something more than one-fourth; but during the last 10 years, I should say, it has been a great deal more than that.

3044. Are there not always a great number of persons relieved in the Dublin hospitals; who have no claim whatever upon the charity of the inhabitants of the town?—Always a large number.

3045. People who come from the provinces?—Yes.

3046. Mr. D. Seymour.] You have had experience in reviving St. Mark's Hospital; do you think that by any efforts you could have commanded, you could have supported St. Mark's Hospital by voluntary contributions?—We could only do one-half the good we now do in relieving patients by voluntary contributions.

3047. Do you think that the voluntary contributions can, to any sensible degree, be increased?—Not to support any of the large hospitals; a small institution, with friends attached to it for a certain period, has a much better chance of getting voluntary contributions than any large hospital.

3048. Do you think the existing condition of the Government grant is sufficient to keep them in a state of utility to the public, or would you restore it to the footing of 1848, or increase it?—I think, if they had a grant of 15,000 l. a year it would be very useful.

3049. Would that be amply sufficient for the requirements of Dublin?—I cannot say as to that; I am quite sure less would be too little.

3050. Mr. Grogan.] Is your opinion based upon the fact, that for many years that amount of grant was given, and there was no complaint?—Yes, partly so.

3051. Has your attention been called to the prevalence of epidemic disease, fever, typhus, and other diseases, throughout Ireland?—Yes; and I have collected materials for tables, showing the time they came, their prevalence, their character, where they came from, their apparent causes, and so forth.

3052. Are you able to attribute the prevalence of those epidemics to any particular cause or causes?—Not generally. Each particular epidemic had advocates for certain causes at the particular time when it appeared.

3053. Have the characteristics been separated from the preceding epidemic?—Yes; many of them have.

3054. Has that been the state of Ireland from any long period back?—Yes, from the earliest period; we have had returns of epidemic pestilence every 10 or 12 years; so as within the last 150 years to appear almost decennial; that is, the mean being between eight and 12 years, and then a lapse.

3055. Mr. D. Seymour.] Do epidemics visit Dublin about the same time as they visit London?—Not always.

3056. Is there anything in the local character of Ireland which would cause those epidemics?—They have occurred at particular times; sometimes at wet seasons; sometimes they were connected with a scarcity of food, and sometimes they were not; it is very difficult to define any law, or give any general opinion upon the subject of epidemics. In the case of cholera, for instance, you cannot tell why it comes, but it generally follows the lines of human intercourse.

3057. Is not it the received opinion now that the spread of cholera depends very much upon the sanitary condition of the town?—It is an opinion, but I do not think it is the received opinion.

3058. Do you think the sanitary condition of Dublin is good or bad?—Heretofore it has been very bad; we have had no sewers in many of the principal thoroughfares. In the street where I live, Westland-row, that is one of the principal thoroughfares of Dublin, and has a railway terminus attached to it; but we never had a sewer there till now, and it has been in existence more than 20 years. But the present corporation are doing a great deal in that way, and I expect that in the next two or three years Dublin will be very well sewered. It should be taken into account that the corporation have only the right of taxing the city to a certain amount for that particular purpose, therefore the progress must be gradual.

3059. Mr. Grogan.] Have you found that Ireland is very subject to these epidemics?—Yes, comparing the history of Ireland with the history of other countries.

3060. You mean to say that in the ancient history of Ireland you have accounts of these epidemics occurring?—Yes, from the establishment of Christianity

Christianity in Ireland, about the year 470, until the present time, I have found them to exist. Dr. W. R. Wilde.

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3061. In case the Cork-street Hospital should be diminished in its efficiency, what would be the probable condition of the country if another visitation of an epidemic of fever should occur?—Either there would be a great loss of life or a great waste of public money in order to meet the exigencies of the case; whereas, if you keep up a large institution like that in Cork-street, together with the sheds which were erected during the late epidemic of fever, you are ready at a moment's warning to receive 500 or 600 patients.

3062. I presume that the early attention of the medical officers of that institution, on the approach of an epidemic, would, in a great degree, check its virulence and extent?—Yes, I think so.

3063. Mr. Percy.] Do not you consider that the want of cleanliness, and the absence and inefficacy of sanitary measures, are a great aggravation of an epidemic?—It is possible that they may aggravate it, but I do not know that they cause it, for they always exist, the same every year in the self-same place.

3064. Lord A. Hervey.] When they break out, where do you find them principally?—Always among poor people, who are reduced very much by bad food, bad clothing, bad lodging, and bad drainage; and from them the epidemic spreads to the rich.

3065. Dr. Brady.] Do you think the fact of those poor creatures being admitted to the hospital has the effect of teaching them more cleanly habits after they leave the hospital?—I know that they are taught cleanliness while they are there; whether it affects them when they leave I cannot speak personally.

3066. Mr. J. MacGregor.] Dr. Stokes thought there was too much said about sanitary measures?—What Dr. Stokes meant, I think, was this, that there was too much said about sanitary measures as a means of preventing disease; but I am quite sure that he did not mean that too much could possibly be said about sanitary measures, in the ordinary acceptance of having cleanliness and good ventilation.

3067. Would not those, combined with good food and good residences, be almost all that could be done for humanity?—Yes, it is a most necessary portion; it is all that we can do.

3068. You would do all those things to endeavour to promote health?—Yes.

3069. And then, in a good situation, you would almost expect to escape the epidemic?—No; I will give an instance to the contrary. One of the most healthy places about Dublin is the neighbourhood of Castleknock; it is a rural situation; it is on a hill; it is surrounded by grass and trees; there is no bad sewerage, nor anything that could possibly be said of itself to produce or originate epidemic disease; and in the last outbreak of cholera this curious circumstance occurred: a portion of the household of the Lord Lieutenant, who of course were persons well fed and clothed, and housed, went to the church at Castleknock; they were stricken with cholera; the comptroller of the household died in two or three hours, and the disease ravished the little village.

3070. Mr. Percy.] Is not that an exceptional case?—It is one of the cases which occur; I do not know that it is an exception.

3071. Mr. D. Seymour.] Is the sanitary condition of Castleknock all right with regard to sewerage?—It is a very clean little place.

3072. Mr. J. MacGregor.] Have you heard that in some of the finest houses in this country, it has been discovered that the sewers were not trapped, though the situation was all right and likely to insure health, and that all the foul air from the refuse of the house came back into the house?—I have heard that.

3073. Would not the want of drainage be almost as bad as the very worst atmosphere?—It has not been established that bad smells produce disease.

3074. Mr. D. Seymour.] You have travelled a great deal, and have been through the hospitals of Paris and other countries; do you think that the system of certificates connected with the hospitals in Paris is a wise plan, as a matter of police; and, supposing all objections to be got over, would you recommend its adoption in Dublin?—As regards protecting persons against the spread of syphilitic diseases, it does act; how far it may act in another point

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of view, I am not in a position to give an opinion, but certainly it would assist largely to curtail the spread of syphilitic diseases.

3075. Do you mean that it would tend to increase immorality, from the fact of that immorality being less attended with danger; do you think that morals are so loose in Ireland?—They are less loose, I believe, in Ireland than in other countries.

3076. Is the venereal disease on the increase in Dublin, do you think?—I cannot state that it is; it is said to be so.

3077. Is not syphilis very much more prevalent in Dublin or the United Kingdom generally than in Paris?—It is not in Dublin.

3078. Mr. Grogan.] Is its type more severe?—I think it is less severe than when I was a pupil; I happened at that time to have the care of those wards to which Dr. Cusack alluded.

3079. In what year was that?—From 1832 to 1837.

3080. That was anterior to the reduction of the grant?—Yes.

3081. Would it be your impression that, by reason of the facility of admission to the Lock Hospital, the severity of the type was much mitigated?—I cannot tell.

3082. Mr. D. Seymour.] In proportion to the number of the inhabitants in general, is the amount of syphilis in Dublin greater than the amount of syphilis in Paris?—I do not know what the amount in Paris is; but I beg to observe that syphilitic diseases have altered their character generally throughout the world, as far as we have known them, since the days of Mr. Hunter, and that the improved condition of the people in Ireland in many respects—less drunkenness and the greater care that they take of themselves—has very much tended to mitigate the severity of the disease, but I believe that it is as fully prevalent, if not more so.

3083. Dr. Brady.] Do you think that the treatment has anything to do with lessening its ravages?—Yes, I think we treat them better now.

3084. Mr. D. Seymour.] Is there any hospital in Dublin for diseases of the eye?—There is St. Mark's, and there are special wards in the City of Dublin Hospital appropriated to these diseases.

3085. Mr. Grogan.] From the investigations that you have made with reference to the state of disease in Dublin generally, what do you consider ought to be the number of beds for hospital accommodation?—I think there ought to be 1,500 beds ready to receive patients, and that would very much lessen the number of patients going into the workhouse, and possibly into the prisons also.

3086. Mr. Percy.] Do you know what the number of beds is in proportion to the population of Paris?—No. I know that the great bulk of them die in hospital; and in Vienna, out of a population of 330,000 people, there were above 2,700 beds.

3087. Mr. Grogan.] So far as the Medical School of Instruction goes in Vienna, it is exclusively paid at the expense of the State?—Entirely by the State.

3088. Chairman.] Do the pupils pay anything?—That goes into a staff fund, which partially pays the professors.

3089. Mr. Percy.] It is the same at Paris, is it not?—To a certain extent it is; there are a great number of private teachers besides.

3090. Lord A. Hervey.] Do you see any reason why that system should not be extended to Ireland?—I do; in Great Britain the fees always go to the medical men, and in Paris too.

3091. Chairman.] Do the medical men receive salaries from the hospitals in Dublin?—No, not generally; the physicians at the Richmond Hospital receive a small salary; it was originally a Government hospital. A few pounds are paid under the will of Dr. Steevens to the medical officers of Steevens's Hospital. At the other hospitals where teaching is carried on the medical officers do not receive anything.

3092. Lord A. Hervey.] Would there be any difficulty in increasing the amount of money now received from medical pupils?—I think there would. An Irish student, generally speaking, cannot pay so much as an English student. I do not think the Irish students could pay more than they do.

3093. Dr. Brady.] Do you think it would be desirable to have stated salaries for the professors in an hospital?—No, I think not.

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3094. You prefer the professors receiving the fees of the pupils?—Yes.

3095. What reason can you assign for that opinion?—They work harder; there is more emulation.

3096. Chairman.] Do you think that the generality of the Irish medical students could afford to pay more than the 80 *l.* a year which their education costs them now?—No.

3097. Mr. J. MacGregor.] Do you know the number of medical men in the public service in Ireland?—I do not.

3098. But you probably know that there are more Irishmen and Scotchmen than Englishmen by far in the public medical service?—From my intercourse with the medical officers in the army and navy, and others, I would say that they are a great proportion.

3099. The service is a poor one?—Yes.

3100. That proves that Scotland and Ireland supply men who are ready to avail themselves of a poor service?—Yes.

3101. Chairman.] Do you know whether the Dublin School of Medicine is the cheapest school in the three kingdoms?—It is cheaper than London, and it is cheaper than Edinburgh; but with regard to some of the small Scotch colleges, I cannot state how it is.

3102. Dr. Brady.] Is not the certificate of the Dublin School much respected throughout the world?—Very much; a Dublin educated man is highly esteemed on the Continent.

3103. I believe anatomy has been taught to great perfection in Dublin?—It has been taught to great perfection in Dublin; but Dr. Hargrave, the President of the College of Surgeons, is here, and having been himself a professor of anatomy, he will be able to speak better than I can on that subject.

3104. Was not the "Dublin Dissector" used as a class book in dissection throughout the United Kingdom at one time?—It was for a long time a class book in Ireland, and I believe, also, in other portions of the British Empire.

3105. Can you tell me where Mr. Quain was educated?—I believe he was a student in Dublin; but I have no knowledge personally upon the subject.

3106. Are you aware that his work upon anatomy is now considered a first-class book?—I believe it is a very highly esteemed and useful book.

3107. Mr. Percy.] Are you acquainted with the circumstances of the hospitals of Edinburgh?—I am not.

Dr. William Hargrave, called in; and Examined.

3108. ARE you a Surgeon, resident in Dublin?—I am.

3109. Are you President of the Royal College of Surgeons?—I am.

3110. Do you hold any other office in that institution?—I am Professor of Surgery at the Royal College of Surgeons also.

3111. Are you connected with any hospital in Dublin?—I am one of the surgeons to the City of Dublin Hospital.

3112. What is the yearly average number of medical students in Dublin?—I think from 500 to 560; it is close on 600 sometimes.

3113. How many years does it take a student to obtain a licence?—It takes four years.

3114. What is the expense to the student for that four years' instruction?—The expense of lectures, hospital attendance, together with the charge for the diploma in surgery, amounts to about 90 *l.* If the student has private tuition, and obtains a qualification in midwifery, he incurs a further expense of about 21 *l.*

3115. What is the general expense to a pupil, including the expense of his living during his course?—It varies with the student's mode of living; but I think, for the nine months passed in Dublin it ranges from 50 *l.* to 100 *l.*

3116. Mr. Grogan.] Then the four years would be about 400 *l.*?—Yes; it may range from 80 *l.* to 100 *l.* a year.

3117. As a professor of surgery, have you reason to know that the Dublin school ranks high abroad?—It does.

3118. What is its great characteristic?—Its great characteristic in my opinion is, that it is essentially a practical school of instruction.

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3119. How do you account for its having obtained that character of being essentially a practical school?—It possesses the two great essentials for a good medical school, namely, very good clinical instruction, also affording the means of extensive observation to the students to study disease, and great facilities for acquiring a perfect knowledge of practical anatomy, equal to any city in Europe.

3120. On the superiority of its clinical instruction, and the facilities of acquiring a good knowledge of anatomy, you base the high character which the school has sustained?—I do.

3121. Those facilities are as high now as they have been at any former period, are they not?—Up to the present time, they are.

3122. With regard to the clinical instruction, must that be necessarily dependent upon the amount of hospital accommodation?—Decidedly.

3123. They could not have the clinical instruction without hospitals?—You could not have a practical school without hospital instruction.

3124. In your opinion, would it be advisable to continue the Dublin hospitals as they are at present, or to institute two or more large institutions?—I think it would be better to continue them as they are, and my reasons are these: the manner in which clinical instruction is conducted there is this; all the hospitals where clinical instruction is given are open to pupils, that is, if there is an interesting case. In cases of hydrophobia, glanders, tetanus, or operations, the hospital throws its wards open to the entire class of Dublin. Then there is this advantage also, that if there is an important case any student who wishes can visit the hospital when the surgeon or physician is going round; can see the nature of that case; if the patient dies, and there is a *post mortem* examination, if he wishes, he can visit the mortuary-house and witness it.

3125. In fact, the medical students of Dublin, practically, have an opportunity of studying all the rare cases in any hospital?—They have.

3126. Mr. Percy.] Would not they have the same opportunity if there were two or three hospitals?—No, because when there are several hospitals there is a great rivalry between the different institutions; the medical men have much more energy, and they are much more anxious to impart instruction by reason of the emulation which exists between them; then, if there were only two institutions, there would be such a crowd of students at those institutions that they would prevent each other from getting instruction. In Paris, at the Hôtel Dieu, which I believe has from 400 to 500 patients, they have a very large class of students, and in order to get a sight of a case when I was there, we passed over eight or ten beds to reach a particular case; so that we had the value of only a few cases in the hospital, though the hospital was of such a size, as there were such a number of pupils.

3127. Mr. Grogan.] Do you mean to say that the number of pupils attending that hospital was so great, that in order to get a place to see a case they were obliged to pass over half a dozen cases to reach it?—Yes; I often did that myself when I was there.

3128. Consequently, an over-number of pupils in any hospital could not be conveniently accommodated at the bed of any one patient?—It is impossible.

3129. And, to that extent, those pupils who could not get that opportunity would be injured in their education?—Yes.

3130. Sir J. Hanmer.] Do they take pupils at the Cork-street Fever Hospital, in Dublin?—Not yet, I believe. Some years ago there was an effort made to open the hospital as a school for instruction; but at that time there were a number of the governors who were Quakers, and I understood they objected to a fever hospital being thrown open as a clinical hospital.

3131. Mr. Grogan.] As President of the College of Surgeons, is it your opinion that the Cork-street Fever Hospital ought to be thrown open to pupils attending their medical studies in Dublin?—It is; and further than that, I am of opinion that it should be made imperative upon the governors of any hospital that receives Government grants, in the City of Dublin or elsewhere, if the surgeon or physician wishes to make a *post mortem* examination of the body of a patient who has died in the hospital, to permit him to do so. Some of the governors object to *post mortem* examinations; why, I cannot understand.

3132. Dr. Brady.] In what institution do the governors object?—In the Hospital for Incurables; there is one governor, who in every other point of view is a gentleman of common sense and intellect, but he has objected to *post mortem* examinations upon the remains of people who die in the hospital.

3133. Then,

3133. Then, in your opinion, it is necessary that there should be *post mortem* examinations upon the bodies of such persons?—I think that, for the sake of the living, the dead should be examined, when those examinations are conducted with all due propriety, care, and delicacy. Dr. W. Hargrave.
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3134. Chairman.] Always supposing that the relatives have no objection?—Of course; and the relatives are never attempted to be over-ruled in Dublin; if they show the slightest objection the examination is not made.

3135. Dr. Brady.] Is the greatest delicacy observed in those examinations?—Yes, the greatest delicacy and the greatest propriety is observed in the conduct of those examinations; in fact, we must do it for our own self-respect and character; on some occasions the relatives themselves will come forward, and will ask for those *post mortem* examinations to be made. In the City of Dublin Hospital I have known persons to come forward, and request that those examinations should be made; and the reasons that they assigned were, the attention given to the relative whilst alive, and for the benefit of the surviving members of their family.

3136. Mr. Grogan.] Can you state to the Committee what is the curriculum of study that the pupils of the medical school in Dublin are obliged to go through?—The curriculum is a very high one: we require, in the first instance, a high standard of education; also, that they should have a knowledge of Latin and Greek. Many of our students are undergraduates of Trinity College, and if they come to the College of Surgeons with a certificate from their tutor, that is taken in lieu of an examination; if not, they are then examined in Latin and Greek by the college. As regards the course of examination in medicine and surgery, it is higher than the course of examination in the London College of Surgeons; higher than the course of examination in the Edinburgh College of Surgeons, and higher than the course of examination in the Glasgow College of Surgeons.

3137. Mr. D. Seymour.] Is it higher in the variety of attainments, or in the degree of attainments?—We insist upon three courses of surgery, while the London College of Surgeons require but two; we insist upon two courses of chemistry, the one general and the other practical, making the student a working pupil, while the London College of Surgeons require but one course; also, one on medical jurisprudence and toxicology.

3138. Dr. Brady.] Have you not also two days of examination?—Yes, we have two days of examination; one day on anatomy, physiology, and pathology; and the second day is on surgery, on the theory and practice of medicine, on materia medica, pharmacy, and writing prescriptions, and in medical jurisprudence and toxicology. The examination is open to the fellows and licentiates of the body.

3139. Mr. Grogan.] How many men undergo that examination in a year?—I think the average is between 50 and 60, and the number is annually increasing.

3140. Dr. Brady.] Do many of your students take degrees in England and Scotland?—They are not very fond of doing it; in fact they do it more in obedience to the feeling of the public, who think that unless a man can attach "Dr." to his name he is not sufficiently educated; but many men are not inclined to do it. I would say that the men educated in the College of Surgeons of Ireland, if they pay a proper attention to their business, are capable of undertaking the treatment of any case.

3141. Mr. D. Seymour.] You say that the number of students who are admitted to examination in a year and take out their diploma is between 50 and 60?—Yes.

3142. What is the number of those who fail?—We do not turn back more than three or four per cent.

3143. Mr. Grogan.] In general the young men who stand for your examination are extremely well prepared for the examination?—They are; this last year I do not think one man was sent back.

3144. How many students obtained their diploma in the course of last year?—I think 74 or 75 in the last year.

3145. How many presented themselves for examination?—That number.

3146. There was no one rejected?—No; one man withdrew himself in consequence of becoming ill between his first and second examination, and he has not again applied.

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3147. Mr.

Dr. W. Hargrave.
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3147. Mr. D. Seymour.] Have you ever known a case in which a candidate for your diploma having been sent back by you has come over to England, and been passed by the College of Surgeons of England?—It has occurred in previous years, but not latterly. The examination of the London College of Surgeons has become much more strict of late years, and their curriculum more extended; but I have known cases of that kind occur some years since.

3148. Is it not the case, that sometimes students who are afraid to submit themselves to examination before your examiners come over to the London College of Surgeons, thinking it an easier way to get a degree?—It does occasionally occur. What deters our students is the publicity of our examination, and sometimes the classical examination.

3149. Are the general public admitted?—No; the fellows and licentiates of the College are admitted; a pure physician could not be present; he must be a licentiate or a fellow of the College of Surgeons.

3150. Are those examinations frequented by practitioners in surgery?—Yes, sometimes there are 20 to 30 at them.

3151. And that makes the ordeal more severe?—Yes. If a young man fails in Dublin, he is under the impression that his failure is more generally known than if it occurred in London.

3152. Mr. Grogan.] Can you state the number of Scotch or Irish educated medical men in the public services?—I should say that the mass of the medical men in the public services are Scotch and Irish; the Irish have a greater desire to go into the army than into the navy, and so well-pleased was Sir James Macgregor with the services of the Irish surgeons, that I think, so far back as five or seven years, he gave us what I may call two scholarships; that is, two gentlemen who went through a certain education by our body, and were examined by our college, and certified as having passed that examination, those gentlemen had by right, *ipso facto*, their appointments in the army as assistant-surgeons, and that continues to the present time. Similar privileges have been also given by Sir William Burnett, head of the naval medical department, to the College of Surgeons.

3153. Mr. Grogan.] Does your remark also apply to the East India Company?—We appealed to the East India Company for that privilege; but their reply was, that it would, perhaps, interfere with their patronage, and they declined granting us the privilege.

3154. In addition to the lectures and the course of instruction you have described, have the medical students of Dublin any peculiar facilities for reading and studying disease?—There is the library of the College of Surgeons at Dublin, which has 25,000 or 30,000 volumes, pamphlets and all, in it. Students are admitted to it; also to the valuable and instructive museums of the College of Surgeons; there is one of comparative anatomy; one of human anatomy, and a very fine museum of pathology.

3155. Chairman.] Are there not some small libraries attached to the other hospitals?—There is a small library attached to the Richmond Hospital, and a museum; that museum was commenced about 20 years or more ago; it was founded in connexion with the school of anatomy attached to that hospital. There is also a good library to Sir Patrick Dun's Hospital, to the City of Dublin Hospital, and one to Mercer's Hospital; I am not certain if the other educational hospitals possess libraries.

3156. To what purpose was the 10,000 *l.* left by Dr. Carmichael applied?—He left a legacy to the Richmond School, now called the Carmichael School; he also left 3,000 *l.* to the College of Surgeons for a triennial prize essay.

3157. Has the endowment of the Carmichael Institution come into operation yet?—No, not yet.

3158. Mr. D. Seymour.] Dr. Carmichael was himself a surgeon, and took pupils, and practised at the hospital?—Yes; he was one of the most eminent surgeons in the British Empire.

3159. Mr. Grogan.] Is it your impression, from your official position, that the standard of education for pupils is yearly improving in Dublin?—Decidedly so; certainly the class of students is improving, and their character and conduct is also improved, and that can be dated as far back as the passing of the Anatomy Bill, 20 years ago. Prior to that time, the pupils were obliged to go out themselves to assist in obtaining materials for studying practical anatomy, and on some occasions that led to rather irregular conduct; that

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objection has been removed, and the students who come into the profession now are from a better class of families. Dr. W. Hargrave.

3160. Mr. D. Seymour.] The class of surgical students in Dublin is generally highly respectable, is it not?—Yes. 16 May 1854.

3161. Mr. Grogan.] You heard Dr. Wilde's evidence, as to what, in his opinion, was the amount of accommodation requisite for the city of Dublin, namely, 1,500 beds; do you concur in that?—Yes; from 1,500 to 2,000 beds. I might say, in proof of the estimate the present Government and Parliament entertain of the value of Dublin as a medical school, that within two months they have founded a professorship of military surgery there, and have granted the money for the endowment of it; they have not appointed the gentleman yet, but the estimates were passed so far back, I think, as February last. It was proposed by the Secretary-at-War to found a military professorship for military surgeons. The College of Surgeons sent over a deputation to him, stating that the legitimate place to locate that professorship in was the College of Surgeons, as it has its museums, theatres, and libraries, and particularly taking into account the peculiar charter of the College of Surgeons. The first charter was granted by King George the Third, expressly to supply a number of well-educated men for the public generally, and the army and navy particularly. We referred the Secretary-at-War to the heads of the public departments in the army and navy, and other public bodies who could corroborate the efficiency of the surgeons educated by, and holding the diploma of the college. I may add, that the charters since granted to us by King George the Fourth and her present Majesty confirm our first one in all its rights and privileges.

3162. Mr. D. Seymour.] What is the particular want that this professorship is supposed to supply?—In that respect surgeons differ; most, if not all surgeons very justly maintain, that every surgeon understands the treatment of gun-shot wounds as well as a military surgeon; but I believe that the intention is to have it as a professorship of military hygiene, for the general health of the troops, the management of them in camps and in transports, the examination of recruits, the investigation and treatment of diseases in tropical and other foreign climates, and of feigned diseases by the soldier, and selecting proper situations as sites for camps; in that respect it would be a professorship of great value.

3163. It has no reference to the venereal complaint or any other matter, but it has reference more to general public measures for the army?—There are two opinions about it; some think that it should be confined solely to the treatment of military diseases; others, and the great majority, say not; that they can treat those affections equally well, but military hygiene should be especially regarded for the general treatment of soldiers when in camp and on foreign service.

3164. Chairman.] The duties of this new professor will principally consist in giving lectures upon that subject?—Yes; the curriculum is not laid down yet.

3165. Who is to settle that?—I believe the Secretary-at-War and the Army Medical Board.

3166. Mr. Grogan.] It is the intention to establish a professorship of that kind, but the details are not yet organised?—They are not.

3167. Are there any lectures delivered in Dublin on a similar subject?—Yes; Mr. Tufnell introduced courses of lectures on military surgery so far back as five years ago.

3168. Are there any similar lectures in other parts of the empire?—There is one in Edinburgh, the course of lectures just mentioned in Dublin, but none in London.

3169. Do you consider that the infirmaries attached to the poorhouses could in any manner be made a substitute for the existing general hospitals?—It is possible; but I think it would be a very bad substitute converting them into that use; I do not think they would answer so well.

3170. Could clinical instruction be efficiently conducted there?—I think not, and I do not think it would be right to bring in a class of respectable pupils to mix with the class of people in a workhouse, and besides that, in a workhouse there is not the class of cases fitted for medical instruction; they are generally speaking chronic cases, with the exception of a few of syphilis in the female; syphilis is occasionally admitted into the two Dublin unions, I understand.

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3171. Mr.

Dr. W. Hargrave.

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3171. Mr. D. Seymour.] As the Government grant diminishes, can private subscription be at all relied upon to supply the deficiency in any sensible degree?—I am certain it cannot. I speak from my own experience as regards the City of Dublin Hospital. That hospital is supported in the following manner: by contributions, by donations, by charity sermons, by donations from the medical men taken from the pupils' fees, by a small interest arising out of a legacy of 1,200 *l.*, and a corporation grant of 300 *l.* a year.

3172. With reference to the private subscriptions to that hospital, how are they sustained?—We find it requires great exertion to obtain subscriptions, and we never had a Government grant.

3173. It requires the greatest exertion to keep up the City of Dublin Hospital?—It does; the hospital was founded in 1832 as a clinical hospital for the school of the College of Surgeons.

3174. And you are sure that private charity could not be taxed to a sufficient degree to keep up the other hospitals?—No.

3175. Is the 15,000 *l.* a year from the Government sufficient to maintain the hospitals of Dublin in an efficient state?—They could manage with it; but if it could be raised it would be somewhat better. When the City of Dublin in its surgical and medical institutions has so fully and well performed the trust reposed in it in affording well-educated medical men for the different branches of the service, I think we have a claim upon the State in equity, if not in right. There is a strong claim for the benefit of the city, and a pressing one as a medical school, and a claim for the whole country also; particularly now that they are giving us this additional professorship for military surgery, also when Dr. Smith, who is the chief of the army medical department, has effected the establishment of a professorship of logic to meet the requirements, as he conceives, of the army. We have established such a professorship in the College of Surgeons, which is very well attended by gentlemen destined for the army.

3176. Dr. Brady.] During the Peninsular War, the Dublin School supplied a great many medical men, I believe?—It did. A question was asked as to where Dr. Quain was educated. Dr. Jones Quain was altogether educated in Dublin. His work upon anatomy is one of the standard works of Europe, and he is looked upon as a first-rate lecturer.

3177. Mr. Percy.] Do you require any medical knowledge from pupils admitted to a surgical diploma?—I have already stated they are educated both as surgeons and physicians; and I repeat are fully competent on the diploma of the College of Surgeons in both capacities to practise medicine and surgery.

3178. There are only 136 beds in the whole of Dublin for patients to study fever from?—In the other hospitals fever occasionally slips in, though it may not be the rule of the hospital to admit it, in the same way as syphilis, even as regards the female. In some instances, owing to the thoughtlessness and folly of her husband, a respectable woman gets the disease and is admitted into hospital.

3179. But neither of those two cases would supply the necessary amount of cases for education?—No.

3180. Is fever such an important disease in Ireland that it becomes necessary that there should be some means of learning it?—Yes, and rheumatism also. That is owing to the moisture of the climate. The climate of England is a much drier climate than that of Ireland.

3181. Sir J. Hanmer.] You have a great deal of rheumatism in Ireland, have you not?—Yes; that results from the moistness of the climate.

Dr. William Daniel Moore, called in; and Examined.

Dr. W. D. Moore.

3182. Mr. Grogan.] ARE you a Surgeon?—I am a Graduate in Medicine in the University of Dublin, a member of the Court of Examiners in Apothecaries' Hall, and a Licentiate of the College of Surgeons of Edinburgh.

3183. Has your attention been directed to the literary branch of medical education?—It has. I have been for about six years connected with the "Dublin Quarterly Journal of Medical Science," and for the last year with the "British and Foreign Medico-Chirurgical Review," of London.

3184. Has your connexion with those journals necessarily led you to a knowledge of the state of medical knowledge upon the Continent, and the opinion of

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Continental writers with regard to the state of medical education in Ireland?—

It has. I have made a few extracts from the writings of foreign medical men with reference to their opinion regarding the medical school of Dublin, which, with the permission of the Committee, I will read. The first testimony which I will read is that of Professor Levy, of Copenhagen, who was sent over by the Government of Denmark to report on the subject, and who has published a full and able account of the lying-in institutions, and of the systems of obstetric instruction in London and Dublin. Having given a detailed description of the several midwifery hospitals of the former city, and spoken of their favourable sanitary condition, the author deplores the great deficiency of opportunity in the metropolis for obstetric education; that is, in London; and then observes: "As an extremely interesting contrast, I now rejoice to be able to conduct the reader to Dublin, where we not only find one of the largest and best lying-in institutions in Europe, but where, at the same time, instruction forms an essential part of the working of the obstetric establishments." Professor Levy then enters on a full description of the great lying-in hospital of Dublin, and having briefly spoken of the minor institutions of the same city, sums up his paper with the following, among other general observations: "If we now, in conclusion, cast a glance back on the lying-in institutions of Dublin, in comparison with those we have studied in London, it will be evident, that while in both cities efforts have been made to solve the question of adapting the hospitals to furnish attendance to poor lying-in women in the mode best suited to the circumstances of each, in Dublin, they have, in contrast to London, succeeded in combining with this object the solution of the second problem connected with such institutions; that, namely, of serving as practical schools for medical students." "The fact that the education of midwives, both in Dublin and London, is not of so high an order as on the Continent, is owing, partly to the position of midwifery in general in England, and partly to the preference given by Englishwomen to male over female obstetric attendance; but in this respect also the Rotunda Lying-in Hospital of Dublin far surpasses the combined institutions of London, both in reference to the number of pupils and to the opportunities for practical instruction." And again, after alluding to the exertions made in the Dublin Hospital to preserve the health of the establishment, he continues: "But the fruits of these efforts are not to be lightly esteemed; for here, not only have more than double the number of poor lying-in women yearly admitted into all the obstetric institutions of London taken together, been in the same space of time attended in one hospital, under equally favourable sanitary conditions, but a practical school has been maintained, in which, in the course of time, several thousands of young physicians from all parts of England have received a practical obstetric education; and, lastly, an incontrovertible proof has been given to the world that a credulous pusillanimity has been at work, when, setting aside the interests of education and science, it has been said that a fearful mortality is inseparably connected with great lying-in hospitals." That is taken from the Danish Journal, entitled "Bibliothek for Læger," for July 1847.

3185. Is that a report made by this gentleman of the result of his examination of the medical institutions of Ireland?—It is. There is an abstract of it given in the "Medical Times," of London. I may also observe that Professor Levy strongly urges the necessity of the physician of a medical institution being absolute in all things relating to its medical management, and to the treatment of the patients, in order to enable him efficiently to adapt his measures to the rapidly changing phases of disease, and to carry them out with the necessary decision.

3186. Has your attention been called to comments of a similar character by other authors?—Yes; Dr. Michaelis, of Kiel, found Professor Levy's statements so entirely in accordance with what he himself observed at a subsequent visit, that he published a translation of the essay in place of any original observations of his own. A summary of the views of these writers is published in an article in the "London Medical Times," which concludes with the following words:—"Thus Dublin, besides forming a celebrated practical school, where thousands of pupils have been efficiently educated, proves to us, that with care and attention, especially at the period of commencing epidemics, a large proportionate mortality does not necessarily attach to large midwifery establishments." That is taken from the "Medical Times." Professor Faye, of

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Christiania, also speaks in high terms of the Dublin Lying-in Hospital; and Dr. Arneth, of Vienna, bears testimony to the character of the Dublin school in general, and the obstetric department in particular, in the following terms: "One of the principal attractions of the Dublin school, which is so highly esteemed on the Continent, and which has of late years, through Carmichael, Stokes, Graves, and Corrigan, drawn so much attention to itself, is the great Lying-in Hospital, which in the number of births is indeed inferior to our Institute, but about equals the Parisian Maternité and the establishment at Prague. The Dublin school of midwifery is, properly speaking, the only one of importance in Great Britain." Dr. Arneth describes the admirable arrangements, the extreme cleanliness, and excellent ventilation of the Dublin Hospital, by which, under Providence, a mortality infinitely less than that of the Austrian and Parisian institutions, and considerably below that at the small lying-in hospitals of London, has been attained. A table is given, at page 46, extending over 22 years, from which it appears that during that period the mortality among the women delivered in the three largest lying-in hospitals of Europe was as follows:—In the Parisian hospital it was 4·18; in that of Vienna it was 5·35; and in that of Dublin it was 1·34 per cent. At page 169 it is shown, that during Dr. Collins's seven years mastership, extending from 1826 to 1833, the mortality in the last-named hospital was but one per cent.; while in the three years of Dr. Johnson's period of office, of which an account has been published by Drs. Hardy and McClinton, it was but 1 in 102. In a review of Dr. Arneth's book published in the "British and Foreign Medico-Chirurgical Review" for October 1853, I have pointed out that in the three years immediately following the termination of the Table 1850-52, the mortality was only 1 in 158·21, or '632 per cent.

3187. Those extracts were made from those foreign authors by you in pursuit of medical literary history?—Yes. A perusal of Professor Levy's observations, and of Dr. Arneth's book, or of the epitome of the latter given in the review I have quoted, cannot, I think, fail to convince the reader, that as by far the largest of its kind in the British Empire, and as the best conducted in Europe, the Dublin Lying-in-Hospital ought with pride to be considered not merely as an Irish, but as an Imperial institution; that the grant of 1,000*l.* a-year, which, in addition to the private resources of the establishment, would be fully adequate to maintain its efficiency, ought to be permanently restored to it, and that in its present arrangements, the result of the accumulated experience of a century, it may safely be taken as a model for all similar institutions. Professor Santesson, of Stockholm, was sent over here by the Swedish Government, and received a stipend of about 125*l.* towards the expenses of a scientific journey, on the condition that he should furnish the Government with a report of his observations. In accordance with the Royal decree, he visited the principal medical institutions of Germany, Italy, France, Belgium, Holland, and England, and afterwards of Dublin, thus bringing to this city an European experience. Possessed of this experience, he concludes a detailed account of the Irish medical schools and hospitals, by stating that "the Clinical Institution in Dublin is generally renowned, and certain cliniques are particularly distinguished. Here, with Stokes, Neligan, O'Ferral, Robert Adams, Smith, Wilde, &c., one can, in a comparatively short time, learn and gain more than during a much longer stay at the so-called great cliniques in more splendid hospitals."

3188. Did Professor Santesson make that report in accordance with a decree of the King of Sweden?—He did; the report is published in the Swedish Journal the "*Hygeia*," and also in a separate form. In a review of his work contained in the "Dublin Quarterly Journal of Medical Science" for May 1854, I have quoted his statement that in Sweden, as in France, Austria, and other countries, the medical schools are supported by the State, the pupils paying merely nominal fees for dissections and practical chemistry. Dr. Varrentrapp, of Frankfort-on-the-Maine, observes, "This must, however, be said of Dublin, and especially of Stokes, Graves, &c., that the cliniques are, more than is generally the case in England, directed to the useful instruction of the students; that here a large number of patients are not in a short time seen exactly long enough for the attending professor to observe and decide for himself on each case, but a long time is devoted to the visiting of a few patients, and to the analyzation of all points concerning them." In connexion with this point I might refer

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refer to the observations of Dr. Landi, an Italian physician, who did not visit Ireland, and who finds fault with the clinical teaching in some countries as imperfect in consequence of "the excessive number of patients, which obliges the professor to go round the wards with great rapidity." In contrast to this, Dr. Landi describes, as a model, the plan of clinical teaching pursued in Florence, which, in a review of the work given in the "Dublin Quarterly Journal of Medical Science" for February 1854, I have shown to be precisely similar to that which has, for many years, prevailed in Dublin. Then Dr. Gibson, Professor of Surgery in the University of Pennsylvania, and senior surgeon to the Philadelphia Hospital, in taking leave of Dublin, speaks of "its medical institutions, and equally celebrated medical men, which make it, beyond doubt, one of the best schools in Europe for the education of professional youth."

3189. That last extract that you have read is in his work?—Yes; in a book entitled, "Rambles in Europe in 1839, by William Gibson, M.D." Then Dr. Corson, another American, in a work styled "Loiterings in Europe," the second edition of which was published in New York in 1848, says: "One of the very best schools of practical medicine is doubtless that of Dublin. To be convinced of this, you have only to reflect upon the really valuable additions it has made to the literature of the profession within the last 20 years. It is hardly necessary for me to mention the names of Colles, Graves, Stokes, Churchill, Marsh, Kennedy, Harrison, Jacob, and others. They have become household words in medicine. In the rigid adherence to the ordeal of experience, patient observation of medical facts, and the abandonment of empty theorising, you will find the Dublin school equal to that of London, and in some things more eclectic and liberal. They have introduced here something of the German system of clinical instruction. The facilities for the study of anatomy are rather better than those of London; and in obstetrics I may record my honest conviction, that Dublin excels any other place in Europe. Taken as a whole, you will probably meet with no practice abroad that will please you better than that of Steevens's, the Meath, and the Lying-in-Hospital. Any medical friend going abroad to obtain knowledge, rather for use than show, or not quite familiar with French and German, I should advise to spend a very considerable portion of his time in the Irish capital;" and having pointed out that Dublin is an eminently practical school, he proceeds to show the advantage of such a practical school: "Ours is a profession of fearful responsibility; the fate of dearest relatives, the greatest of earthly blessings, that without which all others are vain, nay, life itself, are entrusted to our care. If conscientious, whatever may be the opinion of the world, as to their relative worth, we cannot, we dare not, neglect the best means in our power to qualify us for the stern realities of the bedside. The best school of medicine is that which is most practical, and the most important branches are those which most directly aid us in the great object of our profession,—the saving of human life." The foregoing are extracts from some of the numerous testimonies which have from time to time been spontaneously borne by foreign medical men to the character of the medical institutions of Dublin, and ought to be sufficient to show the high estimation in which its school is held throughout Europe and in America; and to prove that the funds contributed by the liberality of Parliament towards the support of the foundation on which that school is built, the hospitals of Dublin, have not been misapplied, but have been judiciously, faithfully, and successfully employed in the promotion of medical science, and the relief of suffering humanity.

3190. Had you any conversation with Sir Henry Marsh about coming here?—I had. Sir Henry Marsh mentioned to me, as I was coming here, that he had recently had two attacks of illness, and that he was afraid of the effects of a sea voyage; he has put his sentiments upon paper with reference to the question under the consideration of the Committee.

3191. Can you state generally to the Committee what his views are with regard to maintaining the hospitals of Dublin?—His views are very strong indeed as to the necessity of maintaining them.

Jovis, 18^o die Maii, 1854.

MEMBERS PRESENT.

Lord Naas.
Mr. Grogan.
Sir John Hammer.
Dr. Brady.
Mr. Kershaw.
Mr. Shirley.

Mr. Percy.
Sir Frankland Lewis.
Mr. Whitmore.
Sir Thomas Burke.
Lord Alfred Hervey.

THE RIGHT HONOURABLE LORD NAAS, IN THE CHAIR.

Dominick Marques, Esq., called in; and Examined.

D. Marques, Esq.
18 May 1854.

3192. *Chairman.*] OF what prison are you the Governor?—The Richmond Bridewell.

3193. How long have you held that office?—Since the year 1848.

3194. Prior to that time, were you connected with any of the Dublin prisons?—Previous to that I was governor of the Richmond Penitentiary, for 14 years.

3195. Have you, during that period, had an opportunity of observing the class of persons who have been committed to the Dublin prisons?—Daily, so far as my prison is concerned.

3196. Have you also had an opportunity of observing the number of prisoners, during that time, who have been admitted into the hospitals of the prisons, and been subjected to medical treatment?—I have.

3197. Will you state to the Committee whether the number of persons treated surgically and medically in the prisons has been lately on the increase?—I have copies of the returns here, which show the number of patients admitted into each hospital of the two prisons from the year 1849 to 1853, giving the number of those who were admitted during those years.

3198. Will you state them to the Committee?—In the year 1849 there were received into the hospital of the Richmond Bridewell, 238 patients; in 1850, 256; in 1851, 369; in 1852, 616; in 1853, 566; that is the medical patients. The surgical patients were, in 1849, 150; in 1850, 197; in 1851, 748; in 1852, 1,165; and in 1853, 1,750; making a gross total of the two of 388 in 1849; 453 in 1850; 1,117 in 1851; 1,781 in 1852, and 1,641 in 1853.

3199. Does that make a total in 1849 of 669, and a total in 1853 of 2,266; is that so?—Yes, according to the returns of the two prisons.

3200. Of what nature is the crime for which those persons who are placed in the hospitals of the prisons have generally been committed; are they small crimes or otherwise?—The majority, I may say, are for vagrancy; people who have been committed under the Vagrant Act. A large number are committed summarily by the magistrates of police, and also persons convicted at the sessions, and the commissions.

3201. Have you known instances of persons committing small crimes for the purpose of getting into the prison hospitals to be cured?—In a great many instances that has come under my knowledge when classing those prisoners, which it is my duty to do every day according as they come in after they pass a medical examination, to assign them to the different classes; many instances have come to my knowledge of persons having committed offences for the purpose of being received into the hospital of the prison.

3202. Did they state that they found it difficult to get hospital relief elsewhere?—I have asked them; some persons attracted my attention; I was surprised to see them come into the prison, and I asked them why they committed the offence; and in some cases they told me that they could not get admission into the hospitals of Dublin, and they were compelled to commit the offence for which they were committed, for the purpose of being admitted into the hospital.

3203. Do you believe that statement to have been true?—I believe it to be true.

3204. From

3204. From what diseases do the prisoners generally suffer whom you admit to the hospitals?—Latterly venereal diseases are the most numerous that we have received.

3205. Can you give a return of the number of medical and surgical patients admitted into the hospitals of the city of Dublin prisons in each year, for 1849, 1851, and 1853?—I can.

3206. Do you deliver in that return?—I do.

3207. *Mr. Grogan.*] What was the number of female venereal cases in the prisons in those several years?—The total was 25 in the year 1849; in 1850 there were 39; in 1851 there were 82; in 1852 they had increased to 155; and in 1853 they had decreased to 82.

3208. You have no doubt in your own mind that petty offences have been committed by some of the prisoners for the purpose of obtaining hospital accommodation?—I have no doubt of it whatever in the case of my own prison, the Richmond Bridewell; and I know that that is the case also, from the representations which have been made to me, as respects the Grange Gorman Prison. In the Richmond Bridewell I know numerous instances, since the hospital grants were withdrawn, of persons coming into the prison after having committed offences of various descriptions for the purpose of being cured at the hospital.

3209. You said that you had spoken to one of the prisoners, expressing surprise at seeing him there; what class of man was he?—He was a gardener, who had been in the service of a gentleman in the county of Wicklow. He was a very decent-looking person, and a very well-spoken man, and he attracted my attention. I asked him whence he came. He said he had been in Dublin for eight days, looking for admission into a hospital, and had been unsuccessful; and he was advised by some person to commit some offence, which was breaking a pane of glass in a window, in order to get into the prison hospital.

3210. And you consider that there were other cases of a similar character?—A great many cases; I questioned some of them myself.

3211. *Sir J. Hammer.*] Do you attribute the increased number of venereal cases of late years, which have come to your gaol, to the withdrawal of the hospital grants?—I believe that to be the case.

3212. *Mr. Percy.*] To what do you attribute the gradual and rapid increase in the number of patients up to 1852?—It was after the hospital grants had been withdrawn, that the increase in the number of cases commenced, and there was a very large increase of committals to the prisons at the same time.

3213. *Mr. Grogan.*] Where do the prisoners who are committed to the two prisons to which you refer, Grange Gorman and the Richmond Bridewell, come from; are they Dublin prisoners exclusively?—They are committed within the district; but the majority of them are from the country.

3214. *Chairman.*] Are they committed by the city authorities only?—They are committed by the city authorities only.

3215. Are the county prisoners sent to the Gaol of Kilmainham?—Yes, to Kilmainham Gaol.

3216. Are the Richmond Bridewell and the Grange Gorman Penitentiary solely for the punishment of prisoners who commit crimes within the boundaries of the city?—Yes.

3217. Are they the only city prisons?—Yes.

3218. Is the expense of the prisoners supported entirely out of the rates of the town?—It is.

3219. *Sir J. Hammer.*] You say that there was a decent-looking man who came from the county of Wicklow, and who broke a pane of glass for the purpose of being admitted into your gaol. Why could not he have got admission into a hospital in the county of Wicklow?—He could have obtained relief from the dispensary there.

3220. Is there not such a thing as an infirmary in the county of Wicklow?—I am not aware of one.

3221. If a man gets the venereal disease, or some other bad disease in any part of Ireland, is he obliged to go to Dublin to be cured?—I am not aware. I know that the statement he made was, that he came purposely to seek for admission into a hospital, for the purpose of being cured of the venereal disease.

3222. He could not have come to Dublin for work?—Not at all; he came purposely to be cured of the venereal disease.

[*The following Return was delivered in:*]

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D. Marques, Esq.
18 May 1854.

MINUTES OF EVIDENCE TAKEN BEFORE THE

A RETURN of the Number of MEDICAL and SURGICAL PATIENTS admitted into the Hospitals of the City of Dublin Prisons in each Half-year of 1840, 1850, 1860, 1861, 1862, and 1863.

Whether Medical or Surgical.	PRISON.	DISEASE, and whether Male or Female.	1840.			1850.			1851.			1852.			1853.		
			First Half-year.	Second Half-year.	TOTAL.	First Half-year.	Second Half-year.	TOTAL.	First Half-year.	Second Half-year.	TOTAL.	First Half-year.	Second Half-year.	TOTAL.	First Half-year.	Second Half-year.	TOTAL.
Medical Patients -	Richmond Bridge - well.	MALES:															
		Fever—typhus, simplex, and catarrhal	05	72	137	125	38	103	08	113	181	235	174	409	07	84	181
		Bronchitis, and other pulmonary affections	4	7	11	7	9	10	10	32	43	14	10	24	40	40	80
		Diarrhea, and other affections of the stomach and bowels	25	28	53	17	30	47	55	50	111	38	37	75	38	06	104
		Hepatic diseases, ague and jaundice	1	0	1	4	4	8	4	1	5	7	0	13	25	16	41
Medical Patients -	Grange Gorman -	SCROFULOUS DISEASES	2	6	8	4	4	8	4	1	5	4	25	30	31	67	97
		Dropsy and diseases of debility	8	6	14	8	6	14	3	7	10	9	24	34	20	54	88
		Rheumatic and other painful affections	7	2	9	2	0	2	0	4	4	24	22	40	28	24	52
		Exanthemata, and other inflammatory affections	5	-	5	-	-	-	-	-	-	3	2	5	-	-	-
		TOTAL MALES	117	121	238	103	93	250	153	210	360	394	282	610	280	277	560
Surgical Patients	Richmond Bridge - well.	FEMALES:															
		Fever—typhus, simplex, and catarrhal	16	24	40	41	30	80	30	10	52	91	45	130	26	24	50
		Bronchitis, and other pulmonary affections	7	14	21	24	22	40	17	2	10	5	-	5	40	41	81
		Diarrhea, and other affections of the stomach and bowels	21	63	84	13	30	43	13	10	32	25	100	125	20	20	46
		Dropsy and diseases of debility	3	4	7	4	8	12	6	2	8	4	15	19	7	6	12
Surgical Patients	Grange Gorman -	SCROFULOUS DISEASES	2	1	3	-	1	1	-	-	-	10	1	11	8	14	26
		Rheumatic and other painful affections	12	10	22	10	8	18	0	11	17	14	10	30	14	14	28
		Exanthemata, and other inflammatory affections	10	-	10	-	-	-	-	1	1	10	-	10	3	5	8
		Diseases connected with parturition	9	6	15	8	10	24	12	10	22	17	7	24	20	28	48
		TOTAL FEMALES	80	122	202	100	124	224	60	61	151	176	184	360	144	144	288
Surgical Patients	Richmond Bridge - well.	MALES:															
		Syphilitic or venereal diseases	25	10	41	30	25	55	54	156	210	283	189	472	101	94	285
		Ulcers and abscesses, inflammations of various structures, organs, and ophthalmia	20	13	33	23	20	43	42	123	105	147	89	238	117	101	218
		Skin diseases	9	6	15	11	9	20	10	50	75	128	77	108	125	130	251
		Scrofulous diseases	20	12	32	22	20	42	40	117	157	67	41	108	40	45	94
Surgical Patients	Grange Gorman -	SCROFULOUS DISEASES	0	4	10	0	6	12	11	33	44	29	18	47	31	23	54
		Hernia, disease of the testis, and hemorrhoidal disease of the bladder, strictures, and retention of urine	4	3	7	5	4	9	10	28	38	20	17	43	21	50	71
		Anthrax and erysipelas	4	2	6	4	4	8	7	22	30	17	10	27	15	22	37
		Wounds, hemorrhages, contusions, and sprains	4	2	6	4	4	8	7	23	30	18	9	27	40	40	80
		Disease of bones, fractures, &c.	4	2	6	4	4	8	7	23	30	18	9	27	40	40	80
Surgical Patients	Grange Gorman -	FEMALES:															
		Ulcers and abscesses, various species and complications	4	5	9	7	8	15	16	17	33	10	8	24	50	40	90
		Inflammations of various structures, organs, and ophthalmia	4	4	8	0	7	13	13	14	27	20	15	44	30	9	39
		Skin diseases, contagious and not contagious	3	2	5	3	3	6	0	7	15	14	7	21	13	13	34
		Wounds, hemorrhages, sprains	2	2	4	4	5	9	8	0	17	13	10	23	27	27	54
Surgical Patients	Grange Gorman -	ERYSIPELAS, ANTHRAX, SORES, &c.	2	3	5	2	2	4	5	10	15	5	3	8	6	5	9
		Diseases of the female breast	1	1	2	2	2	4	5	12	17	6	4	10	6	1	7
		Diseases of the uterus, bladder, &c.	4	3	7	3	4	7	5	6	11	8	5	13	-	-	-
		Diseases of the bones, joints, &c.	1	2	3	3	4	7	5	6	11	8	5	13	-	-	-
		Scrofulous diseases affecting the glands and organs	5	0	5	0	10	10	18	20	38	10	9	28	18	15	33
Surgical Patients	Grange Gorman -	Syphilitic or venereal in all forms, primary or secondary, or attended with constitutional contamination	12	13	25	18	21	39	41	41	82	80	60	155	57	25	82
		TOTAL FEMALE PRISON	38	41	79	00	71	131	131	180	200	210	140	350	212	118	330
		TOTAL MALE PRISON	02	58	150	105	92	197	100	558	748	715	450	1,105	505	480	1,075
		GROSS TOTAL SURGICAL PATIENTS	130	99	229	105	163	328	321	607	1,017	931	590	1,621	807	598	1,405
		GROSS TOTAL MEDICAL PATIENTS	107	243	440	203	217	480	243	277	520	510	400	970	433	421	854
Surgical Patients	Grange Gorman -	TOTAL for the Two Prisons	327	342	669	428	380	808	564	884	1,537	1,441	1,060	2,407	1,240	1,019	2,259
		TOTAL FEMALE PRISON	38	41	79	00	71	131	131	180	200	210	140	350	212	118	330
		TOTAL MALE PRISON	02	58	150	105	92	197	100	558	748	715	450	1,105	505	480	1,075
		GROSS TOTAL SURGICAL PATIENTS	130	99	229	105	163	328	321	607	1,017	931	590	1,621	807	598	1,405
		GROSS TOTAL MEDICAL PATIENTS	107	243	440	203	217	480	243	277	520	510	400	970	433	421	854
Surgical Patients	Grange Gorman -	TOTAL for the Two Prisons	327	342	669	428	380	808	564	884	1,537	1,441	1,060	2,407	1,240	1,019	2,259
		TOTAL FEMALE PRISON	38	41	79	00	71	131	131	180	200	210	140	350	212	118	330
		TOTAL MALE PRISON	02	58	150	105	92	197	100	558	748	715	450	1,105	505	480	1,075
		GROSS TOTAL SURGICAL PATIENTS	130	99	229	105	163	328	321	607	1,017	931	590	1,621	807	598	1,405
		GROSS TOTAL MEDICAL PATIENTS	107	243	440	203	217	480	243	277	520	510	400	970	433	421	854

RETURN of the Number of Medical and Surgical Patients admitted into the Hospitals of the City of Dublin Prisons, &c.—continued.

Whether Medical or Surgical.	PRISON.	DISEASE, and whether Male or Female.	1840.			1850.			1851.			1852.			1853.		
			First Half-year.	Second Half-year.	Total.	First Half-year.	Second Half-year.	Total.	First Half-year.	Second Half-year.	Total.	First Half-year.	Second Half-year.	Total.	First Half-year.	Second Half-year.	Total.
Surgical Patients	Grange Gorman	FEMALES:															
		Ulcers and abscesses, various species and complications - - - - -	4	5	9	7	8	15	16	17	33	8	24	40	90		
		Inflammations of various structures, organs, and ophthalmia - - - - -	4	4	8	6	7	13	13	14	27	15	44	39			
		Skin diseases, contagious and not contagious - - - - -	3	2	5	3	5	8	7	8	15	10	30	33			
		Wounds, hemorrhoids, sprains - - - - -	2	2	4	3	6	9	6	7	13	7	21	28			
		Erysipelas, anthrax, sores, &c. - - - - -	2	2	4	4	5	9	8	9	17	10	23	34			
		Diseases of the female breast - - - - -	1	1	2	2	2	4	5	5	10	3	8	9			
		Diseases of the uterus, bladder, &c. - - - - -	4	3	7	3	6	11	11	12	23	6	10	6			
		Diseases of the bones, joints, &c. - - - - -	1	2	3	3	4	7	5	6	11	5	13	1			
		Scrofulous diseases affecting the glands and organs - - - - -	5	6	11	0	10	10	18	20	38	9	28	15			
Surgical Patients	Grange Gorman	Syphilitic or venereal in all forms, primary or secondary, or attended with constitutional contamination - - - - -	12	13	25	18	21	39	41	41	82	60	155	82			
		TOTAL Female Prison - - - - -	98	41	70	00	71	131	131	130	260	210	470	390			
		TOTAL Male Prison - - - - -	92	58	150	105	92	197	190	558	748	715	1,463	1,075			
		Gross Total Surgical Patients - - - - -	190	99	220	105	163	328	321	607	1,017	921	2,131	1,465			
		Gross Total Medical Patients - - - - -	197	243	440	203	217	420	243	277	520	510	1,030	854			
TOTAL for the Two Prisons - - - - -			327	342	669	428	380	808	504	1,537	1,441	2,967	2,319				
PRISON.	DESCRIPTION OF PATIENTS.	1840.	1850.			1851.			1852.			1853.					
		First Half-year.	Second Half-year.	Total.	First Half-year.	Second Half-year.	Total.	First Half-year.	Second Half-year.	Total.	First Half-year.	Second Half-year.	Total.	First Half-year.	Second Half-year.	Total.	
		Number of Male Medical Patients - - - - -	117	121	238	103	93	250	153	210	360	394	282	610	280	277	560
		- Ditto ditto Surgical Patients - - - - -	02	58	150	105	02	107	190	568	748	715	450	1,105	595	480	1,075
		TOTAL - - - - -	200	179	388	208	185	453	343	774	1,117	1,040	732	1,715	884	757	1,641
		Number of Committals for the Year - - - - -	-	-	10,290	-	-	14,245	-	-	15,198	-	-	14,073	-	-	8,737
		Average Number Daily in Confinement - - - - -	-	-	411	-	-	410	-	-	516	-	-	508	-	-	489
		Number of Female Medical Patients - - - - -	80	122	202	100	124	224	60	61	151	170	184	360	144	144	288
		- Ditto - ditto Surgical Patients - - - - -	38	41	79	60	71	131	131	150	260	210	140	550	212	118	390
		TOTAL - - - - -	118	163	281	160	195	355	221	200	420	382	324	710	356	262	618
PRISON.	Grange Gorman	Number of Committals for the Year - - - - -	-	-	10,255	-	-	11,768	-	-	-	15,690	-	-	-	12,078	
		Average Number Daily in Confinement - - - - -	-	-	953	-	-	370	-	-	380	-	-	444	-	-	472

Dr. Dominick John Corrigan, called in; and Examined.

Dr. D. J. Corrigan.
18 May 1854.

3223. *Chairman.*] ARE you a Physician?—I am.

3224. Resident in Dublin?—Yes.

3225. Have you been physician to Jervis-street Hospital and Cork-street Hospital?—I have.

3226. Are you a member of the senate of the Queen's University?—I am.

3227. Have you been a lecturer on the practice of medicine and surgery in the Carmichael School?—Yes.

3228. Are you now senior physician of the Houses of Industry Hospitals, and physician in ordinary to the Queen?—I am; and I may add, that during the famine and fever years, from 1846 to 1850, I was one of the Commissioners appointed to carry out the temporary Fever Act with Sir Philip Crampton and Sir Henry Marsh.

3229. From a considerable residence in Dublin, and from your knowledge of the city, do you think voluntary contributions are to be depended upon for the support of the hospitals in that city?—I think they are not; and I would wish to give not only a mere opinion, but some facts upon which my opinion is grounded. The first evidence that I would wish to adduce is the House of Commons itself. On the 3d of April in the year 1849, the Whitworth Hospital, which had previously accommodated about 1,200 patients annually, was suddenly closed, without any provision whatever being made for the relief of the sick, who were deprived of the services of that hospital, in accordance with a recommendation of a Committee of the House of Commons. In the same year the House of Commons was engaged in discussing the Medical Charities Act, and they passed it in the following year, I think, 1850; by which they virtually declared that, after an experience of 80 years in Ireland, they were of opinion that voluntary contributions were not to be depended upon for the support of medical charities. Thus the House of Commons, with the House of Lords, the united Legislature, passed an Act declaring that voluntary contributions were not to be depended upon, and that public support was absolutely necessary for medical charities; yet in the same year as I have mentioned, a Committee of the House of Commons recommended that the medical charities of Dublin should be left entirely to voluntary contributions; thus the decision of the whole House was opposed in its enactment to the recommendation of a Committee of The House. There was also expected from Dublin a support for its hospitals which could not be obtained in London. It is stated in the Report of St. George's Hospital in the same year 1849, which is published in "Lowe's Medical Charities," 1850, and that is one of the best supported hospitals, I believe, in London, in the best part of the city, the governors were obliged, after a period of 100 years or more (it was founded in 1733), to sell out 5,000*l.* of their funded stock to meet their current expenditure; and yet it was in that year expected, and that was the middle of the famine depression in Ireland—the famine began in 1847, and it was at its height in 1849—it was expected from Dublin that it should do that by voluntary contributions which London was not able to do for one of its richest hospitals. The facts that I would wish to advance in support of the opinion which I have stated are not confined to Dublin; I think they apply to London, to Edinburgh, and to Paris, and therefore they make the case of Dublin so much the stronger. In London the total amount of contributions for 12 general hospitals in the year 1850 was 142,906*l.*; the beds supported by that amount of money in London were 3,326. The average expense of each bed was 42*l.* The voluntary contributions from London for the same year were 31,266*l.* If we deduct this from the total sum, there remains an annual sum of 111,641*l.*, which represents the support of 2,658 beds, or more than three-fourths of the entire beds in the London hospitals; so that were London left dependent on voluntary contributions as it was proposed to leave Dublin, the number of beds in London would be diminished from 3,326 to 668. Several of the hospitals in London depending on voluntary support are in great difficulties. St. George's, as I have already stated, was obliged to sell out 5,000*l.* of its funded property in 1849 to meet its expenditure. In the London Hospital the decrease in funded property in the 10 years ending 1849, in consequence of subscriptions not meeting its expenses, has been upwards of 5,000*l.*; while the patients annually treated have increased from 12,000 to 24,000. I will next advert to the King's College

Hospital,

Hospital, which was founded in 1839; and I may mention that new institutions are always for a time better supported than old ones, from the enthusiasm and personal influence which are brought to aid them. It is stated in the Report of the King's College Hospital, which has all the influence of the King's College to support it, that "the income is very insufficient for the relief of the number of persons who might be relieved. Its income does not cover its present expenditure, and an annual amount of debt is now accruing." The next hospital which I will instance is the University College Hospital, also a new institution. It is capable of containing 200 beds. It can only support 120 beds, and its expenses are barely covered by its contributions. The Westminster Hospital, which is the oldest hospital in London, founded in 1719, has 174 beds; they are always full; admission is often refused to urgent cases. The funds are greatly below the needful extent of the hospital. Its present income is 4,000*l.*, one-half of which arises from dividends of what is now its rapidly decreasing stock. St. Bartholomew's, St. Thomas's, and Guy's Hospitals are not dependent upon voluntary contributions. Of the remaining nine hospitals, excluding those three great hospitals which are not dependent at all upon voluntary contributions, it appears that of the above five there is only one, the University College, which barely meets its expenditure, and even this is done by not keeping open all its beds. Of the other four hospitals, namely, Middlesex Hospital, Charing-cross Hospital, the Royal Free Hospital, and the Marylebone Hospital, there is no statement to show how they stand, with the exception of the Royal Free Hospital, which is stated to have outstanding liabilities, but for which, it would be able to double its number of beds. In making these observations, it is scarcely necessary for me to say, that nothing is further from my intention than to depreciate the charitable exertions of the people of London. But in every large city, at least every metropolis, there comes a period when population, and population of a class that requires hospital relief, presses so much, that it is perfectly impossible for voluntary contributions to meet it; and that period has come, I think, both for London and Dublin, when it becomes the duty of the State to look after the sick of the operative and industrious classes. The population of London, estimating it at 1,652,900, and the number of beds available being, as I have stated 3,326, it follows that there is only one bed in London available for every 499 inhabitants. In Paris there is one bed for every 167 inhabitants. In Edinburgh there is one bed available for every 375 of the population; and in Dublin the accommodation at present is one bed for every 280 inhabitants. There cannot, of course, be any certain rule as to what proportion the beds in a city must bear to the whole population; it must be regulated by statistics, which will give us the proportion of the wealthy to the industrious and to the paupers; but that the proportion is very inadequate, in at least both London and Dublin, may be inferred from this fact, that in a regiment of able-bodied men, not engaged on active service, but in a garrison, such as Dublin, where they are surrounded by circumstances calculated to promote health, there is a bed required for every 20 of the soldiers. I have alluded to Edinburgh in support of my opinion that voluntary contributions are not to be depended upon; and I find from the Report of the Edinburgh Infirmary, published in 1851, that they are nearly 3,000*l.* in debt. "The patients have increased by nearly 1,000, and the income has decreased to the extent above named." Their infirmary was formed under circumstances peculiarly calculated to give it efficient support. It is a national institution; contributions are poured in for it from all parts of Scotland; collectors are sent round through the whole of Scotland; Edinburgh has no factories; it is not a seaport; it is not a garrison town; it is not liable to those demands upon it; it has not much railway communication; its poor population, from the circumstances I have mentioned, can bear no relation or comparison with the proportion of poor in Dublin, and yet, after 100 years, with all those circumstances calculated to give it support, we find it 3,000*l.* in debt. These are my reasons for stating, that not alone as regards Dublin, but as regards the metropolis of each country, voluntary subscriptions cannot be depended upon as a stable or certain support for the sick poor.

3230. Do you think that Dublin itself stands in a peculiar position as regards private subscriptions?—There are some circumstances connected with Dublin that I will take the liberty of mentioning. As to what weight should be attached to them, I give no opinion; but as the hospitals of Dublin are connected intimately with the subject of the Union, I may just briefly mention the circumstances

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Dr. D. J. Corrigan.
18 May 1854.

Dr. D. C. Corrigan.

18 May 1854.

in which Dublin has been placed since the Union, as showing a succession of circumstances which, perhaps, may entitle it to some additional consideration. The Union itself, it is admitted on all hands, withdrew from Dublin the wealthiest portions of its population, those persons who were best able to subscribe; but in the same year in which the Union took place, 1800, an epidemic fever of excessive virulence broke out; and I may mention here at the outset, that whatever affects a city or country at large has a tendency to throw in an increasing mass of a poor population upon the metropolis. That fever lasted up to the autumn of 1801. In 1815, 1816, and 1817, there was one of the most malignant fevers with which the country was ever visited. It lasted those three years, and one million and a half of people suffered from fever within that period. There came then, soon after that, if I rightly recollect, the gradual diminution, and very soon the abolition, of those protective duties that had hitherto existed on English manufactured goods imported into Dublin. In any observations that I have to make with regard to Acts of Parliament, or with regard to matters that are not strictly medical, I suppose it is scarcely necessary for me to say that I merely adduce them with regard to the amount of temporary social injury that they may appear to have done at any particular time; I do not allude to any of these things as a politician. There came a repeal of those duties to which I have referred; in 1825-6, partly from this cause, and partly from the failure of the potato-crop, great distress ensued; 20,000 weavers were thrown out of employment in the city of Dublin; great numbers were sent to break stone upon the roads as a mode of support; that was one of the great causes of their suffering from fever, and this was the third epidemic since 1800.

3231. Mr. Grogan.] You were professionally connected with the inspection of those parties?—I was.

3232. Mr. Percy.] Will you explain in what way breaking stones caused those persons to be attacked with fever?—If a man has spent 20 years in a factory or close room, and he is taken from that room, and sent for eight or ten hours a day to break stones upon a road, I think we can understand, with even little professional knowledge, that it would cause sickness; his muscles are totally inadequate to sustain such hard labour, and his whole frame was previously enervated by confinement. In 1832 and 1833 we had cholera. In corroboration of the accuracy of the statement I have above made, I may mention that in 1826 there was not only fever, but there was such distress amongst the weavers of the liberty, that it was necessary to establish soup kitchens; and soup, bread, and straw for bedding were given out to men who had previously lived upon their earnings. I was one of the inspectors, in 1826, who gave out those tickets to the families of the persons suffering under starvation and fever.

3233. Sir J. Hanmer.] There was great commercial distress in 1825, was not there?—I wish merely to state what came under my own cognisance in Dublin; I do not wish to go into the political bearings of any question.

3234. Mr. Kershaw.] Do you happen to know that there was great distress in nearly all the manufacturing districts at that particular period?—I do not recollect; I would rather not extend my observations beyond what came under my own cognisance.

3235. Chairman.] Will you have the kindness to continue your statement to the Committee?—In 1846, 1847, 1848, 1849, and 1850, we had perhaps the most terrible of all our visitations; we had famine for four years in succession; we had fever, dysentery, and cholera; and those visitations, together with several social changes such as the poor laws, and the changes perhaps in the elective franchise, which removed the 40s. freeholders, threw in a very large and poor population necessarily towards the metropolis. In Dublin, within the period I have mentioned, that is, from July 1847, when returns were first furnished to the Board of Health, of which I was then a member, up to August 1850, 37,472 persons were attacked by fever or cholera; that is one in every six persons of the inhabitants of Dublin. The tendency of all the circumstances that I have mentioned, with increasing railway communication, has necessarily been to throw upon Dublin a constantly increasing stream of poor; and even in Edinburgh, in the report which I have already quoted, they complain of the increased facilities of access in producing a corresponding charge upon their Royal Infirmary, and as being one of the causes of its funds being incapable

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of meeting the demands upon it. These are the circumstances that perhaps may appear to me to render Dublin worthy of peculiar consideration.

3236. Are you of opinion that the existence of the Dublin hospitals, as they are at present constituted, is indispensable to the existence of the Irish School of Medicine?—I am; and so strongly am I of that opinion, that, if the Dublin hospitals were impaired in their efficiency by the withdrawal of the grants, it would be a question with me as to whether the education given in them afterwards might not be worse than none. There are only two hospital establishments in Dublin which are capable of giving instruction to students in the varieties of fever, and in the eruptive diseases, such as measles, scarlatina, and small-pox. These diseases are excluded from all the general educational hospitals, with the exception of the hospitals of the House of Industry and the Meath Hospital. The knowledge of fever, and of those eruptive fevers which I have mentioned, is, I consider, one of the most necessary parts of medical education, both as regards all our civil medical officers in Ireland, and as regards our military and naval surgeons. I may mention here some circumstances which would tend to prove that successive Governments had no intention, up to the recommendation of the Committee of 1848, of withdrawing the grants, or, more than that, that they were fully convinced of the imperative necessity of continuing them. By the Articles of Union, which the Committee of 1847-8 referred to, it was stated that these hospitals were not to be supported after the year 1820; but it is a remarkable circumstance, as showing how strongly the necessity for hospital relief forced itself upon the attention of successive Governments, and how convinced were they that State support was necessary, and that voluntary contributions were not to be depended upon, that the hospitals, as they are called, of the House of Industry, the Richmond Surgical, the Whitworth Medical, and Hardwicke Fever Hospital, were all built at the expense of the State, since the Union. In 1803, the Hardwicke Fever Hospital was erected, and called after Lord Hardwicke, the Lord Lieutenant of the day. In 1811, the Richmond Surgical Hospital was erected, and the Whitworth Hospital, to which I have already referred as the one suddenly closed on April the 3d, 1849, was built in 1817, only three years before the time at which it was said the support was to have ceased. A hospital would not be built in 1817 to close it in 1820. I will take the liberty of mentioning here some circumstances connected with the closing of that hospital; it was closed on the 3d of April 1849. Lord Clarendon was then Lord Lieutenant, and, on a representation made to His Excellency, he visited the hospital in person, and I had the honour of conducting him through it; and I think it was upon that occasion His Excellency made an observation, if I am right in my recollection, that is worth remembering: that a hospital full of sick people is a melancholy object, but that a hospital with accommodation, but empty, and shut against the sick, is a still more melancholy object. On his own responsibility, Lord Clarendon opened the hospital within three weeks of the time of its being closed. In the following autumn, November 1851, inquiries were made into the necessity of supporting some of the hospitals of Dublin, with a view to ascertain whether the recommendation of the Committee of 1847-8 was justly founded; and I hold in my hand a memorandum, which Sir William Somerville has most kindly given me permission to use, and which received the sanction of Lord Clarendon, as to the support of those hospitals that were strictly educational. Lord Clarendon recommended that the Hardwicke Fever Hospital, containing 120 beds; the Whitworth, containing 82; and the Richmond Surgical, containing 110, in all 310 beds, should be supported out of the funds of the State, at an estimated cost of 4,500*l.* per annum; that the Meath Hospital, being, like the others, a medico-chirurgical hospital, and containing within itself the elements of instruction for medicine, surgery, and fever, should receive, for the support of its fever beds, 600*l.* per annum; and that the Lying-in Hospital, forming a recognised and essential portion of the Dublin School of Medicine, should receive an annual vote of 600*l.* This memorandum was forwarded to the Chancellor of the Exchequer, Sir Charles Wood, and adopted by him; and those grants are, I believe, continued up to the present moment. In the following year an opposite Administration came into power, and Lord Eglinton was Lord Lieutenant. The corporation of Dublin waited upon Lord Eglinton, on the 26th of April 1852, in relation to the Parliamentary grants. Lord Eglinton's answer, which I now quote, I have copied from the records of the corporation. A portion of his answer is this: "that he was aware

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"that the objects of the grant to the Dublin hospitals had been under the consideration of Her Majesty's Government, and he believed he could give no assurance further than that the subject should continue to receive the most serious consideration; he was also aware that, so far as the educational hospitals were concerned, a hope had been held out that the grants to them would be preserved undiminished; indeed he thought this course might be taken as already determined upon." We have this educational grant then sanctioned by Lord Clarendon, after full inquiry; adopted by the Chancellor of the Exchequer of the Government then in power; adopted again by Lord Eglinton, the Lord Lieutenant of another Administration; and finally adopted by Mr. Disraeli, the Chancellor of the Exchequer, so that successive Governments have admitted, on full inquiry, the absolute necessity of maintaining these grants. That constitutes my answer to the question that was put to me, as to whether the efficiency of the hospitals would be impaired by the withdrawal of the grants, and as to the result of successive inquiries into the necessity of these distributions for educational purposes.

3237. Do you think that the effects of the reduction of the grants have already shown themselves?—I think they have. I know that in the Whitworth Hospital, just before I came over, I asked what were the rejections per day at the hospital; and I was told by the clinical resident, and by the porter who admits the patients at the door, that the average rejections were from 10 to 20 per day.

3238. Are you senior physician to the House of Industry Hospitals?—I am.

3239. Will you give the Committee a short sketch of them?—The House of Industry originally consisted of a pauper establishment, which existed previously to the introduction of the Poor Laws. When hospitals became necessary in that quarter of the city, which was previously destitute nearly altogether of hospital accommodation, those hospitals were established which are still called the hospitals of the House of Industry, and were put under the same administration of governors. On the introduction of the Poor Laws, the House of Industry became the North Dublin Union Workhouse; and there then remained the establishment which is still called the hospitals of the House of Industry, but which, although designated under the name of three hospitals, constitute in reality one institution. They receive, like the Meath Hospital, medical, surgical, and fever cases; but instead of being under one roof, they are under three roofs. There remains also attached to them a lunatic establishment in Dublin, containing, I believe, at present 100 lunatics, and another lunatic establishment at Island Bridge; so that the institution consists, not only of hospitals for the sick, but of those separate establishments and the Talbot Dispensary, which is now in progress of extinction.

3240. How are those hospitals governed at present?—The hospitals are under the superintendence of the Poor-law Commissioners, and the immediate management of the hospitals is confided to a person called the governor, whose office has been continued since the extinction of the House of Industry, for the purpose of managing those hospitals and the lunatic department.

3241. Is he necessarily a medical man?—No; sometimes the office is held by a medical man, and sometimes by a person not medical. When I was appointed physician, the office was not held by a medical man; it is now held by a medical man, and the preceding officer was also a medical man, Mr. Phelan; he had previously been inspector of Poor Laws.

3242. In case Parliament should determine to continue the grants to the hospitals connected with the House of Industry, is there any mode in which you think the government of the hospitals could be altered with advantage?—Speaking generally, and not with regard to any institution in particular, I do not think the principle of management in any large institution is good which confides to any single individual the superintendence of the institution, the superintendence of contracts, and the uncontrolled management and superintendence of the servants, and all the other matters of detail connected with the institution. In workhouses there is a visiting and managing body, the Board of Guardians. In county infirmaries there is a board. In our county lunatic district asylums there is a board in addition to the governor, and I think it would be an advantage to have some similar machinery between the Poor-law Commissioners and the immediate management of the hospital, the superintendence of its food and contracts, and all the details connected with it.

3243. Do you think that the mode of government which exists with regard to the Cork-street Hospital is preferable to that which exists with regard to the hospitals of the House of Industry?—Yes, I think it is preferable.

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3244. What is the situation of the hospitals of the House of Industry; do you consider their situation to be suitable for affording medical relief to the city?—

The way in which I can best explain that, is by referring to the map which I hold in my hand. The population of the north side of Dublin is 109,523; it contains a population peculiarly in need of hospital relief. If we begin at the top left hand-side of the map, we find the Royal Barrack with its large garrison, and all its retainers. The soldiers, of course, are not dependent on us for relief, but their wives, their children, and the retainers which always accompany a large garrison necessarily are. We then come to Smithfield, the great cattle and hay market, which necessarily brings into that part of the city a large number of people much in need of hospital relief. It is in this portion of the city, also showing how much it abounds with poor, compared with other portions, that charitable individuals have established what they call the Night Asylum, in Bow-street, where poor people who are not able to procure a lodging are allowed to obtain a night's rest. Immediately beside this again is the railway from the west of Ireland, the poorest part of Ireland, which is constantly pouring in, more or less, a population requiring hospital relief. If we pass on to the right-hand side of the map, we come to the docks, to the quays where all the emigrants crowd, and, with the crews of the traders and steamers, form a large population requiring hospital relief. Now for the whole of this population, including those constant demands which I have mentioned upon it, in addition to the hospitals of the House of Industry there only exists one other hospital, the Jervis-street Hospital, which is only capable of supporting about 70 or 80 beds for educational purposes in the winter, and about 30 in the summer. That those hospitals are peculiarly well situated for relief is further strengthened by the fact, which I have already stated, of their erection by successive Lord Lieutenants, or with their sanction, in the situation in which they are placed. With regard to the numbers, I find that there were admitted into the Hardwicke Fever Hospital, on an average for the last seven years, about 250 persons, not residents of Dublin; and I am sure that the books very much underrate the number, for many persons are admitted dated merely from their lodgings, who do not belong to the city. In the Whitworth Hospital, the average number for the last seven years is about the same. These circumstances explain, I hope, the necessity for these hospitals in their peculiar situation.

3245. Is the House of Industry, as at present constituted, an institution solely for the relief of the sick?—It contains, in addition to the hospital accommodation, lunatics, who are located partly in Dublin and partly at Island Bridge. I should wish to add here that so much was the necessity for hospital relief felt in this part of the city, that the Poor-law Commissioners, in their report of June 1842, recommended that the hospital accommodation here should be increased.

3246. Do you think it would be advantageous to separate the hospital department of the institution from the lunatic department of the institution?—I think it would in this respect, that we should then clearly understand what was the exact expense to which the hospitals put the State; whereas, at present there seems to be a great confusion about it. There are lunatics charged to it, and they form no part of the charge on medical charities. I believe a portion of the money drawn from the consolidated fund, if not all, is repaid by the counties to which those lunatics belong. But without going into details, I think it would be advantageous, and would simplify very much the matter, if those hospitals, with regard to their accounts, were under a distinct column, separated from every thing else.

3247. Do you think the existence of the Talbot Dispensary any longer necessary, since the establishment of the dispensaries under the Medical Charities Act?—I do not.

3248. You think that all the duties which have been performed by the Talbot Dispensary, could be performed by the dispensary for the district as lately established by the Medical Charities Act?—I do.

3249. How would you recommend this separation of the lunatic department and the hospital department practically to be carried out?—I would rather refer it to the Poor-law Commissioners, under whom the superintendence is. I do not feel myself competent to give an opinion upon the keeping of the accounts.

3250. What are the duties and the salaries of the physicians of the hospitals of the House of Industry?—There are four physicians to the hospitals of the House of Industry, and their duties are to attend the Whitworth Hospital,

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containing 82 beds; the Hardwicke Fever Hospital, containing 120 beds; and the two junior physicians attend in addition the lunatic department; one of them attends the lunatic department in Dublin, and the other attends the lunatic department at Island Bridge, for which he has, I believe, an allowance for car-hire. The two senior physicians have 100 *l.* a year each; the two junior physicians, I think, have 60 *l.* a year. The salaries with regard to physicians attending fever hospitals are, generally speaking, considered in the light of a kind of life assurance; and physicians attending fever hospitals are, in every instance with which I am acquainted, salaried more or less under that consideration. They are exposed to the contagion of typhus, and to other contagions which are still worse: small-pox, scarlatina, and glanders, occasionally. We have all had typhus fever; our clinical clerks have it so frequently, that the escape of a clinical clerk is an exception. We have lost two within the last few years. I may observe here, that in the epidemic of 1847 and 1848, of 473 medical officers appointed under the temporary Fever Act, 36 died, or about one-twelfth of the whole number. There was another reason, in addition to that of the attendance on fever and those other circumstances that I have mentioned, that induced a Committee of Inquiry, whose date I do not recollect, to recommend that the salaries of the physicians should be continued, although the surgeons have none: namely, that the surgeons have or may have apprentices, who have the privilege of getting the education at all those hospitals, including the clinical instruction of the physicians and the attendance on the fever hospitals, gratis.

3251. Do the physicians of the House of Industry take pupils?—None, separately; the pupils who are not apprentices are taken in common, and the receipts go into a common fund. The apprentices pay their own master alone, whoever he may be, and the apprentice gets his education from the whole body gratis.

3252. Is the system of apprenticeship in Dublin decreasing?—I do not think it is increasing; some surgeons have a number of apprentices, some have none.

3253. Do the hospitals of the House of Industry constitute one of the principal medical schools of Dublin?—They do; and contribute so much to the efficiency of the medical school, that I think I only give the united opinions of most of the practitioners in Dublin in saying, that the efficiency of the Dublin school would be most seriously deteriorated, were those hospitals lessened in their efficiency; and, as before, I should like to give the facts upon which I ground my opinions. Those hospitals constitute a complete medical school; that is, a school in which medicine and surgery are taught, and what is, in addition, of immense importance, simple fevers and eruptive fevers are studied, their diagnosis and treatment. Secondly, those hospitals contain within them a museum which is unrivalled in Ireland, certainly, for its extent and importance, because it consists of preparations, the results of accidents and disease, which have occurred within the hospitals, the cause, progress, and treatment of which are known; they are put up as they occur, in the museum, or, where preparations are not suitable, drawings and casts are made, and to each preparation, cast, or drawing is appended the name of the case, its history, and the name of the physician or surgeon who attended it: and those form an immense accumulation, not only of what is going forward under the pupil's eye, but an illustration in clinical lectures as to what has happened in former similar cases; and at present this museum contains, I believe, about 1,000 drawings, and about 2,500 preparations. No other hospital establishment in Dublin contains anything at all to compare with it; and I may observe here that, although it is private property, I think, for the advantage of science, it ought not to continue private property, but that the authorities of the hospital, or the State, ought to take possession of it, to buy it for the purpose of preserving it. This has been done with the museums in Edinburgh and Glasgow.

3254. Who are the actual proprietors of the museum now?—The actual proprietors of the museum now are the surgeons attendant on the Richmond Hospital. It passes from surgeon to surgeon; but there is nothing to prevent those surgeons, if they choose at any time, selling it. The Government went to the expense of erecting a very large building for its reception, and it is resorted to by foreigners from every part of the world.

3255. When was that building erected?—In 1838.

3256. Where is that building situated?—Within the grounds of the hospital; it is connected with the Richmond Hospital. I may observe, as strengthening the opinion

opinion I have advanced of its being a wise proceeding to make it public property, that the Government has given grants for the purchase of museums for the Queen's Colleges; and the same principle would, I think, apply to these.

3257. How do the surgeons of the hospital acquire this property; do they purchase it from their predecessors?—They do. I should have observed, with regard to the museum, that although the physicians did not sink money in it, they pay so much a year to the surgeons for the use of it.

3258. Sir J. Hanmer.] Has not a portion of that been paid out of the medical fees of the pupils?—The medical fees are the private property of the surgeons and physicians, to do what they please with; in some other hospitals they do not found a museum, but they appropriate the fees, which are often not much in amount; in those hospitals the surgeons have sunk in the museum between 2,000 *l.* and 3,000 *l.*

3259. Chairman.] Are the articles found in the museum constantly being added to?—Every year.

3260. Is there a lecture-room connected with the institution?—There is.

3261. When was it built, and by whom?—It was built in 1838 by the Government; it is part of the museum building.

3262. Are the museum and lecture-room a portion of the one institution?—They are within its walls, and built continuous with it. I would wish next, with regard to the question of the efficiency of those hospitals towards medical education, to mention the way in which the pupils are managed there: pupils are admitted, as in other hospitals, on the payment of a certain sum; there are four clinical lectures given every week; there are prizes given by the physicians and surgeons for the best case-takers at the end of every session; the physicians visit every day. In other hospitals the visits are very often alternate; that is, a physician is on duty for a month or two months, and then his place is taken up by another. In the hospitals of the House of Industry they visit every day, and there is hence this advantage to the pupils: that if any one physician is absent, there is another to instruct; the class divides itself among them; there are four; and in this way, going every day, and having the class more or less divided among us, and going round, we think we carry out our instruction more efficiently. But at the same time, the practice of the hospital is open to all, and the clinical lectures are attended by all.

3263. What is the number of pupils who annually pass through the hospitals?—I think about 120 or 130.

3264. Are certificates of attendance given by the physicians and surgeons to the pupils?—They are, at the end of the session; and I may mention that I have long acted upon this principle myself, and I believe some of my colleagues join with me in opinion, and are acting with me: namely, that we never give what is called a recommendatory certificate, unless to a pupil of whom we have personal knowledge. I never do it myself, unless to a pupil of whom I have personal knowledge, and who has taken cases for me in my own ward, and under my own eye. We have, in addition to the ordinary class of pupils, four residents, two in the Richmond hospital, surgical, and two in the Whitworth hospital, medical; and in addition to those, each physician has generally two case-takers; so that we not only educate pupils generally in the ordinary way of instruction, but we educate them in the best mode practically; for those young men have the responsibility of attending to cases in our absence. We do not take fees from them for those appointments, which are very much sought after. Each resident holds his place for six months. Before we appoint a resident, he must be a case-taker for three or four months, or generally for six months. In that way we acquire knowledge of his moral conduct, of his literary acquirements, and of his professional capacity; and we then choose our residents out of those probationary pupils, and we charge nothing additional. In other hospitals, I believe, a sum is charged for these appointments; we give them solely on the ground of merit.

3265. Is the appointment of a resident pupil an honour which you give to the best of the class?—It is an honour, and I know that it is an honour very highly valued with regard to a young man's future prospects, both with respect to army, navy, and civil appointments, and most properly so.

3266. How long does a resident pupil remain in the institution?—Six months; never more. When I became physician to these hospitals the period was much longer; it was, in some instances, a year or two years, but we observed that when a young man was in the hospital for a considerable time, he became dilatory and inattentive;

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Dr. D. J. Corrigan. inattentive; he regarded the institution rather as a place to live in. We altered it to six months, and we have found the greatest advantage result from it; a young man being there only for six months, knowing that he is only there for that time, is most attentive to his duties and hard-working. We tried *concours*, that is, we had examinations of the class; for we were under the idea that, by examining a class and finding out the men who answered best, we should have the best man for an *interne*. We were obliged, however, to give it up; for we often found that the man who was most flippant and ground-up, as the phrase is, made an exceedingly bad resident; and more than that, we found, what was still more important, that the *concours* gave us no security for that kind attention and care of the patients which is quite as necessary as professional knowledge, and therefore we shortened the term and abandoned the *concours* system. We give free admission to all foreigners, to all persons connected with the army and navy as pupils; they are all at liberty to attend our hospitals; and I could not help contrasting our liberality with what occurred to myself in Brussels, for, on presenting my card there the year before last, and asking permission to see the hospital, I was told that I could not be let in without paying three or six francs to see the hospital.

3267. Lord A. Hervey.] Do all the medical pupils pay fees?—Yes; those who are not graduates in medicine or surgery.

3268. Mr. Percy.] Does a foreigner who comes as a pupil pay a fee?—Yes, if he is not a graduate. It frequently happens that graduates come to Dublin to see our hospitals, and they remain for three months, two months, one month, and sometimes six months; and those gentlemen are all free to our hospitals. I have mentioned the capabilities of our hospitals. I may just mention the estimation in which the hospital school is held by those who are most capable of appreciating it. Within the last two or three years two professorships fell vacant, the one of surgery in Trinity College, and the other the professorship of physic in the School of Physic in Ireland; both were filled from among the physicians and surgeons of those hospitals against a competition, I need not say, very extensive. Now, as a further fact, in proof of the efficiency of those hospitals, and of the mischief that their extinction would do the school of Dublin, I should like to mention this fact. In the year 1838, as well as I recollect, a society called the Pathological Society was established in Dublin. This society is purely a practical society; it meets every Saturday; it consists of physicians and surgeons from the various hospitals in Dublin, and the object of their meeting is this. Each physician or surgeon who happens to have had, in the course of the week, a case of accident or disease that may prove instructive, brings either a preparation, a drawing, or a cast there. To this meeting, thus constituted, all the senior students are admitted; and thus the senior students of Dublin have not only the information given them by their own hospital, which they may attend, but in truth by all the hospitals of Dublin. This constitutes one of the most valuable sources of practical information in Dublin. Since the foundation of this society, 719 contributions have been made to it; and, of those 719 contributions, 400 have been contributed by the hospitals of which I now speak. Their capabilities, it is true, are greater than those of many of the other hospitals; but I wish also to show the Committee that those capabilities have not been neglected. We have in Dublin two medical journals. To the "Dublin Journal" (the Quarterly), for the last five years, 108 contributions have gone from the various hospitals of Dublin; one-sixth of those contributions have been furnished by the officers of the hospitals of the House of Industry. In the "Dublin Hospital Gazette," which is a new journal, 37 original communications have appeared since its foundation; 14 have been contributed by officers of those hospitals. At present, at Chatham, 11 out of 30 of the officers resident there belonging to the army are from the Dublin hospitals generally. I have purposely said the Dublin hospitals generally, because it is sometimes said that pupils in the army and navy have been educated at this or that hospital. I do not think it just to attribute the education of almost any pupil to a particular hospital, because the practice generally is that the pupil attends, and it is a practice that I myself recommend, a smaller hospital for a year, and then, having trained himself up by observations of a few cases, and by directing his attention to them in a concentrated form, he comes the better prepared to our larger hospitals; and some of the young men who have come under my own observation from smaller hospitals have been some of our best pupils; so that, though they finish their education with us, I do not think it would be fair for us to claim them exclusively as our pupils.

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3269. To what institution is this large sum, which was left by the late Dr. Carmichael, to be applied?—In the year 1828, the medical officers of these hospitals, or some of them (I am not sure about the number, but all were interested in it), felt the necessity of establishing a school of anatomy, surgery, medicine, chemistry, materia medica, &c., in the neighbourhood of these large hospitals, because the time of young men is so much pressed upon that they are greatly inconvenienced if they have to go a long distance. Mr. Carmichael was then one of the surgeons, and he took a very strong interest all his life in medical education. A school teaching all those branches that I have mentioned was established on the opposite side of Brunswick-street; it is not on the hospital ground; this school was called the Richmond Hospital School up to the period of the lamented death of Mr. Carmichael. By his will he left 2,000 £, the interest of which is distributed annually in prizes to the best answerers in medicine, surgery, &c.; and he further left a sum of 8,000 £, which after some years is to revert to the support of the school. This school is not a part of the hospital establishment, but it contains lecture rooms and museums of anatomy, surgery, chemistry, materia medica, botany, &c.; and although not legally a part of the hospital establishment, they are intimately and practically united, and the school and the hospitals together thus constitute one great school both for clinical medicine and surgery, and for elementary instruction; and in addition to the injuries that I have mentioned as resulting to education were these hospitals closed, there would result the destruction of this school, for it could not exist without the hospitals, and I do not know what would then become of the trust.

3270. This Carmichael School is, in fact, used by the pupils who frequent the hospitals?—Very much; other pupils may go to it.

3271. Will you state to the Committee your opinion as to this point, whether, in a great medical school like that of Dublin, medical education is best given in separate hospitals as it is now in Dublin, thereby causing a certain degree of emulation between the different schools, or whether it would be better given under one roof and in one great establishment?—I do not think there can be a second opinion upon that subject; if you remove rivalry, you remove one of the best stimulants to exertion.

3272. It is your opinion, that the existence of different hospitals and their different schools in Dublin practically improve very much the quality of the education given?—There cannot be a doubt of it.

3273. When was the modern system of clinical instruction introduced into Dublin?—I am not aware of the clinical instruction materially differing now from anything that I recollect.

3274. Is clinical instruction practised in Dublin to as great extent as it is in any other school in the world?—I am sure it is. I may mention, as the question has been asked, a change that occurred in clinical instruction in Dublin some years ago, and it was this: clinical medical instruction was not given in what were called the general hospitals, up to the year probably 1825 or 1826; and for this reason, that the College of Surgeons, through which a great number of the pupils went, did not require any medical instruction for the surgeons. They have altered that, and now require an extensive medical education; the only clinical medical instruction that was given previously to that period, as far as I know, was given in a purely medical hospital, Sir Patrick Dun's Hospital. I attended that hospital under the late Dr. John Crampton, and he gave clinical medical instruction, precisely as all of us give it at the present moment; but about the period to which I allude, the clinical medical instruction was introduced, in consequence of the alteration of the laws, into the general medico-chirurgical hospitals, so that it has become more extended; but I think that is the only difference.

3275. Is it your opinion, that the hospitals of Dublin now afford materials sufficient for the school; do you think the amount of clinical instruction which the hospitals are the means of giving are sufficient for the wants of the schools of Dublin?—I think probably it is. I know there are some of the hospitals which labour under great difficulties to keep up the proper number of beds, and they are obliged to have recourse to this expedient; namely, to keep up the amount necessary for clinical instruction in the winter, but to diminish it to a small amount in the summer; they are thus sufficient for the purposes of clinical instruction, but not sufficient for the wants of the poor, from the want of funds.

3276. Do you think a reduction of the number of patients at present admitted into those hospitals would materially injure the school?—Necessarily; because

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the value of the clinical instruction is in proportion to the number of cases from which subjects can be taken for clinical instruction. For instance, in a fever ward there may be 20 cases of fever, but if you deduct from those the convalescent, and the milder cases that are scarcely worth noticing, you are left with only a certain proportion of cases fit for clinical instruction; if you diminish the number of cases, you necessarily diminish the subjects which are capable of affording the necessary instruction.

3277. A variety of cases is absolutely necessary for good clinical instruction?—Absolutely necessary.

3278. Lord A. Hervey.] Are medical pupils admitted into all the hospitals in Dublin now?—I think so, with the exception of Cork-street Hospital and the Westmoreland Lock Hospital.

3279. If the Parliamentary grant to the Cork-street Hospital were diminished, that would not affect the general school?—No.

3280. Chairman.] Do you think it would be advisable that an attendance larger than what is now generally practised by the pupils in Dublin upon fever hospitals would be desirable?—I think most desirable, because I think it is one of those diseases peculiarly necessary to be known by the students in Dublin; but then that can only be attained by giving them the means of studying fever in general hospitals; it cannot be done in separate fever hospitals.

3281. Why not?—Because a young man must have all the cases that he has to see in the same institution, or under the same roof. He goes to his hospital at eight or nine o'clock in the morning, as the case may be; he cannot get out of it under two hours, or two and a half hours; he then goes to his anatomy or other classes. It is perfectly impossible for him to attend a general hospital, and at the same time visit any speciality hospital.

3282. Do pupils attending on the Hardwicke Fever Hospital attend the Whitworth Hospital at the same period of their course?—Yes.

3283. Do they also attend the Richmond Surgical Hospital at the same time?—They do; we divide the attendance in this way: the surgeons commence their attendance at eight o'clock, and the pupils go there and see the surgical cases. Then they come to the physicians, who visit from nine to ten o'clock; nine is the hour, but of course those arrangements occasionally vary. Having gone through the surgical hospital, they then come to the medical hospital and the fever hospital; and between that and the clinical lectures their time is occupied fully up to 11, and the case-takers are occupied more than half the day. It would be quite impossible for them to go to any hospital at a distance.

3284. Is attendance on some fever hospital necessary for obtaining a degree in the Dublin school?—No, it does not enter into the necessary certificate of any college with which I am acquainted, and it would be nearly impossible to effect it.

3285. Suppose a pupil does not go through either the Meath Hospital or the House of Industry, which are the only two hospitals in Dublin where he can see fever patients, can he obtain a degree?—He can. In the London hospitals, I may observe, fever cases are mixed up with all other cases.

3286. Mr. Percy.] With the exception of small-pox?—Yes. It is the opinion of some of the best-informed men, I may mention Dr. Christison, of Edinburgh, that in that way the risk is diminished; that, by mixing the fever cases with others where there is a sufficient body of air and ventilation, an accumulation of contagion is thus prevented, or it is so very much diluted that there is less risk. Hence in the London hospitals the pupils have an opportunity of seeing fever mixed with the general cases.

3287. Lord A. Hervey.] Do you know the reason why the medical pupils do not attend the Cork-street Hospital?—Because their time is occupied in attending a general medico-chirurgical hospital from eight in the morning till 11 or 12, perhaps; and as they would get no credit for a certificate, that is to say, it is not necessary; from those two causes they do not go, and hence the Cork-street Hospital never can become an educational hospital.

3288. Chairman.] Have you seen the Census of Dublin for 1851?—I have.

3289. Is that return correct as regards the Dublin hospitals?—I think it is not.

3290. Will you state in what respect it is inaccurate?—If you will turn to page 96 and page 100, I will point out the mistake; you will observe, that the returns of the Dublin hospitals are comprised under two principal heads: the amount of accommodation, and the number in each institution on the 30th of

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March 1851. The heading of the column "Accommodation" has been interpreted in two ways by the authorities of the hospitals who sent in the answers. At page 100, there is this sentence: "In calculating the amount of hospital accommodation to the population, the proportions have been made upon the number of beds actually available and supported by the funds of the institution upon the night of the 30th of March 1851, and not upon the extent or area of the different buildings, which in many instances were capable of affording accommodation to a much greater number of persons than their incomes could at the moment support." The error has arisen from the Commissioners attributing one meaning to the word "accommodation" and the governors of the institution attributing another meaning to it. It may seem very simple, but I have had practical experience myself of the difficulty of getting such returns without adding another column after "Accommodation;" namely, "the number of beds which the funds are capable of supporting;" for the word "accommodation" is interpreted in the returns either to mean the number of beds which the institution could receive, or the number it could support. For instance, the Charitable Infirmary, Jervis-street, is returned as having accommodation for 80 patients, and with only 32 in it; and when taken in connexion with the statement I have quoted, it would appear as if they had funds for supporting 80. Now I have been a medical officer of that institution, and I am a governor at present, and I know that at no time was it ever capable of supporting 80 patients through the year; it supports about 70 in the winter, and its number in the summer is reduced to about 30, when medical education is not required. Stevens's Hospital is returned as having 200 beds available; but of those, 80, at least, are occupied by the constabulary, who pay the cost of their maintenance in the hospital. Mercer's Hospital is returned as having funds for 70; I believe it has not. The Dublin Lying-in Hospital is returned as having beds available for 140. I called upon Dr. Shekleton a short time ago, and inquired of him as to the amount of accommodation afforded in that hospital, and he told me that those 140 beds include all the beds in the institution, including those occupied by him and his family, by the matron, and the nurse-tenders, and I believe by the clinical pupils; I know that it has accommodation available for only 100 patients. The Meath Hospital is returned at 100, and here is an instance of the different meaning attached to the word "accommodation," for the Meath Hospital has returned correctly the number. The return of the Hardwicke Fever Hospital is correct; the return of the Fever Hospital and House of Recovery, 120, is I believe correct; the return of the Richmond Surgical Hospital, 110, is correct. Sir Patrick Dun's Hospital is returned here as having beds available for 120 patients; its funds are only capable of supporting 50. The Maison de Santé is introduced here in the Dublin Hospital accommodation; that is a private establishment, got up by a medical officer, who receives patients into it who pay so much a week.

3291. Chairman.] Is it a charitable institution?—Not in the least; it is a private speculation. The Whitworth Fever Hospital I see returned at 36 beds; it has room for them, but it has been closed altogether for a number of years as a public hospital.

3292. Did you say that the Whitworth Fever Hospital has been closed for a number of years; this return gives the number of eight persons in the institution on the 30th of March 1851?—It has been closed as a public hospital since the year 1848; they were merely care-takers, or persons who supported themselves. The Coombe Lying-in Hospital is returned at 40 beds; its medical officer mentioned to me within the last fortnight that it was only able to support 31. The Anglesey Lying-in Hospital is altogether a private speculation, and no patients whatever are returned from it; it returns accommodation for 15, but it is a purely private speculation. The City of Dublin Hospital is returned as having accommodation for 100 patients. Mr. Tufnell, one of its officers, and a most active man, mentioned to me at the Hospital Grants Committee in Dublin, that the City of Dublin Hospital never was able to support more than about 70 in winter and 30 in summer. St. Vincent's Hospital is a private hospital, and it is sometimes closed; I remember its being closed for two or three months.

3293. Is it a private institution, and attended by the Sisters of Mercy?—Yes; I may observe, that this column is incorrect, from the circumstance that I have mentioned to the Committee, of the double meaning attached to the phrase "accommodation;" and I am afraid, from what I have heard, that in the

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returns which have been forwarded to the Poor-law Commissioners in their inquiry within the last five or six months, the governors of the hospitals or the returning bodies have fallen into the same error.

3294. Whht is, in your opinion, the actual hospital accommodation in Dublin?—I have made a calculation, and I believe I am very little wrong in stating that it is about 920 beds actually available accommodation as at present constituted.

3295. So that, in reality, the hospital accommodation in Dublin ought to be put at 920 beds rather than 1616, as it is put in the Return now before the Committee?—I think so. I will mention another instance: the Royal Infirmary of Kilmainham is introduced into that total; that is exclusively for soldiers.

3296. Lord A. Hervey.] How do you arrive at the result of your calculation that there is accommodation for 920?—Steevens's Hospital has available accommodation for 120, the Meath Hospital for 100, the Cork-street Hospital for 120, Mercer's Hospital for about 60, Baggot-street for about 60, Sir Patrick Dun's for 50, Jervis-street for about 60, the Richmond, Whitworth, and Hardwicke for 310, and the Westmoreland Lock for 40.

3297. Where do you get those numbers from?—From actual returns received from the hospitals, and from my own personal inquiry.

3298. Is that the number that the funds are capable of supporting?—Yes.

3299. Chairman.] Are the medical officers of the Irish workhouses paid out of the Consolidated Fund?—I think not.

3300. Do you know how they are paid in England?—One half of the salary is, I believe, paid out of the Consolidated Fund, and the other half out of the poor-rates.

3301. Mr. Grogan.] Is that the case at present?—I think so. It was so stated in the last report that I saw, as well as I recollect, and I have no reason to think that the arrangement has been altered. It is, I believe, under an Act of Parliament.

3302. Dr. Brady.] Do you know what is the actual amount paid?—It was a few years ago, out of the Consolidated Fund, 75,000*l.*; I believe it has been increased of late years.

3303. Perfectly irrespective of your connexion with the Dublin Hospitals, has your experience of the wants of the people, both rich and poor, in a medical point of view, led you to form any opinion as to the necessity or propriety of the State taking under its protection and inspection the public hospitals and schools of medicine in the United Kingdom, as a part of the police of the country?—I would rather not go into the whole of the United Kingdom; but I will answer the question as regards Dublin and London. I have already, I think, answered it partly, in this way: I have said that population in those two cities has increased far more rapidly than voluntary contributions can meet the wants of their sick. It is more the duty of the State to take care of the sick of the industrious and operative classes than it is to take care of the sick of the paupers, or, at least, they are as deserving of support; but in our large cities at present, where population presses, the sick pauper is taken care of, the convict is taken care of, and the madman is taken care of; but the class, in my opinion, which deserves most care, when suffering under sickness or accident, namely, the sick and hurt of the industrious classes, are left to chance; therefore the time has come when it is the bounden duty of the State, in large cities, where population presses upon voluntary contribution, to take to itself the support of those classes. In Paris such is the case; and I may mention that in Paris a considerable sum is, I believe, derived from a tax upon all places of public amusement, theatres, concerts, and operas; and it has often occurred to me that that would be a legitimate source from whence to derive support for some of our institutions. It would be only drawing money from the pockets of those who are able to pay for amusement.

3304. Mr. Kershaw.] Would you apply those remarks to such towns as Birmingham, Manchester, Leeds, Sheffield, and so on?—I have altogether, or nearly so, confined my inquiries to the large cities which constitute the metropolises of the kingdom.

3305. You would not extend such observations to the towns that I have named?—I do not know the particulars of Birmingham.

3306. Dr. Brady.] Is it your opinion, that if such a system were pursued disease would not extend to the amount it does at the present time, and that we should rather be preventing disease than curing it?—We should be doing both.

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If there be not sufficient fever accommodation, which frequently happens in Dublin, and a case of fever, or small-pox, or scarlatina is refused admission for only 48 hours, I do not think I exaggerate when I say that the disease is increased fourfold in consequence of it.

3307. Do you think it advisable that the Poor-law guardians should have a power to interfere with the direction given by the medical officers, as to the nourishment given to their patients?—I think so, to a certain extent. I would not leave the medical officers of any institution with a *carte blanche* to give what they like. I have not it myself, and I do not think that it would be right to give it. I myself was one of the persons who recommended that chickens should not be given in hospitals with which I am connected. I know that abuses arose from that practice. But with regard to plain articles of nourishment, I think an officer ought not to be interfered with. As far as beef and mutton, and beef tea, wine, arrow root, eggs, and similar matters are concerned, I think he should not be controlled; but I can conceive a boundary that a man would pass, and passing beyond which he would put the institution to an unnecessary expense.

3308. You are speaking of indiscreet men?—There is no security that any man will be discreet.

3309. The majority of them are discreet, I hope?—I do not know what the rules in the Poor-law Unions are; but in all the hospitals with which I have been connected my discretion has been limited, though not at all to any extent that could be injurious to a patient.

3310. Sir J. Hanmer.] You said just now that your medical students could not attend the Cork-street Hospital; where do they learn the treatment of fever?—With us; we have a fever hospital.

3311. Which is that?—The Hardwicke.

3312. Mr. Grogan.] You stated that the entire number of beds at present available in the hospitals of Dublin was about 920; do you consider that adequate to the wants of the city?—I do not; it only gives one bed for every 280 persons.

3313. What number would, in your opinion, be adequate?—I think the very smallest number that I could possibly recommend would be one bed for every 200 persons.

3314. Dr. Brady.] And that would be less than at Paris at the present time?—Yes, in Paris it is one in 167.

3315. Mr. Grogan.] What would be a fair estimate of the cost of each bed per annum?—From 15*l.* to 20*l.* The cost of some beds is much less than others; for instance, in the epidemic, from 1847 to 1850, I find that the cost of fever patients, including the payment of the medical officers, was only 7*d.* a day. Then the appliances to surgical patients are often very expensive. If you mean the support of the bed, independent of the expense of the buildings, it would be 15*l.*

3316. Are you able to say what is the cost of each bed in the hospitals with which you are immediately connected, all the expenses, and the staff included?—I am not; but the estimate made at the time that Lord Clarendon wrote that memorandum was about 14*l.* per bed.

3317. Was the sum of 4,500*l.* for the maintenance of 310 beds in those hospitals calculated at the reduced amount of beds that the hospitals were capable of containing, or the full amount?—Three hundred and ten was the reduced amount from the original number the hospitals, before the reduction, contained. The Hardwicke, 144 beds; its beds have been reduced by 24; the Richmond contained 120 beds; its beds have been reduced by 10. There were 24 taken off in the Hardwicke, 10 in the Richmond, and two in the Whitworth; that is, 36 beds were taken off the original number, and the estimate was then made for 310 beds at 4,500*l.* The estimate was about 14*l.* a bed, but that was too low; provisions were then very cheap.

3318. If you were revising that estimate now, should you consider it advisable to include the number of beds that these hospitals can accommodate, or would you confine your estimate to the number then taken into consideration?—I would confine my estimate to the number then taken into consideration, unless our area was increased; for I attach so much value to having a sufficient amount of air and ventilation about the patient, that I am very much indisposed to crowd the beds.

3319. Do you consider that a certificate of attendance on a hospital affording 60 beds would be sufficient for the general education of a medical gentleman?—I do not.

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3320. Mr.

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3320. Mr. Percy.] I observe, in the report of the president of the Queen's College, for the year 1852-3, this passage: "In addition to the above courses of lectures, candidates shall have attended during the first period of the above curriculum," amongst other things, "a medico-chirurgical hospital," recognised by the senate, containing at least 60 beds;" and then again, "a medico-chirurgical hospital, recognised by the senate, containing at least 60 beds;" are 60 beds sufficient?—I do not think they are, for the whole education.

3321. Is there a hospital containing 60 beds at Cork?—I believe there is; I do not like to speak positively.

3322. Is that supported by voluntary contributions, or by a public grant?—I know they are in great want of support; but with regard to the 60 beds, I may observe that, practically, students do not often complete their education, and cannot complete it at that number. In Galway, for instance, there is no midwifery hospital; midwifery hospital attendance is required from the students, and the students must come up to Dublin for the purpose of attending a midwifery hospital.

3323. Dr. Brady.] I believe it is usual to remain one or two sessions, and then go up to Dublin for the remainder?—I think it is almost universally the case; and in that way a practice is followed which I have already recommended, that a young man should commence his education with a small hospital, and then go to a larger one.

3324. Have you known good effects result from pupils being apprenticed to surgeons connected with county infirmaries in Ireland, and then afterwards becoming pupils at your hospitals in Dublin; have you seen the preparatory education do good?—Always.

3325. I wish to speak as regards the county infirmaries of Ireland; have you known it common that pupils coming from those county infirmaries eventually become eminent men?—I cannot speak positively of that particular; that is, I have no recollection at present of instances that I could adduce.

3326. Mr. Percy.] In your calculation with respect to the number of beds as compared with the population, do you include the 280 beds in the workhouse infirmaries in that number?—No.

3327. And in the calculation with reference to Paris, do you include the beds of the Bureaux de Bienfaisance?—No.

3328. Do you think there would be any objection to the admission of the London plan; that is, intermixing the fever patients with all the other cases?—We are not in the habit of doing it, and I think that the feelings of the people are against it; and you could not force the governors of private hospitals to take them in, nor do I think that in the small hospitals the medical officers would desire to do it. In Jervis-street Hospital, the fever patients who present themselves at the dispensary are invariably sent up to us. The large London hospitals do it.

3329. Do the medical officers of the London Fever Hospital receive a salary?—My recollection is that they do, and I have seen it mentioned on the ground of the life insurance; but the officers of all the fever hospitals of which I have any knowledge in Ireland receive a salary.

3330. It appears that bequests to charities are very rare in Ireland?—They are very rare everywhere.

3331. The London hospitals owe their existence almost to bequests being made to them, which is one mode of voluntary contribution?—I have gone through a great number of them, and shown the Committee the state which they are in at present, showing that they are nearly all in debt; therefore bequests must be rather rare.

3332. Mr. Kershaw.] What efforts have been made to obtain subscriptions and donations for the several hospitals?—I do not now know personally, because I am only connected with one institution; but I know when I was connected with Jervis-street Hospital, which was and is dependent in a great measure upon subscriptions, it was about the most disagreeable office, and the most unfruitful, to attempt to collect subscriptions, that I ever undertook. When given to the medical officers, if they made themselves active in it, subscriptions were looked upon as a personal favour; and they have been ever varying, depending merely upon the personal exertions of some one or two individuals, and as soon as they remitted their exertions, the subscriptions went down.

3333. It would seem to be your opinion, that if Government grants were not given to these hospitals, the people of Dublin and Ireland generally would let them

them sink rather than support them?—Not so much let them sink, but let them come down to such a state, that they would not be sufficient for the wants of the poor or for the purpose of affording education. Dublin at present contributes far more than Edinburgh to the support of its charitable institutions; in addition to giving money out of their own pockets, the people assess themselves every year to the amount of about 1,400 l. or 1,500 l.; the corporation does that for the support of the hospitals; but that is not sufficient. I can give you the sums in subscriptions; they give as near as I can calculate about 2,400 l. a year; Dr. Hutton has returned it at 3,000 l.; he probably is right, but my calculation is about 2,400 l.; that is voluntary subscriptions. The corporation, then, the representatives of the citizens (and I have never heard a dissentient voice against it), contribute these sums: they give to the Mercer's Hospital 200 l. per annum, to the Hospital for Incurables 200 l. per annum, to the Jervis-street Hospital 200 l. per annum, to the Ophthalmic Hospital 91 l. per annum, to the Baggot-street Hospital 300 l. per annum, and to the Coombe Lying-in Hospital 400 l. per annum; so that they assess themselves, in round numbers, to the amount of 1,400 l., and then they give in voluntary contributions the sum of about 2,400 l.

3334. Mr. Percy.] Have the religious differences in Dublin anything to do with the difficulty of obtaining subscriptions?—Religious differences have to do with everything in Ireland, and everywhere else.

3335. Chairman.] With reference to this 3,000 l. a year, it was stated by Dr. Wilde that an erroneous impression has gone abroad upon a statement that 3,000 l. a year was subscribed voluntarily to support the hospitals of Dublin. It appears that in this 3,000 l. a year was included the 1,500 l. a year that was given by the corporation; is that so?—No. I have the items here; I put down the hospitals, with the amount of subscriptions as I obtained them from their several officers. They are under two heads; the one, "Grand Jury Presentments," the other, "Subscriptions and Donations." Mercer's Hospital, amount not known; Hospital for Incurables, amount not known, although I know that the amount of subscriptions to it is very considerable; Jervis-street Hospital, 102 l. 17 s.; Ophthalmic Hospital, amount not known; Baggot-street Hospital, 600 l.

3336. Are you sure that in that 600 l. the sum given by the corporation is not included?—Yes. The grand jury presentment is only 300 l. to Baggot-street Hospital; the Coombe Lying-in Hospital, 400 l.; the Meath Hospital, 272 l. 1 s.; Sir Patrick Dun's Hospital, 61 l. 16 s.; the Lying-in Hospital, amount not known; Cork-street Hospital, 522 l. 5 s. 10 d. When I say "amount not known," I mean that I was myself not able to ascertain it. That makes the total of the subscriptions, exclusive of four hospitals, from which I could not get returns, 1,958 l. 19 s. 10 d., and to that is to be added the corporation tax, with which the citizens have assessed themselves, of 1,391 l.

3337. What do you put down as the gross amount of voluntary contributions, exclusive of the assessment?—Exclusive of the assessment, and exclusive of four hospitals, it is 1,958 l. If you add those four hospitals, we will say that the subscriptions to them amount to about 400 l., it would be then about 2,400 l. altogether.

3338. It is your opinion that 2,400 l., as nearly as possible, represents the amount subscribed voluntarily in Dublin to the hospitals?—I am pretty sure of it.

3339. Mr. Kershaw.] In the year 1826, a period of great distress, was there any extra allowance made by the Government to the hospitals in any manner?—I am not aware.

3340. Had you any contributions from the British public upon that occasion?—I do not recollect.

Colonel David Charles La Touche, called in; and further Examined.

3341. Chairman.] HAVE you any statement to make with regard to the evidence which you gave upon a former day?—Yes, I have one or two observations to make; I find that there is an erroneous impression; I must either have said something that I did not mean to say, or what I did say was misunderstood. A friend of mine asked me how I could put forward the notion, that if the Government would give a certain sum for the general support of these institutions, I could undertake that that would be doubled by subscriptions in Ireland; and if I have made that impression upon the mind of the Committee, I would

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I would wish to correct it. I cannot find it in the evidence, but I find that that impression has gone abroad, that the tenor of my examination came thereto. I understood that I was asked respecting the Hospital for Incurables, and I said that I thought, under the peculiar circumstances of that hospital, receiving patients from various parts of the country, if it was fixed that the Government would give a certain sum, there might be a probability (I meant to convey nothing more) of getting an equal amount of subscriptions; but of course I could not answer for it, not having had any opportunity of inquiring about it.

3342. Sir F. Lewis.] You meant to apply that observation solely to the Hospital for Incurables?—Yes. The Honourable Member for Launceston was asking me questions regarding the Hospital for Incurables, and some other Honourable Member was asking me questions regarding the Lock Hospital.

3343. Chairman.] Are the Committee to understand that the remarks you make in answer to Questions 2297 and 2298 apply solely to the Hospital for Incurables?—Solely to the Hospital for Incurables.

3344. Is there anything else which you wish to state?—Yes. In answer to Question 2313, I touched upon an exceptional case for Dublin, above all other towns. I took too much for granted in supposing that the Committee agreed in the arguments that are stated in the Report of the Commissioners of 1842. I meant to have referred to those arguments in pages 4, 5, and 6 of the Report of the Commissioners, and relied upon them, as proving an exceptional case for Dublin.

3345. Mr. Grogan.] You are a governor of Cork-street Hospital, are you not?—I am.

3346. Do you know of any voluntary subscriptions being given to that hospital?—Yes, considerable.

3347. Will you state the amount?—Dr. Corrigan made a statement with regard to the hospital which I did not understand.

3348. But considerable annual subscriptions are made to the Cork-street Hospital?—Considerable annual subscriptions are made, but not to the amount of 500 *l.*, or anything like it, unless you include the interest on funded property; there is the interest on 11,000 *l.*, and altogether, with our private resources, I think it amounts to nearly 700 *l.*, between that and the private subscriptions; but I could hardly call the interest of this funded property an annual voluntary subscription; it is the result of bequests and sums saved, and money got in various ways.

Dr. Dominick John Corrigan, again called in; and further Examined.

Dr. D. J. Corrigan.

3349. Chairman.] YOU stated that the amount of voluntary subscriptions to the Cork-street Fever Hospital was 522 *l.* a year?—Yes.

3350. In what year was that?—The Cork-street Fever Hospital is returned at 522 *l.* 5 *s.* 10 *d.*, and my statement is taken from the return of the Cork-street Hospital, which was laid on the table of the Hospital Grants Committee meeting in Dublin last week.

3351. Do you know whether that sum includes the revenue derived from other private sources as well as voluntary subscriptions?—The column is headed, "Subscriptions and donations for the past year," and the amount returned under that head is 522 *l.* 5 *s.* 10 *d.*

3352. Sir T. Burke.] For what year was that?—1853.

3353. Chairman.] Mr. Matthews, the registrar of the hospital, stated that in 1850 the subscriptions were 89 *l.* 16 *s.* 10 *d.*; in 1851, 21 *l.*; in 1852, 119 *l.*; and in 1853, 123 *l.* 5 *s.*—There may have been some in the return laid on the table, some other sums mixed up with subscriptions, "donations," as I have already observed, but I have copied it from the return laid on the table of the Hospital Grants Committee in Dublin.

3354. I think it must include the interest on stock?—I do not know; it is headed, "Subscriptions and donations."

3355. Mr. Kershaw.] Was there any election of officers in that year?—The election of officers never can influence the funds at Cork-street.

3356. Nor the surgeon?—Nor the surgeon, because the election rests with the managing committee, and the subscriptions can have no influence over them.

Martis, 23^o die Maii, 1854.

MEMBERS PRESENT.

Lord Naas.
Mr. Grogan.
Sir John Hanmer.
Dr. Brady.
Mr. Whitmore.
Mr. James MacGregor.

Mr. Percy.
Sir Frankland Lewis.
Mr. Shirley.
Lord Alfred Hervey.
Sir Thomas Burke.
Mr. Kershaw.

THE RIGHT HON. LORD NAAS, IN THE CHAIR.

Alfred Power, Esq., called in; and Examined.

3357. Chairman.] ARE you Chief Commissioner of Poor Laws in Ireland?—I am.

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3358. Have you given your attention to the sources of income by which the Dublin Hospitals are supported?—I have. I have before me an abstract of returns from the Dublin hospitals including both those which enjoy Parliamentary grants and those which do not, as obtained through our medical inspector, Dr. Hill. It is rather a voluminous return. I had perhaps better read the items: there is the name of the hospital, the locality of the hospital, the class of disease treated therein, the total number of beds available on the 1st February 1854, the number of beds occupied on the 1st February 1854, the number of patients relieved in the year 1853 in the hospital and the number of the extern patients; the expenditure of the hospital in the years ending March 1851, 1852, and 1853; the amount of income for the year ending 31st March 1853; particulars of income for the year ending 31st March 1853; the sources of income, the amount from each source, and the total; the governing body, number of members, how composed, and the number of officers. The return has been made with great care by Dr. Hill, from personal inquiry. It is not the result of written returns; Dr. Hill has obtained it in person. I believe it may be relied upon, and I will put it in as a part of my evidence. (*The same was delivered in.*)

Vide Appendix.

3359. Is it a fact, that a great number of those sources of income are precarious?—It is so. The total income for the year 1853 is 27,519 *l.*; of that sum 16,409 *l.* comes from the Parliamentary grant; from subscriptions, 3,341 *l.*; and the third source of income is from payments by patients of the constabulary force in one hospital; in another hospital by the counties in repayment for the maintenance of lunatics; in another instance, by the Union of South Dublin for the treatment of its fever patients; and also a small amount from patients themselves, amounting in the whole to 3,526 *l.* There is a fourth source of income, which consists of permanent property, that is, bequests and rents arising from houses and land, and from Government stock, amounting to about 4,233 *l.*, according to that return.

3360. With the exception of the last item, it may be said that all the sources of income are precarious?—There are two sources of income which I think peculiarly precarious out of the four, and the other two permanent. The Parliamentary grant I look on as precarious. The subscriptions, again, are a precarious mode of sustaining the hospitals. The repayments by the constabulary are a certain source of income; so also with respect to the payments made by the union for the fever patients, and these two form the main part of that item. The other source is of a permanent character.

3361. Do you think that the sources of income for the support of such great establishments as these are should be precarious?—No; I think it is very undesirable indeed. I think a good deal of evil has arisen out of the reduction of the Parliamentary grant, which reduction has not been met by an increase of subscriptions, nor has it been met in any other way; the consequence has been a great pressure upon the union hospitals, and I am very desirous to diminish the causes of that pressure.

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3362. Have you any plan by which you think the sources of income might fairly be made more certain?—The first point I would recommend would be an Act of Parliament in reference to the grant, making the grant a certainty; a certain fixed amount for each year; and I should also wish to have, by Act of Parliament, the power extended which at present resides in the Boards of Guardians, of sending fever patients to the hospitals. I should wish it to be extended to every description of patients who may be found in our union workhouses, and may have diseases of which they could be cured; and in those cases I should provide a very certain source of income, that is, payment from the poor-rate. The Parliamentary grant would be a certain amount, and the payment in respect of patients from the workhouses would be certain. Those two would be rendered permanent and certain.

3363. Would you propose, in the first instance, to limit the relief afforded by the hospitals to pauper patients?—Certainly not.

3364. When you speak of payments by other patients, do you mean payments by general patients other than the constabulary, or those in the service of the Crown, who should be relieved?—Yes, I would also introduce that principle; it exists in a slight degree in some of the hospitals already in Dublin. I would authorise the governors to charge either the whole or half, or any other proportion that they might find it necessary to fix, in reference to the state of their funds, as a contribution by those parties who came into the hospitals other than as patients from the workhouses, or as patients having the recommendation of a dispensary committee. There are two ways in which the persons to be paid for by the poor-rate may come into those hospitals; that is, being sent from the workhouses, or by the recommendation of the dispensary committees. That would secure a supply of patients of that class; but from other parties, who do not wish to be considered as paupers, I would have, according to the discretion of the governors, a certain proportion contributed, not of the cost of the whole establishment, but of the actual cost of maintenance, excluding medicines.

3365. Would you then render it impossible for any poor person, who should not have a recommendation either from the union or the dispensary committee, to obtain relief in a Dublin hospital gratuitously?—I would not render it impossible, because there are many hospitals that are well endowed, which might afford to give admission quite free to patients. But if, after the allotment of their share of the Parliamentary grant, that were not practicable for the governors, it would be for them to determine what proportion of the weekly sum of maintenance they would charge for a person; and of course, if the hospital could not admit them without, they might apply to the dispensary for a recommendation.

3366. Would you divide all the patients admitted into the hospitals into classes as regards payments?—As regards the source from which their relief is derived, I would.

3367. Would you propose that this Parliamentary grant, rendered certain in the way you recommend, should be applied to all the purposes of the hospital, or only to a portion of the expenses?—I would recommend the grant to be applied exclusively to those charges which we are accustomed to call establishment charges in workhouse relief; that is, to the payment of the salaries of the medical officers, and the salaries and rations of all the other servants in the establishment, the repairs of the building, the provision of medicines, medical and surgical appliances, all the bedding, the clothing, and the furniture, and all requisites whatever for the hospital; in fact, for every other purpose than what may be called the diet of the patients. To illustrate that, in the House of Industry hospitals, about two-fifths of the whole expenditure is the proportion which may be called the diet of the patients; and three-fifths is the proportion for those other requisites which I have mentioned. I do not know whether that will apply to other hospitals, but the proportion that the diet bears to the whole is likely to be greater now for some time. It will assume a larger proportion.

3368. The Westmoreland Lock Hospital has no other source of income except the Parliamentary grant; how would you provide for the maintenance there of persons who are not paupers, and who do not come into the hospital on a recommendation from the Poor-law authorities?—I think that the unions in Dublin, and the unions surrounding Dublin, would supply, either direct from the workhouses or by the recommendation of the dispensaries, a sufficient number of patients to fill the beds of the Lock Hospital; but if persons, not wishing to apply for a dispensary recommendation, wished to go into it, they would, of course, according

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ing to my plan, be required to pay, according to the discretion of the governors of the institution, the cost of either a third, a half, or the whole of the weekly diet. It is a very small amount at present, according to the heretofore price of provisions. In 1853, it is about 2s. 6d. a week in the fever hospitals, and the lunatic department, and 3s. 6d. in the other; I mean that part of the cost which I should expect to be paid for.

3369. You gave the Committee to understand that two-fifths represented the expense of food and maintenance; do you think that is a correct estimate of the average of the expense in all the hospitals?—I do not know; I derive it from the House of Industry. I think the estimate on which it is founded of 2s. 6d. a week would probably be applicable to other hospitals; from 2s. 6d. to 3s. 6d., as the range of the weekly cost of food, would probably be applicable to every description of hospital.

3370. In fact, your evidence comes to this: that no patient could be received gratuitously into a hospital, except the hospital had funds of its own out of which it might be maintained, so that patients should be recommended by either the union or a dispensary committee?—Yes, certainly; that is what I mean.

3371. Do you think that the payment by the union for the treatment of all diseases in hospitals would be desirable?—I think it would; it should be extended, in my opinion, to all diseases. Of course, the guardians would not crowd the hospitals with incurable chronic cases; that would be a mischief; they should be restricted to curable cases. The chronic incurable cases are proper to be maintained in a workhouse infirmary, but the curable diseases should be sent to a curative hospital, intended for that particular purpose.

3372. Would you make the admission of patients from the Dublin Union and the dispensary committees imperative upon the authorities of the hospital?—Not if there was not room; it should depend upon that.

3373. Would not you allow them to exercise their judgment, as to whether the patients recommended by the Poor-law authorities were not fit subjects for treatment in a hospital?—I believe that is incidental to every hospital. The medical authorities have always power to reject parties tendered, if they are not fit subjects for the hospital.

3374. Suppose these grants were placed upon a certain footing, in the way you recommend, would you give the unions a power to recommend to every hospital in Dublin indiscriminately, or should the recommendations be limited to the different circumstances of the different hospitals; how would you apportion the number of patients among the different hospitals?—I see no reason why the power should not be quite general. It would be very desirable to send a man to a hospital which was celebrated for the treatment of his particular case; one, in fact, appropriated to a particular disease; for instance, ophthalmic disease. St. Mark's Hospital is peculiarly appropriated to ophthalmic disease, and the Meath Hospital is appropriated to surgical and medical cases; Cork-street Hospital is appropriated to fever cases. Hospitals are generally assigned to some particular class of disease more than others.

3375. Does the amount of accommodation vary in the different hospitals?—Yes.

3376. Do not you think there would be a difficulty in that respect?—No, I do not think there would be a difficulty about that, because the guardians would easily ascertain whether there was room. Our present power with regard to fever patients is not an arbitrary power; the governors of the institution must be willing to receive them.

3377. Have you ever heard of any disputes arising between the Poor-law authorities and the hospital authorities about the reception of fever patients?—I am not aware of any difficulty having arisen in that respect; there is a fixed sum agreed upon. The guardians have no concern in the management of the institution in those cases; there is a fixed sum to be paid for weekly maintenance, which is generally fixed by agreement.

3378. Would you recommend that the cost of maintenance of persons recommended from the union should be defrayed out of the union funds?—Certainly.

3379. How do you think the cost of persons recommended by the dispensary committee should be paid?—Out of the poor-rates, by the guardians.

3380. Would you propose that the number of patients recommended by a dispensary committee in a week or a month, for instance, should be submitted to the guardians for approbation?—I am not sure whether it would not be desirable to

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let the recommendation of the committee be submitted to the Board of Guardians in case of objections arising, and that they should determine, except that that would cause delay.

3381. In that case, would it not be necessary for a person, in order to receive gratuitous relief in a hospital, to place himself to a certain extent in the condition of a pauper?—Yes; unless the hospital was so endowed as to be able to give gratuitous relief.

3382. Should the application for admission to an hospital be made in the same way as the application for relief to a dispensary committee is made?—Yes, it would probably be so; but the medical officer of the dispensary district would be the party to whom the committee of management would look for an opinion as to whether a patient ought to go to a hospital or not, and they would submit their recommendation to the Board of Guardians, with the opinion of the medical officer of the district, that this is a proper case to be treated in hospital.

3383. Would you extend hospital relief to the whole class of persons who are now disposed throughout Ireland to receive it, if they are proper objects for dispensary relief. I take a distinction between the persons who are supposed to be eligible for dispensary medical relief, and the persons who are supposed to be eligible for relief in the union as paupers; because I do not think it was ever intended that the medical relief offered under the Medical Charities Act should be limited to paupers?—No.

3384. Would you propose to extend that principle to persons who should be recommended by the dispensary committees to those hospitals?—I see no harm in extending the hospital relief at the expense of the poor-rates to that class of persons who are distinguished from the pauper. The one is called "destitute;" the other "poor person."

3385. Do you mean artisans and labourers, and persons in poor circumstances, and who it might fairly be thought would become paupers in case of sickness, unless such gratuitous medical relief was granted?—Just such a person as a dispensary committee would pass as a proper object for dispensary relief under the title of "poor person."

3386. Do you think the amount of the grant should be rendered permanent by Act of Parliament?—Yes.

3387. What means would you take to ascertain the exact amount at which you thought that sum ought to be granted?—I think that should be placed in the hands of the Lord Lieutenant and the Privy Council, to issue a commission in the first instance to inquire into the condition and resources of each hospital in which there was clinical instruction. I would always make clinical instruction a condition of the grant; because I think the grant is founded entirely on the basis of the expediency of maintaining the schools which have, by Parliamentary assistance, grown to a certain amount of public usefulness; and, on an inquiry by a commission, the Privy Council should allot what they consider a proper portion of the grant, looking at the requirements and the usefulness of the hospital as a school for medicine; and I would not exclude even hospitals which are schools, or which may be made schools with advantage, from participating in that grant, which do not now participate in it.

3388. Are you aware that there are several hospitals in Dublin which are very valuable schools of medicine, which receive no assistance from Government?—I am perfectly aware of that; there are some without any share of the grant.

3389. Would you propose, in case Parliament should sanction this plan, that any alteration should be made in the system of government now pursued in the hospitals?—No.

3390. Are you aware that the system of government is very different in many hospitals?—Very different.

3391. Are the hospitals of the House of Industry supposed to be nominally under the control of the Poor-law Commissioners, while in reality they are under the control of the governor?—They are not nominally under the control of the Poor-law Commissioners; they are really so; at least we are held responsible for the management of the institution. The governor of the House of Industry is directly under the control of the Poor-law Commissioners, and takes directions continually from the Poor-law Commissioners; unfortunately, there has been a good deal of difference between the governor and the medical authorities of the institution,

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institution, and we have had to interfere even so far as to issue rules and regulations; upon certain points of difference we have exercised that power. It is not very pleasant to us to have the control of medical schools, for various reasons.

3392. Would you recommend that the mode of government in the House of Industry should be altered, and that it should be placed under a governing Board?—If the final control of the hospital of the House of Industry is to remain in the Poor-law Commissioners, I certainly would rather have it through a paid governor as at present, than through a Board of Governors. The details are very large; the whole institution consists of about 600 persons, including about 300 lunatics, and the lunatic department is altogether an exceptional thing; I think it hardly ought to be considered part of the hospital. It is for the convenience of the Government, and I hope the temporary convenience only, that we receive into an institution, called Island Bridge Asylum, a large number of tractable but incurable patients, who are superintended by the governor of the House of Industry; perhaps if that charge were taken away, there might be less objection to putting the details into the hands of a Board of Governors, and we should feel no objection at all to that Board of Governors being independent of our control, because there are difficulties with us in the management of the medical authorities, particularly where there are schools attached.

3393. Would not another advantage of that plan be, that an officer of a particular class like the governor would hardly be required; he has a considerable salary, and other hospitals which are managed by a Board of Governors do not require that class of salaried officer?—No; take away the lunatic department altogether from those hospitals, which I should hope might be effected, and I think a Board of Governors might manage that institution, but if it remains under the control of the Commissioners, I would certainly rather act through a paid governor.

3394. Would you recommend, in case of the Parliamentary grant being sanctioned by Act of Parliament, that this separation of the hospital department of the House of Industry from the lunatic department should take place at once?—We have always looked at the lunatic department as merely a temporary arrangement. It was begun in the first instance when the buildings were taken for a workhouse, and we had then a very large reduction of the lunatics that were in that establishment. We have now a system organised by which the counties send lunatics, paying for them, and I should think they ought to be provided for in the proper asylums.

3395. Are no new lunatics admitted who are paid for by the Government; is the institution in gradual process of extinction?—Yes; it would have been nearly extinguished by this time if it were not for the supply of those from the counties.

3396. Do the Government pay for any portion of the maintenance of the lunatics now admitted?—I believe that a part of the Parliamentary grant goes to the Hardwicke lunatic cells; I believe that is so; but those in the Island Bridge Asylum are paid for by the counties.

3397. Have you any means of knowing whether the subscriptions from private sources in Dublin to the hospital have increased?—I am under the impression rather that they have diminished. They are certainly very precarious. I find the whole amount of them now at present out of the 27,500 *l.* total income is about 3,300 *l.*, from subscriptions, and charity sermons, and other sources of that kind.

3398. Do you think that that amount could be materially increased by exertion?—I do not know. There are some classes of hospitals which invite subscriptions more than others; others again create no sympathy; for instance, the Lock Hospital is wholly without subscriptions; the Lying-in Hospital is that which attracts subscriptions more than others. I think there is 1,000 *l.* a year in subscriptions at this time to that hospital.

3399. Do you think if your plan was carried into operation of giving these unions and dispensary committees an unlimited power of recommending patients to the hospitals, the present hospital accommodation would be sufficient for all those patients?—I make out the total accommodation to be very considerable; I have excluded from it the lunatic department in the House of Industry, and I find 1,774 to be the whole number of what is called in the return "available beds," and I think from the appearance of that return it is not exposed to the difficulty which I heard Dr. Corrigan mention, namely, that it was the gross accommodation

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modation which was given. I believe it to be the available beds, that is, the beds which on the 1st February 1854 might have been used if patients had required to be admitted, and the whole number of patients at that time was 1,047. I have excluded on both sides the lunatics of the House of Industry; my numbers include all the hospitals in Dublin, whether supported by Parliamentary grant or not.

3400. Do you think it would be necessary that the number of available beds should be increased if your plan were put into operation?—It might be increased; the patients which would be supplied from the dispensaries would, to a certain extent, be the same persons who are now received into the hospital; I should take it to be extremely probable that they would be nearly the same persons who are now received into the hospital to a great extent. I do not think my plan would produce a necessity for greatly extending the accommodation; still, if the endowment and the grant were sufficient, there is no reason why it should not be extended; but the 1st of February is a time of the year when one would expect to find the hospitals as full as at any other time, perhaps rather more so. I think, however, that the great difference between the amount of beds available and the beds actually occupied, which is very large (it is 700 in round numbers), arises mainly upon the return of the Cork-street Hospital, which is returned as having 426 available beds, and the return of those actually in the house is 80 only.

3401. Mr. Grogan.] In the difference of 700, between what beds were available in the hospital and what were occupied on the 1st of February, how do you count the numbers in the Lock Hospital, because I observe in the paper here you have put down the Lock Hospital at 50 beds?—The return here says, "50 beds available, reduced from 150 on account of the reduction of the grant."

3402. And there were 50 in it on that night?—Yes.

3403. You speak of the difference between the number of beds available, that is, beds that might be used if they had funds to keep them open, and the number actually in occupation, namely, 1,047, as somewhere about 700. Now, in the paper you hold in your hand you put down the beds in the Lock Hospital as 50 only in both shapes?—There is a surplus of 100 in point of accommodation beyond what I have stated, although Dr. Hill has not reckoned it, because the beds were not available.

3404. As you qualified the word "available," ought there not to have been 100 added to that 50?—My impression, derived from the instance of the Westmoreland Lock Hospital, and some other instances, is, that what Dr. Hill meant by the number of beds available was the number of beds which could be put actually into use if patients were required to be admitted.

3405. In the particular instance in question it has been given in evidence that a great number of venereal female patients go to the poorhouses for want of accommodation in the Lock Hospital, and that they go also to prison for want of the same accommodation. In the paper in your hands, the available beds which are mentioned there being 50, fully occupied, does not the word "available" mean those that the hospitals are able to maintain, consequently how can the estimate of 1,047 beds, which you said would be about the number that Dublin would require, or the patients in bed at present, be an accurate measure of the amount of hospital accommodation, when in this particular hospital there is evidence that 100 additional beds are requisite?—I do not use that number of 1,047 as indicating the amount of hospital room required, by any means; I say that I find there are nearly 700 beds available beyond those now occupied, according to Dr. Hill's return; but the Cork-street return, I think, makes a very sensible reduction in that, for we find the Cork-street Hospital returned at 426, whereas there are only now 80 patients there; and I am afraid that return must be taken on a different ground from the others.

3406. Mr. Percy.] The 100 beds of the Lock Hospital should be added to that number, which would make it 1,874?—Yes. There are several instances in which it appears as if Dr. Hill had taken the beds available, and I dare say the gross accommodation would not be overstated at 2,000.

3407. Mr. Grogan.] One thousand seven hundred and seventy-four is the actual number of beds that could be put up, if there were funds to maintain them?—Dr. Hill says, "beds available," that is to say, beds which could be put into use.

3408. If there were funds?—No, if there were patients.

3409. If there were patients to fill them?—Yes.

3410. How many more would you add if there were funds?—There is the instance

instance that you have pointed out, of 100 additional accommodation in the Westmoreland Lock Hospital.

3411. How many available beds are there in the Jervis-street Charitable Infirmary for the reception of patients if they apply?—The number of beds available on the 1st February 1854 was 80; the number of beds occupied on that day was 59; the former, I rather think, is the amount available by the funds, and not the total accommodation.

3412. Chairman.] In case your plan were adopted, you propose that inquiry should be made as to whether the accommodation of the hospitals could be conveniently increased, and also whether it would be necessary to increase it?—Yes; and also whether it is sufficient as it is.

3413. In fact, whether an increase or not would be necessary?—Just so.

3414. Are you aware that the system of admission to the Lying-in Hospital is this, that every poor woman who appears at the door in labour is taken in and kept until she has recovered from her confinement; do you not think there would be a difficulty attending a recommendation in such cases?—The Lying-in Hospital now has less difficulty than other hospitals in obtaining subscriptions; I think certainly there ought to be a subscriber's ticket, or a dispensary ticket.

3415. The Lying-in Hospital now enjoys considerable sources of income from bequests and property, gardens, and otherwise; and one of their conditions is, that every person who applies at the door in labour shall be admitted; would you alter that mode of admission?—You could do that by an Act of Parliament, and I think it would not be an improper thing to do.

3416. Would you propose to send the women who are in the Dublin Unions to be confined in the Lying-in Hospital?—If the governors would receive them upon payment of all expenses, I would.

3417. Do you think that would have the effect of crowding the institution?—No, I do not think it would have the effect of crowding the institution; I do not apprehend that in any case my proposal would crowd the institution; the governors would have a discretion to admit or not, according as they had room.

3418. Would you leave that as a matter of arrangement between the governors and the Poor-law authorities?—Yes.

3419. Would you make it an indispensable accompaniment of the continued grant?—No; I would extend those powers which the guardians now possess, as to fever patients, to all classes of patients, and make it a subject of arrangement between the guardians and the governors of the hospital in each case where they could receive them.

3420. Would you go so far as to say, that if there was room in the hospital, the governors should be obliged to receive them?—I think we might promise this good effect from it, that supposing the establishment were well provided for by Parliamentary grants and endowment, there should be no want of patients at any time to fill the beds and maintain subjects for the school; it would relieve very materially our workhouse; although it would become a charge upon the poor-rates, still it would not really be an additional charge, for it would relieve our workhouse infirmaries of a growing class of patients, which is likely to make it necessary, in the case of the two Dublin Unions, to extend the buildings very materially. I believe it is projected now to add to the South Dublin Union a building for 1,000 persons, chiefly for the purpose of affording hospital accommodation, which will cost perhaps 20,000*l.* That has been in agitation.

3421. Mr. Percy.] By whom?—By the guardians. The houses are so overcrowded now by this class of persons whom we wish to have the power to admit into general hospitals; partly perhaps from the reduction of the Parliamentary grants; certainly in some respects from that cause. Dublin is an exception, in fact, to the whole of Ireland in that respect. There is a tendency to increase in pauperism in the last two or three years very materially, and chiefly owing to the way in which persons who are really not destitute, and who strictly ought not to be admitted to the workhouse at all, seek hospital relief there.

3422. Dr. Brady.] Do you think sufficient food is allowed for patients in workhouses recovering from disease?—I have no reason to doubt it.

3423. To your knowledge, are the medical men in the workhouses prohibited by the guardians from ordering proper nourishment in cases of illness?—To my knowledge, they are not.

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3424. Are they not restricted?—In their recommendations regarding individual patients in the hospital, they are not restricted.

3425. If it was declared here on evidence by the chairman of one of the Dublin unions that such was the fact, and that medical men had to yield as it were, to make a compromise, would that be the fact or not?—By the regulations of the Commissioners, the medical man is called upon to discharge himself of his responsibility to recommend sufficient diet in individual cases, and also classes of cases. The authority of the Board of Guardians is over him, undoubtedly. It is possible that the guardians may not follow the recommendation of the medical officer; that is so, and must remain so, I think.

3426. Do you think it advisable that the judgment of the medical officer for the treatment of the paupers should be superseded by the Board of Guardians?—I think it is necessary that the Board of Guardians should exercise a final control over the expenditure in that respect as well as in others.

3427. Will you explain to the Committee why it is necessary?—Because, in the first place, it is the law; I do not think we could deprive them of that control; I would not myself except it from the law; the guardians have control over every department of expenditure, and I hardly think any regulation of the Commissioners taking it out of their hands, and putting it into the discretion of the medical officers, would be a proper exercise of the power of the Commissioners.

3428. Do you consider that the guardians are better judges than the medical men of the necessities of patients recovering from disease?—No; but I think the responsibility must finally rest with the guardians of adopting that which the medical man recommends, and I think they generally follow the recommendations of the medical officers.

3429. Do you consider it advisable that the medical officers should be appointed by the Poor-law Guardians, or that they should be under their control after having been appointed?—I really have not considered at all the desirableness of a change in the law in that respect; it is strictly according to the Act of Parliament that the guardians should appoint the medical officers, and likewise control them after they are appointed.

3430. You must have had considerable experience; to your knowledge, do you think that system is a good one?—I think it does not work amiss.

3431. I suppose you know the working of the poor-law in England?—I do.

3432. Do you not know that contracts are made for the situations of medical officers for the unions?—Yes; we contract also for a certain salary.

3433. Do you not know that the office is put up for competition?—I think not in England. I believe there is a rule of the Poor-law Commissioners against tenders for that purpose. Certainly they have discouraged the system of tendering for medical services.

3434. Do you not know that very small sums have been paid in England to medical officers for attending the unions?—I believe some of the salaries are very small, and so are the districts sometimes for which they are paid.

3435. *Chairman.*] Are the Committee to understand that your recommendations with regard to the hospitals amount to this; first, you recommend that the Lord Lieutenant should issue a commission to inquire into the general state of the hospitals in Dublin; that then the Parliamentary grant should be given by Act of Parliament, which grant should be applied to all the expenses of the hospitals except the maintenance, of the patients, and that the admissions to those hospitals should be, first, by recommendation from the authorities of the union, and secondly, by recommendation from the dispensary committees, and in hospitals that have no other sources of income except Parliamentary grant, no gratuitous relief should be given except those two classes; is that your general plan?—Yes; my recommendation is, that an Act of Parliament should be passed fixing the total grant determinately; that on the report of a commission, the Lord Lieutenant should determine, by an Order in Privy Council, the portion to be allotted to each hospital included in that report, to be permanently retained by it on condition of a clinical school of instruction being maintained in the hospital; that no part of the grant should ever be applied to the maintenance and actual weekly diet of the inmates in the hospital, but it should go as far as it will go to the establishment charges, to the payment of the salaries of the medical officers, the salaries and rations of servants, the repairs of the building, the provision of medicines, medical and surgical appliances, bedding, clothing, furniture, and

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and all requisites, but not to the diet of the inmates; that a supply of patients should be secured to the hospitals by extending the power now existing in the Board of Guardians as to fever patients, to send every description of patient to the hospitals either direct from the workhouses, or on the recommendation of the dispensary committees, which are all within the union; that persons should not be admitted gratuitously into hospitals enjoying that grant except the governors are prepared from their funds to admit them gratuitously; that if they could not do so, the persons whom they admit should be charged with such proportion of the weekly maintenance as the governors may from time to time think fit.

3436. *Mr. Grogan.*] There is one large class of patients, such as carpenters and draymen, and people of that kind, who are neither paupers themselves nor their families; how would you treat them?—They are either above applying to the dispensary or they are not; if poor persons, they are within the dispensary rules, and can therefore apply to the dispensary and obtain a free admission; but if they feel above that, and many of the class who may want hospital relief would feel themselves to be above it, they need not go there, but they may secure to the governors on admission either the whole or some proportion of the weekly cost of maintenance, averaging from 2s. 6d. a week to 3s. 6d. a week; that is only for food, not including medicines, and I think that would be done in many instances; it would be done on behalf of domestic servants; it would be a great convenience to families to send domestic servants who have contagious fever; which could not be properly done at present.

3437. When you state by a free admission, you mean that there is to be no charge for the reception of the patient?—No charge whatever; if admitted by the dispensary, it would be wholly paid by the poor-rate.

3438. What you mean by a free admission is, that they are merely received on the recommendation of the dispensary authorities, but the expense of their maintenance in the hospital is to be charged on the poor-rate?—Wholly charged on the poor-rate.

3439. How is it to be repaid?—It is to come out of the general poor-rate.

3440. How would that work in the city of Dublin, where it is well known that poor people of all descriptions flock to Dublin, who have no strict claim upon it, except destitution?—It is quite true there is a disposition to gather towards Dublin from the surrounding country, on the part of indigent persons; it certainly would be to some extent an aggravation of that evil; but on the other hand, the dispensary districts in which the parties now reside would send patients; it would be applicable to all unions; not only the Dublin unions, but to those immediately round Dublin.

3441. The scheme you have just marked out appears to me to be free in some degree from the inconveniences that would attend its operation in a city like Dublin. For instance, a person suffering from fever in a dispensary district, and admitted into the fever wards or hospitals of the county on the ground of being a poor person, would be charged upon the electoral division to which he belonged in the country, and generally speaking he would be resident, and connected with it, consequently there would be no injustice in charging the electoral division to a certain extent?—No.

3442. Taking the case of Dublin, is it within your knowledge that many people come to Dublin for the purpose of receiving hospital relief in critical cases?—Yes, I believe so, to some considerable extent; I have no doubt of it.

3443. Where would you levy the charge for the maintenance of those people?—It would be levied in the country districts from which the people came, if they came direct to the hospital.

3444. Assuming, in the first instance, that they come direct to the hospital?—If they come to Dublin, stay there, and fall ill there, the expense of maintaining them would be charged upon the electoral division of Dublin.

3445. Supposing a case of difficult surgery, or any other critical case came to Dublin, how would you deal with that case?—Decidedly what I seek would be a power to charge the union from which that person came with the expense.

3446. Would not that be the commencement of a settlement-rate in Ireland?—No.

3447. Is there any power now of charging a pauper who may be relieved in Dublin from any part of Ireland?—No; there is a prohibition now as to a person being relieved at the expense of a union in which he is not resident.

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3448. Practically, it would be a change in the poor-law to that extent?—No; that does not apply to our present power of sending fever patients; I take it that we can send fever patients out of the union to a fever hospital and pay for them; at least we do so; I am not sure whether it is strictly right.

3449. Assuming a party seeking surgical assistance in Dublin, owing to the celebrity of the school, and the skill of the professors there, comes to Dublin from a rural district, and in order to get over the difficulty to which you have referred, he resides in Dublin, in some wretched street, for three or four days, would that constitute a residence, and a charge upon the electoral division where he may have taken up his abode?—It would do so; but if that is the practice now, I think what I propose would remedy that, because he would have no occasion to do that; he would apply to his own dispensary committee or the Board of Guardians; they could give him a recommendation; and they would correspond and know whether the governors could or would receive him; so that it would rather lighten the burden of the electoral division containing the hospital in that respect.

3450. Here is a poor man in the country, we will suppose, having to undergo an operation for cutting a stone, or any other peculiar operation; he comes to Dublin for the sole purpose of hospital treatment, and undergoing this operation; he applies to his dispensary physician in the country; he is sent to Dublin for that operation; then you say the law must be altered to enable the expense of maintenance of this man in the hospital to be charged to the electoral division from which he comes. He comes up, not through the instrumentality of the dispensary district, but by his own means; he travels in any shape he can; he resides for three or four days, or a week, in some wretched lodging, and then applies to a hospital; on whom will the charge of the maintenance of that man, if he is a poor person, fall?—According to the present law of chargeability, the expense would then fall upon the electoral division containing the hospital where he may reside; but I do not see why he should reside there if he have a recommendation to the hospital from his own dispensary committee or Board of Guardians; he would come into the hospital at once.

3451. You proceed on the assumption that Parliament will agree to establish a kind of law of settlement in Ireland, and alter the Irish Poor-law to that effect?—No; it would not be a law of settlement at all.

3452. It is the law of chargeability?—No, it would be merely removing, *quoad* those patients, the prohibition of the law; it is a distinct prohibition of the law to relieve a person at the expense of the union in which he does not reside; it would not set up anything like the germ of a settlement or removal law.

3453. Your proposition is this; with regard to a man who is relieved in the Richmond Surgical Hospital, for instance, there is a certain expense incurred for his maintenance, and your plan will enable the poor-law guardians of the North Dublin Union to charge the electoral division of the country from whence the man was sent up with that expense?—No. It will not be an affair between union and union; it will be a transaction between the governors of the hospital in Dublin and the guardians of the country union from whence he comes. They will agree in this manner: We are going to send, if you will receive him, So-and-so, to your hospital, and we understand that your charges are 3 s. 6 d. a week, which we shall be happy to pay.

3454. Supposing the hospital authorities decline to receive the patient on these terms, what would be done?—Then they must refuse; I think they must have that discretion; they have it with regard to the fever patients, and I think they must have it with regard to the general patients also.

3455. Assuming your first steps have been taken; that the sum permanently decided upon for the maintenance of those different hospitals in Dublin has been approved of by the Lord Lieutenant as a permanent endowment, and one of these general hospitals declined to receive a patient of this description sent from the country, there being alleged to be accommodation in the hospital, how would your plan work then?—I would make it no condition of the grant. The only condition that I should annex to the continuance of the grant is, that the hospital should maintain a school of clinical instruction.

3456. I think I understand your proposition, as far as we have hitherto gone, the *sine qua non* of a hospital receiving a part of this Parliamentary endowment with you is, that it shall maintain a school of clinical instruction?—I think so.

3457. You alluded to fever; that is one of the evils with which Ireland is particularly afflicted?—Yes.

3458. There

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3458. There is a school where instruction in fever cases is given, in the Meath Hospital?—Yes; there are 36 beds.

3459. That would be utterly inadequate for the general wants of the south side of the city of Dublin?—Yes.

3460. On the north side of Dublin, in the Hardwicke Hospital, how many beds are there?—One hundred and twenty.

3461. Do you consider that adequate for the general wants of the city on the north side?—It is generally so.

3462. The other great fever hospital is the Cork-street Hospital; how would you manage that?—The Cork-street Hospital should either, according to my plan, establish a school of clinical instruction, in order to entitle it to a share of the grant, or it should be taken into occupation by the guardians of the South Dublin Union as a fever hospital, who have none at present. There is no sufficient accommodation for the guardians of the South Dublin Union without using the Cork-street Hospital. I have considered that the Cork-street Fever Hospital should not be exempted from the condition, if the grant is applied to it. My point is this: I do not see on what satisfactory ground a grant from the general funds of the country can be given, except for the maintenance of a school; and I do not see why the South Dublin Union should be placed on a different footing as to fever patients, and the expense of maintaining fever patients, from the other parts of Ireland, unless the institution is made the means of clinical instruction.

3463. I thought, in the earlier part of your examination, you said that there was a great increase of distress in Dublin in consequence of the influx of people from the country?—There is a tendency, on the part of indigent persons in the surrounding country, to come to Dublin; but the reason on which I have founded the establishment of a permanent Parliamentary grant to the hospitals is, that the schools have risen upon such assistance, and have attained a certain amount of celebrity and usefulness; and I think the support should not be withdrawn.

3464. Do you conceive that the fact of there being a tendency on the part of the destitute poor to flock into Dublin makes any exceptional case in favour of Dublin?—We have looked at it with dissatisfaction with regard to the poor-law; it is incidental to every large town, I believe, more or less. We find, in the cases of Belfast, Limerick, and Cork, that although there is not an absolute increase of pauperism during the last few years, there has been very little reduction in comparison with the remainder of the country.

3465. From your knowledge of the city of Dublin, do you consider that the influx of destitute poor into Dublin is greater than into other large towns?—It is greater into Dublin than into other large towns; because, while during the last three years we have had an absolute decrease in the others, although less than it ought to have been, in Dublin there is an absolute increase, and a very important one in the last year.

3466. Would that amount, in your view, to giving any special claim upon the part of Dublin, for the maintenance of those institutions, as compared with other large towns?—What I have mentioned is a fact; but I should not like to see the operation of the poor-law in Ireland propped up at all by any artificial system of assistance.

3467. You draw this distinction, that as regards schools of medicine, you think the hospitals in Dublin hitherto receiving those grants have a claim to their continuance?—I put their claim to a continuance of the grant entirely upon the maintenance of the schools.

3468. There is also the fact that the influx of paupers to the metropolis is greater, and it is an exception in its favour to that extent?—It is an exception in its favour to that extent.

3469. You made it a condition precedent to the obtaining any part of this special endowment that there shall be schools of clinical instruction. Are you aware that the circumstances of the Cork-street Fever Hospital in itself, or the regulations of the examining medical authorities, have hitherto prevented its being a clinical school for fever?—I am not acquainted with the circumstances.

3470. Do you know anything about the requirements for a young man to obtain his diploma in attending upon hospitals?—I am not aware of any impediment arising out of that.

3471. In the tables you have handed in, a great deficiency is shown in the

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Cork-street Hospital; it is capable of affording 426 beds in the house on an emergency?—I presume that alludes to the whole gross accommodation.

3472. It is capable of accommodating 426 patients; there is that number of available beds?—Yes; that is so, if that return is correct.

3473. You are aware that Ireland has at times been periodically visited with dreadful epidemics?—Yes.

3474. This hospital has its staff complete; its medical attendants, its beds, and all its arrangements necessary in the event of a recurrence of any of those epidemics. Would it be desirable, in your opinion, to abolish this institution, now that it exists, with all its efficiency, and considering the possibility of a recurrence of an epidemic, even although you could not make it auxiliary to one of your poor-law unions?—It would seem to me to be an anomaly to continue the grant if it were not available as a school; according to my plan, it would be standing entirely by itself. I think I could not say that that hospital ought to exist as it is without a Parliamentary grant or other endowment; if it was entirely endowed from the poor-rates, it ought to come certainly under the poor-law authorities. I dare say there would be a disadvantage in having the existing staff discontinued, and the institution discontinued, in regard to epidemics that might occur; but still the evil would not be irremediable, because the accommodation remaining the same, and being taken into the hands of the South Dublin guardians, they might keep a larger staff or a smaller staff, according to circumstances, and they could support, of course, out of the poor-rate, the whole staff that might become necessary from time to time, as well as payment for patients. It might not be so well managed.

3475. Your recommendation is rather that the Cork-street Hospital shall be maintained as a kind of subsidiary house, in case of an epidemic occurring in Ireland, to the poor-law unions?—Yes, if there is any real impediment to a school being established there.

3476. If the clinique be established in the institution, you would maintain it as an independent hospital?—It should then stand upon the Parliamentary grant.

3477. *Chairman.*] Would you recommend that a hospital should be excluded from the benefit of this grant, which has it now, merely because other hospitals were found more convenient for medical students from their geographical situation?—I should be disposed to place a great deal of discretion in the hands of the Commission which I have mentioned as to the hospitals which should be endowed for the purpose of being clinical schools. I think inquiry should extend to all the hospitals, both those receiving a grant and those not receiving a grant; and I think it would be injurious to the public to fetter the Commission in their report.

3478. Do you think that every hospital receiving this grant should be open to pupils, if they should wish to avail themselves of it?—Yes; I think they should have a continuance of the grant on that condition.

3479. *Mr. Grogan.*] In the case of the Lock Hospital there is no clinique at present?—I believe not; it seems to me that there ought to be; it is very valuable information thrown away, particularly as to army surgeons.

3480. If I understand correctly your proposition, it applies to the Lock Hospital as well as to the Cork-street Hospital; that the medical staff, and all the appliances of a hospital, with the exception of the diet, should be provided for out of this permanent endowment?—That is not quite my proposition; I do not know what sum may be voted for the purpose; I do not know what portion the Lord Lieutenant might be able to apply to the particular case of the Lock Hospital; it seems to be one which ought to have a very large share of any Parliamentary grant; but it might not be equal to the whole of those purposes to which the grant should be applicable. What I have said is, that the grant should not be applied excepting, so far as it will go in each case, to satisfy those peculiar expenses. If not sufficient, the patients admitted would have to be charged either to the poor-rate or to private sources, for not only their diet, but for any deficiency which might arise upon the establishment charges; it would be, in fact, a contribution to be regulated from time to time by the governors of each institution, according to their resources; but they would always be able to pay their way. I think the advantage of my plan is, that it substitutes certain sources of income for precarious ones.

3481. It is needless to draw a comparison between a certain source of income, at

at the disposal of the manager of an institution, and an uncertain source?—It is much more desirable to have a certain source of income.

3482. Does your recommendation go to this extent, that the medical staff of those hospitals should be paid by the State, the same as the Medical Poor Law staff in this country?—Yes; I think the grant should be applied towards the payment of salaries.

3483. *Chairman.*] Are you aware that very small salaries are paid by the hospitals in Dublin at present to the medical officers; in fact, they are almost entirely paid by fees, and the sum paid as a salary is very small, indeed a mere trifle?—In the largest institution in Dublin there are salaries for six physicians and four surgeons.

3484. Which institution is that?—The House of Industry.

3485. *Mr. Grogan.*] Are you aware that in the institutions to which you refer, the surgeons in the Whitworth, Richmond, and Hardwicke Hospitals receive no pay?—The surgeons do not.

3486. Would your proposition be, to give them a salary?—No, my proposition does not go to that; it would be for the Commission to determine that; it might in that respect remain as it is.

3487. With regard to the nomination of the medical gentlemen to these hospitals so permanently endowed, would you leave the selection and appointment of those officers the same as at present?—Yes.

3488. You think they should remain with the governors?—My plan involves no change whatever in the management of the institutions; I have not at all considered the subject of any change of the governing body.

3489. You used the expression in the earlier part of your examination, that pauper patients afflicted with curable diseases should be sent to those institutions?—Yes; I was excluding chronic cases, which are not curable.

3490. Am I to understand you to mean, by curable cases, those who have suffered from accidents of any kind requiring a surgical operation for treatment?—Yes.

3491. And fever cases?—Yes.

3492. What would you do with a cancer case?—It should not be excluded from admission to the hospitals, I fancy; I do not know why it should.

3493. Is a case of confirmed cancer supposed to be curable?—No.

3494. How would you treat such a case as that?—We have medical officers in the workhouses who are competent to deal with those cases; it would be a question whether it should go to a general hospital, or to a workhouse infirmary.

3495. *Dr. Brady.*] Would it not be more advisable to send a cancer case to a hospital for incurable diseases?—It might be a very proper institution to send a case of that kind to; there is a hospital for incurable cases endowed by a grant.

3496. *Mr. Grogan.*] Your object in drawing a distinction between curable and incurable cases is to relieve the existing infirmaries of the number of patients who are in them?—In a great measure, particularly the venereal cases.

3497. Those are curable?—Yes.

3498. I speak of incurable cases?—I do not want to trouble the hospitals with chronic cases, old age, infirmity and rheumatism.

3499. But in the case of a cancer it would be equally desirable to remove a patient suffering under that painful disease, if possible, from the poorhouse?—Yes, very desirable.

3500. There is, as you are aware, an institution containing 100 beds in Dublin, for incurables?—Yes.

3501. Does it come within your view that such a case as that should be recommended to the Institution for Incurables?—I believe the Institution for Incurables has no school, nor would be likely perhaps to be a hospital for a school. That would be a difficulty in my plan.

3502. Would you conceive it indispensable that the rule you have laid down, with respect to having a school, should apply in the case of an incurable disease?—No. I am not quite sure whether instruction might not be derived from those cases. I am not prepared at all to answer with respect to that. I am not a medical man.

3503. Your instance goes to this extent, that it is desirable, if it is possible, to relieve the poorhouse entirely of such cases?—I think it should be possible.

3504. *Dr. Brady.*] Do you think it would be right to allow pupils of general hospitals

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hospitals to have admission to the Hospital for Incurables?—I do not know that there is any objection to that course.

3505. Lord A. Hervey.] Is Dublin the only large town in Ireland where there are no fever hospitals in connexion with the poor-law?—At Belfast there is a fever hospital in connexion with the poor-law, and at Limerick also; but at Limerick there is a hospital that is not under the government of the Board of Guardians, to which they send patients from the workhouse.

3506. Is it supported by grand jury presentments?—I rather think there are funds by way of bequest. St. John's Hospital, it is at Limerick; I think it is supported partly by grand jury presentments, and Barrington's also.

3507. Can you account for no fever hospital having yet been established in Dublin, under the poor-law?—Undoubtedly the existence of the Hardwicke Hospital and the Cork-street Hospital is the reason why there have been no fever hospitals established in Dublin under the poor-law.

3508. The Parliamentary grant at present has had the effect of preventing the establishment of a fever hospital in Dublin under the poor-law?—It has.

3509. Do not you think that the fact of the hospitals being supported by Parliamentary grants may have the same effect with regard to voluntary subscriptions?—I should be very sorry to rely upon subscriptions; the advantage of deriving funds from other sources is, that when a pressure comes, you can extend your accommodation and your staff, and you may protect the town.

3510. Do not you think the fact of patients being admitted as a matter of course into those hospitals, and not by the recommendation of subscribers, has the effect of deterring persons from subscribing to them?—Certainly it has that effect.

3511. Mr. Percy.] To which hospitals in Dublin did you allude, when you stated that some of them had endowments sufficiently large to afford gratuitous relief?—There are a great many which can do so with the help of the Parliamentary grant; the great majority of them now afford gratuitous relief, and almost to the full extent of their beds.

3512. I understood you to say that patients could be sent to hospitals affording gratuitous relief, independently altogether of those hospitals supported by the Government grant?—Many of those institutions otherwise well endowed, are now in the receipt of the Parliamentary grant, and from those sources combined, they are enabled to afford gratuitous relief, and I think they would be able to afford gratuitous relief still, after the arrangement which I have proposed.

3513. I understood you to allude to certain hospitals in Dublin sufficiently large to afford assistance gratuitously without the help of the Government grant?—There are some rather large hospitals so situated; Sir Patrick Dun's Hospital has no assistance either from presentment, or from any public funds, and it has 150 beds, including the beds in the private wards; 54 patients only are actually now in the hospital; and there is the Jervis-street Infirmary also.

3514. In the case of Sir Patrick Dun's Hospital, have they funds sufficient to maintain all their beds?—The sources of income are from Sir Patrick Dun's estates, interest on bequests, donations and subscriptions, and patients in the pay wards of the hospital; the amount received from pupils is not stated.

3515. Are you precluded by the Act from getting permission from the guardians to send patients to the hospitals now?—We are; we could not send the venereal patients from the workhouse to the Lock Hospital under the present state of the law.

3516. The law actually prohibits that?—It does.

3517. Has the system which you propose been adopted anywhere else?—I believe that patients are paid for on the Continent; Mr. Wilde told me that at Berlin the patients are paid for by some public fund in the district from which they are sent.

3518. Is it your opinion that sufficient sanitary measures have been adopted in Dublin for the mitigation or prevention of fever?—There have been very active measures taken by the police authorities under the direction of the Committee of the Town Council of the Dublin Corporation, to abate nuisances. The police returns from Dublin would show the exact number of nuisances that they have abated for the last year; I do not recollect the figures, but they are perfectly surprising; I believe the activity is very great in Dublin to abate nuisances.

3519. With regard to drainage, has there been anything done?—There is a great deal doing in the main sewers of the streets at the present time. The great defect.

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defect of the sewage in Dublin is connected with the River Liffey, to cure which I suppose would be an enormous expenditure, several hundred thousand pounds; that is not likely to be undertaken. I believe the estimate is from 200,000 l. to 400,000 l. There are other defects of the sewerage which may be amended, and which are in course of being amended. In particular streets there is a great deal of soil being turned up.

3520. Sir John Hanmer.] Why would it cost all that money to improve the Liffey?—It is the main sewer of the town, and at low states of the tide there is an awful smell arising from the uncovered bed of the Liffey, into which the main sewers of the town pour down. There are quays on each side, and the water is confined to the middle of the bed at low tide, leaving uncovered an immense mass of deposit from the sewers.

3521. Why could not they keep the sewers under the quays?—That is the favorite proposition I believe, which they say would cost that money.

3522. Lord Alfred Hervey.] If your scheme were carried out, do not you think there would be a claim to have assistance from the Government?—There is a Bill already before Parliament, the Medical Charities Bill, which is analogous in many of its provisions to what I have been proposing as to Dublin.

3523. That does not include any grant from the Government?—No; there is a good deal of feeling with regard to that, on the subject of the grant which is made by the Government towards medical relief in England; it is a very large grant, 80,000 l. a year; there is a strong feeling that that ought to be extended to Ireland.

3524. Dr. Brady.] It has been stated that seven ounces of oatmeal was the amount given to an adult, and half a pint of milk for his dinner; is that correct, or is it wrong?—It is quite wrong; it is seven ounces of meal made into stirabout, which produces nearly three pounds of stirabout, and half a pint of milk to his dinner.

3525. How can you make three pounds out of seven ounces?—If you make a thick pudding, you will find that it is nearer three pounds than two.

3526. Do you mean to say that seven ounces of oatmeal can absorb two pounds and a half of water?—Two pounds certainly of water; it may be surprising to the Honourable Member, but it is a fact. I believe this is one ounce less than is prescribed in the general rules for able-bodied males; eight ounces is the general rule.

3527. What amount of stirabout would you consider seven ounces of meal would make?—Eight ounces would make two pounds and a half, I can say that with confidence; I believe it is more.

3528. Do you consider eight ounces of bread and half a pint of milk sufficient for a man's dinner?—I do not think you will find that anywhere in the general dietaries; this is for a sick man; this is the South Dublin Union scale of dietary for hospital and infirm patients. With regard to the dietaries, I may say that there is no doubt, upon a comparison between the English and Irish, the quantity will be found in favour of the Irish. Dr. Forbes's book shows very clearly, upon chemical analysis, that there are several ounces more of nutriment in the weekly allowance of diet in Ireland than in England; his estimate shows that it differs as much as 19 and 23, the Irish being 23 to the 19 English, in nutriment.

John Barlow, Esq., called in; and Examined.

3529. Chairman.] HAVE you resided in Dublin for a number of years?—All my life, or nearly so.

3530. Have you been chairman of the North Dublin Union?—I have; I was chairman at the commencement of it.

3531. Are you also a Bank Director?—I am; I am not chairman of the North Dublin Union now; I held that office for five years.

3532. Were you one of the commissioners appointed by the Lord Lieutenant in 1842 to inquire into the state of the charitable institutions in Dublin?—I was.

3533. Are you well acquainted with the past and present condition of the town?—I think I am.

3534. Will you state to the Committee the circumstances under which you undertook the inquiry in 1842?—Earl De Grey was then Lord Lieutenant, and he communicated to Mr. George Hamilton, Colonel La Touche, and myself, a request that we would act as commissioners, to make as full an inquiry into the hospitals which we are now under consideration as possible, and that we should report fully

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fully to him our view as to whether any and what change should be made in the manner in which (so far as they receive it) those hospitals receive Government support, whether any and which should be continued, or the grants diminished; and I may say for those gentlemen who were associated with me, and for myself, that we did consider, when appointed, that a continuance of the grants must depend upon a case being shown, such as would warrant his Excellency to recommend this course in pursuance of his duty.

3535. Did you enter upon the inquiry with a view to find out whether, consistently with justice and the sanitary condition of the town, and the state of the medical school, it would be possible to reduce the grants?—Undoubtedly that was the impression of the three commissioners.

3536. Did you come to a contrary conclusion?—We did.

3537. Did you inquire particularly into the circumstances of each of those institutions?—Into each and every one of them very particularly, and not only by personal inspection of the hospitals, but by the examination of all the officers connected with them, as well as obtaining any other information that we could through any channel. The Lord-Lieutenant had placed at our disposal the means of doing that.

3538. Did the inquiry take considerable time?—I think, before we reported, it was between two and three months.

3539. Did you report in favour of the maintenance of the grants?—We did.

3540. Is your report now on the table of the House?—Yes.

3541. Do you think that the reasons which you gave in that report, in 1842, for the maintenance of the grant, are of equal force at the present day?—I think they are much stronger.

3542. Why do you think so?—I think that Dublin, in the year 1842, was in much better circumstances to support those hospitals than at present. I think that the same class of inhabitants are not to be found in Dublin now, even as compared with 1842; and I know that the rents which were then payable for houses of all classes have very much fallen off; that is apparent from the valuation. The valuation, in the year 1842, was 850,000 £, or near it; I think it is not much over 500,000 £ now.

3543. Can you state to the Committee whether there is anything in the circumstances of the hospitals themselves, a less efficient mode of government, or a less efficient management, that would induce you now to recommend any alteration?—I cannot.

3544. Do you think that the hospitals are now conducted as efficiently as they were then?—I think so, quite. The poor-law was established in 1841 (our commission took place in the year 1842), and it might be supposed that a great part of the pressure might be relieved from the hospitals in consequence. I do not think that it is so, generally speaking, either from my knowledge of Dublin, or my knowledge of the working of the poor-law.

3545. Do you think that the chance of supporting those hospitals by means other than their present means is less now than it was when you inquired into the hospitals?—I should fear considerably less.

3546. Would there be a greater difficulty now in obtaining voluntary subscriptions than in 1842?—Yes.

3547. Do you think that it would be less possible to support them from local taxation now than it was then?—I have no doubt that it would be. I have already stated some reasons, but in addition to that, very lately Dublin has been visited with an income tax; that income tax has within a few months been doubled, and in the course of a few months we may have imposed a further increase.

3548. Do you think that the local taxation of Dublin has increased since 1842?—It has.

3549. Do you think that workhouses or the hospitals connected with them are fit places for the reception of poor persons afflicted with diseases of the class which are now received into these hospitals?—Certainly not. I think there is a very wholesome dislike on the part of the industrial classes in Dublin to receiving any aid from workhouses where it can be avoided; of course in cases of sickness, and when visited by illness, and families are only struggling, they must have recourse to hospitals. I think it would be very unfortunate if that was to be the cause

cause of their becoming accustomed to workhouses. They now dislike them; and, if they become accustomed to them, I should very much fear that many more would find their way into the workhouses than ever yet have done.

3550. Do you think that it would be impolitic to accustom people to run to the workhouse for medical relief?—I think so; I do not think they could expect to receive the same kind of relief in the workhouses as in our hospitals. I know that they could not; I have had experience of both, and I have no doubt at all about it.

3551. On account of a number of those who receive hospital relief being strangers, would there also be an objection upon the part of the ratepayers to pay for their relief in the workhouse?—Very great and very just; I should object to it for one. Our hospitals receive now freely, they always have received freely, and they should receive freely, as national institutions, patients from all parts of Ireland. I know myself that they frequent our hospitals, and very naturally so; they come to Dublin to receive the best treatment, and from other causes. I think it would be very unjust that the different electoral divisions of Dublin, or the neighbourhood, should pay for those patients. I do not think that the Boards of Guardians would submit to it, so far as they could prevent it.

3552. Do you think that it would be very unfair to the ratepayers, if the class of persons now relieved in the Dublin hospitals were relieved through the medium of poor-rates?—I think it would be most unjust.

3553. Do you think there is an objection to treating paupers afflicted with fever in the workhouses?—Yes, very great, I think.

3554. Or fever patients of any kind?—I think so. So long as I acted as chairman of the North Dublin Union, we always had the privilege of sending all fever patients to the Hardwicke Fever Hospital, which was very close to our workhouse; and I know that, since I have ceased to attend the Board of Guardians, they have not only done that, but the fever patients from the workhouse have at times been received also into the Cork-street Fever Hospital; of course they are paid for; but it was a very great boon to be able to get them in there, and so prevent the spread of disease in a great workhouse such as ours. And I think the misfortune of not having that privilege would be untold. There is no saying how far the fever would spread.

3555. Has the Whitworth Fever Hospital been lately closed?—The Whitworth Fever Hospital is not absolutely closed. I think it may be considered as virtually closed; it is closed as a fever hospital; in fact, there are no fever patients admitted into it now, but there are a few other patients. There are two young medical gentlemen, I believe, who have taken it up; the subscriptions have entirely fallen away; there is no grant, and they use the building as a club-foot hospital.

3556. Do you think that the withdrawal of the grants to other hospitals would be attended with the same results as have taken place with regard to the Whitworth Fever Hospital?—I fear it would.

3557. Do you think that many would be closed?—I fear so; there would be an exertion made to keep them open, but as to keeping them effective, that would be quite out of the question.

3558. Can you state what is the amount of the sums annually subscribed in Dublin, as voluntary subscriptions for charitable purposes?—In the year 1842 we sent queries to every charitable institution that we could hear of in Dublin; there were about 200, I think; we received answers from not 100, but very close on 100, and to those 100 was subscribed between 30,000 £ and 40,000 £ a year. That was the average for three or four years, and I think we might have safely said it would have been at least doubled, if we had received answers from the other 100.

3559. What sum do you think, on a rough calculation, is annually subscribed for charitable and pious purposes?—I have had no direct means since of ascertaining that, but I have no doubt that it has diminished very considerably since 1842, for the reasons I have given, that I think the same class of persons are not to be found in Dublin now; a great number have their houses of business in Dublin, and they go to Kingstown and the neighbourhood of Dublin generally to reside.

3560. You stated that in 1841, 92 institutions received 32,101 £, do you think that that represented about half of the whole sum subscribed?—I should say so.

3561. You think that the sum subscribed now has diminished since then?—Yes, that is my impression.

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3562. Have

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3562. Have the wealthier inhabitants of Dublin been in the habit of leaving the town of late years?—Very much so.

3563. And of residing within a few miles of Dublin?—Yes.

3564. Is it their habit to reside principally in the country, and to come into Dublin for their business?—A great number do so.

3565. Has that habit increased of late among the people of Dublin?—Yes; and it is increasing yearly.

3566. Has that been one means of withdrawing a considerable source of wealth from the town?—Certainly.

3567. Their incomes are spent naturally where they reside, and they merely come into the town to transact their business?—Certainly.

3568. Has the effect of that custom been to reduce the letting value of houses very much?—Yes, very much; I myself know houses where there used to be a fine of perhaps 3,000 *l.*, 2,000 *l.*, and 1,000 *l.* paid, where now a rent of 100 *l.* a year is hard to get, without any fine whatsoever.

3569. Do you think that the general class of persons continually resident in Dublin is principally of the middle and the poorer class?—The great proportion of them certainly are.

3570. Can the Dublin hospitals now, from the reduction of the grant, receive the full number of patients that require relief?—No.

3571. Do you think that the accommodation which they afford is inadequate to the wants of the poor?—I fear it is, from the want of sufficient funds.

3572. Of course any reduction would materially increase that evil?—Undoubtedly.

3573. Are you aware whether the hospitals are valuable or not as a school of medicine?—They are most valuable.

3574. Do you think that any material reduction in the number of patients would drive away the number of medical students who now come to Dublin to receive instruction?—I think it would; I think the effect would be hereafter that the medical students, who now receive as good a practical education in Dublin as they can anywhere, would be withdrawn, and would go to London or Edinburgh, and form attachments and friendships which would very likely prevent their returning to Dublin; and, if so, when our seniors pass away, I think we should lose our ablest men in Dublin, and in Ireland generally; I am sure we should.

3575. Can you state to the Committee what is the character of the medical men engaged in country practice in Ireland?—I know more of Dublin and the neighbourhood, and there it is extremely good; and I believe it is very tolerably so throughout Ireland.

3576. Is it your opinion that, if persons wishing to enter the medical profession were driven away from Dublin by the falling away of the school, they would not return to Ireland?—I think it is to be apprehended, because when they became seniors themselves, for instance, they would have no pupils if they had not the schools. Nothing can be better than our schools at present, and I believe that is the opinion of our medical men.

3577. Do you think that the amount of grant which was given to the hospitals, before the first reduction took place in 1849, was sufficient for the purposes to which it was directed?—I think, in the year 1842, when I had the means of ascertaining that accurately, the grants were sufficient. I think the reduction that has taken place since has been unfortunate; I am sure it has done more evil than any good it could have done to the country in a national point of view, even as regards the finances of the country.

3578. Lord A. Hervey.] You think the grant was sufficient before it was reduced?—I think it was; there were no complaints made by any of the medical gentlemen that we examined; and, in saying so, I mean by the first in Dublin; Sir Philip Crampton, Sir Henry Marsh, Mr. Cusack, and others.

3579. Do you know to what number the patients have been reduced since the reduction of the grant, taking those hospitals which receive Parliamentary grants?—I could not say from my own personal knowledge.

3580. You do not speak from detailed knowledge?—In some instances they have been reduced one-third, and in some instances more.

3581. Mr. Grogan.] Were you in the room when Mr. Power was giving his evidence?—I was.

3582. Do you concur in the view which he put forward; making these hospitals ancillary

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ancillary in some degree to the poor-house institutions?—I think that our hospitals are most useful, and I think it would be a very great misfortune indeed to see them closed; but, notwithstanding that, I would prefer their being closed to allowing any such plan as I heard Mr. Power state to be adopted. I was very much struck by Mr. Power's examination; so much so, that having an opportunity of consulting Colonel La Touche (one of my associates in the commission of 1852), I told him, if the question was put to me, the answer I would give, and I have his entire concurrence in giving that answer.

3583. Chairman.] What are your objections to Mr. Power's plan?—I think it is virtually placing the hospitals under the Poor-law in Ireland; I said that I would prefer their being closed to doing that; but, if that is not to be done, I should prefer, openly and at once, placing all the poor, of all classes in Dublin, under the Poor-law. I know pretty well the working of the poor-law in Ireland, and my opinion is that machinery is cumbrous and expensive; it is all done, in my opinion, extravagantly; and I have no doubt what I heard from Mr. Power would add most considerably to that expense, and, instead of relieving the inhabitants of Dublin, would very much embarrass them, and occasion other evils. Besides, I understood Mr. Power to say, that he looked to the Government giving as much to our hospitals as at present. If that be so, I do not see what advantage we are to have by connecting our hospitals with the Poor-law; and, having a pretty good experience of Boards of Guardians, all I can say is, as to our medical gentlemen being placed under their control, that I think it would do infinite mischief.

3584. Do you think that the medical attendants of the hospitals in Dublin would submit to be placed under the control of the Poor-law guardians?—I have no hesitation in saying that they would not; and I say that, without meaning that they would thereby display either temper or ill feeling. And, notwithstanding I have said that I have taken very little part latterly in the administration of the Poor-law, if I believed for one moment that it was intended to bring in such a Bill as Mr. Power spoke of, I would use every exertion in my power at my Board of Guardians to prevent any such Act passing.

3585. Dr. Brady.] You think that it would have a tendency to drive the class of medical men that educate the medical profession in Ireland, from holding situations in those hospitals?—I have no doubt of it.

3586. Chairman.] Supposing there was to be no alteration made in the government of the hospitals, and the control was to be left entirely as it is now, do you think there would be a great objection to the Poor-law unions and the dispensary committees paying a portion, out of the rates, of the expenses of the patients which they should recommend to the hospitals?—I do, and for this reason: I think it would be attended with very great cost, and I cannot see why, if that is to be done, the present machinery of the Poor-law is not to carry it into operation within the workhouses. If they have not sufficient accommodation they can easily have it, and wherever it was required it was always freely granted in my time; and if they should transfer such a large proportion of the paupers as I heard Mr. Power say, I think he said all the afflicted (I do not think he confined himself to fever, but that all those who were ill were to be transferred to those hospitals), there must be a staff, and a machinery for all those hospitals. I think that would close the hospitals against the industrial classes; because assuredly, if the Poor-law authorities had that power, I think they would exercise it to the fullest extent, and would fill the hospitals. I do not think they would leave any room for patients recommended by governors or others; and even if they did, if there was an admittance to be made through the union workhouse, without payment from the individual, in that way the individual would find his way into the hospital, and not be obliged to pay, as in other cases they might be.

3587. Are you acquainted with the working of the new dispensary system?—I have a dispensary in my own neighbourhood, about five miles from Dublin, and I attend it sometimes.

3588. Are you aware of the system that is practised, and the class of persons relieved?—Yes.

3589. Do you think that that system could, with advantage, be applied to the general hospitals in Dublin?—I think beyond a certain distance from Dublin it could not; the part of the country that I speak of is within the North Dublin Union, but beyond that, certainly, I think it would be attended with great difficulty and great expense, and without affording efficient relief, in consequence of

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the machinery that would be necessary to conduct it. In fact, I do not see what the advantage would be of having different buildings for the reception of what I would call virtually Poor-law patients.

3590. Do you think that if the hospital grants were placed on the same footing as they were when you made your inquiry in 1842, such a system as recommended by Mr. Power would be unnecessary?—Quite so; and I think that it would cost the country infinitely less, and be of infinitely more advantage to Ireland; because, as to Dublin, I must again say that I cannot understand the hospitals as merely Dublin hospitals; they are national institutions. And although I call them so, I know that gentlemen from all parts of the country who expect to get their poor neighbours into our hospitals would not subscribe towards them; they would say that they had their own local charities and institutions, and that we should support our.

3591. Lord A. Hervey.] You would recommend fever patients to be sent to the hospital by the Poor-law guardians?—To be entirely detached from the workhouse, they should be.

3592. What is your objection to extending the same system to patients labouring under other diseases?—I would not allow Poor-law paupers to leave the workhouse at all, except for sanitary purposes. I think it would be most unfortunate, if a pestilential fever broke out in the workhouse, that the persons suffering from it should remain there; but in all other diseases I would treat the paupers in the workhouses.

3593. In what way would Mr. Power's plan work injuriously, if the same power which now exists of sending fever patients to the hospital were extended to patients of other classes?—I think it would fill our hospitals with pauper patients; paupers are not entitled to that kind of relief; our hospitals are not supported by the Poor-law, and I think that a pauper should be supported by the electoral division from which he comes, and within the workhouse.

3594. Is your objection that the maintenance of those patients would fall upon the ratepayers of Dublin, instead of being supported by Parliamentary grants?—No; when fever patients are transmitted to the hospital they are paid for out of the Poor-law; but I am not advocating at all that the paupers shall be paid for by the Government.

3595. Chairman.] Do you think that the extension of this sort of hospital relief in Dublin would have the effect of extending pauperism in Dublin?—I think it would.

3596. Do you think that it would have the effect of bringing down persons to the condition of paupers who otherwise would not be so?—I think it would; and I think it would accustom them to workhouse relief, which now they never think of; and they would consider it a great degradation to be received as paupers into a hospital.

3597. Lord A. Hervey.] Does not the same objection apply to fever patients who are now sent?—They are all paupers, and they are merely sent out of the workhouse for fear of spreading the fever within it. But in the case of an operative's family, brought down by ill-health, I should be sorry to see him obliged to go through the ordeal of the workhouse.

3598. Mr. Percy.] Supposing that persons were to be admitted on the recommendation of the dispensary committees, would there not be ample room for the industrious sick in the hospitals not receiving public grants?—I should think not, from the number who were in the invalided wards when I attended the workhouse and hospital.

3599. Are not a great number of persons who are nothing else but paupers admitted to the hospitals at this moment? To many of the hospitals they come without a recommendation; and not on account of their class or position in society, but on account of their disease, they are admitted?—Certainly.

3600. A great number of those people would be persons who would apply for admission to the workhouse?—There are some.

3601. Chairman.] Do you think, if the hospitals in Dublin were open in the first instance to the patients sent from the workhouses and the dispensary committees, that the other classes would be totally excluded?—I think they would, or nearly so, in case of any epidemic breaking out at particular times, and they would be very much interfered with at all times.

3602. Can you give the Committee any idea of the number of patients that would be sent from the two Dublin workhouses to the hospitals, if such a plan were carried

carried out?—I should not like to answer that; any idea that I have must be so vague.

3603. A return of the present number of sick in the workhouse would be a fair criterion of the number probably sent to the hospitals, would not it?—I think it would be under the average, because at present our workhouses are not so full as they often are, and the town and neighbourhood are in a particularly healthy state; I think it would be a pretty fair criterion, but rather under the average.

3604. Mr. Percy.] Is it not more economical, as well as more humane, to send a sick person at once to an hospital where the treatment is perfect, than to leave him to the lingering and imperfect treatment of a dispensary?—I have no doubt it is.

3605. That at least would be secured by Mr. Power's plan?—I think it is secured at present; the patients are sent direct to the hospital, and at once received. I think that Mr. Power's plan would be rather a roundabout plan, because the patient would first go to the workhouse, and then be transmitted by an order from the guardians to this particular hospital.

3606. Chairman.] Do you think, if the hospitals were placed in the position in which they were in 1842, in Dublin, there would not be any want of medical assistance for serious cases for any poor persons who applied?—I do not apprehend that there would.

3607. Then the difference between the present plan and Mr. Power's plan would be, not that the relief to the poor would be extended, but that they would merely have to go through another form of admission?—I think not only the Government, but Dublin and Ireland generally, would have to do a great deal more than at present, for a worse system.

3608. Dr. Brady.] If the plan of Mr. Power were carried out, would it not have the effect of preventing a certain class receiving relief from those hospitals?—To a certain extent I dare say it would.

3609. If it had that effect, would it not tend to injure those establishments as educational establishments?—It would; but I think it would injure that class of persons very much indeed, and demoralise them very much; when once a family finds its way into the workhouse, it is seldom they do much good afterwards.

3610. Mr. Grogan.] As one of the commissioners of 1842, and minutely investigating all these institutions, did it come under your knowledge that there was any abuse or waste of the funds voted by Parliament?—Certainly not; we thought that in some instances there should be a better system of accounts, but there was no abuse of the funds in any of them.

3611. Did you find that improper patients were admitted into any of the institutions?—No.

3612. Therefore, Mr. Power's plan would attain no real practical advantage?—I think not.

3613. Mr. Power's proposition was a virtual extension of the Poor-law jurisdiction in Ireland?—Yes.

3614. As regards the patients who now apply to those institutions, you think that no additional advantage would result to them?—I think not. From what I have said, I should be very sorry for the Committee to suppose that I am hostile to the Poor-law; I never was. I aided it at the commencement, but I do not approve of the present system of the Poor-law. I think it has been carried forward very expensively, and in some respects very injudiciously; but as to saying we could do without it, I say at once that we could not nor should not.

3615. Chairman.] Do you think, on principle, that there are great objections to applying the poor-rates to any other purposes than the relief of the destitute?—I would rather see them entirely confined to that only object.

3616. Mr. Grogan.] Then when you recommend the placing of the fever cases occurring in a poor-house entirely in a separate station, that is an exception to the rule which you would wish to see acted on?—Yes.

3617. Solely on sanitary principles?—Entirely.

3618. Are there surgical cases that might by possibility arise in a poor-house infirmary, in your opinion, either in that extent in number or severity, as to require power in the guardians to transmit them to the hospitals?—In any infectious disorders they should have that power; but beyond that the treatment should always be in the workhouse.

3619. With regard to pauper patients, whom Mr. Power spoke of being sent

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sent to those hospitals, are they maintained at present in the poor-house infirmaries by contributions from the rates?—All of them.

3620. Exclusively?—Entirely.

3621. And if they were transferred to the hospitals they would be maintained by the rates also?—Yes.

3622. There would be no alteration with regard to chargeability; the pauper patients would not benefit by any portion of the grants made by Parliament?—No.

3623. There would be no difference in that respect?—No.

3624. Mr. Percy.] Would there be any difference in the treatment?—I do not know what Mr. Power's plan is in that respect.

3625. Dr. Brady.] Is not the dietary in the hospitals better than in the workhouses?—Much better; and I do not find fault with that. I understood Mr. Power to say that the physicians were not controlled at all by the Boards of Guardians; in my own time they certainly were, and I thought improperly so.

3626. Chairman.] Do you think great objection exists to a system of farming out pauper sick persons who are not afflicted with contagious diseases?—I do.

3627. Do you think that would be an inducement to numbers of persons in delicate health to go into the workhouse for the purpose of obtaining that superior hospital relief which would be afforded at the workhouse?—I think not. I do not know how it is intended that these paupers shall be treated in the hospitals; if they should receive workhouse treatment, of course it would not.

3628. But suppose that they would receive much superior treatment?—Then it would. I have often walked through workhouse hospitals, and I thought perhaps the patients ought to be better taken care of. I do not mean that there is any want of what the law allows, but in case of illness that they had not always enough.

3629. Mr. Percy.] If a patient was sent by the medical man of a dispensary direct, without any reference to the Board of Guardians, to the hospital, would not that rather be a benefit to the patient than otherwise?—If the patient is as freely received now, there would be no benefit. There is no delay, nor is any order required.

3630. Chairman.] Would every patient sent from a dispensary committee at present be received, if a fit subject?—Yes, if there is accommodation.

3631. Mr. Percy.] Do they require any recommendation?—The Meath Fever Hospital requires a recommendation. I am a subscriber myself to that hospital; it is a county hospital, and I am applied to for an order occasionally to admit county patients to it, and I always give the order if I think the person entitled to it.

3632. This plan would not benefit the pauper in any way whatever?—I think quite the contrary, if the patient receives corresponding relief or benefit; but, on the contrary, I am afraid Mr. Power's plan would tend to demoralise our operatives in a manner that has not perhaps been sufficiently considered.

3633. Chairman.] Would it have the effect of extending the medical relief which is now given by the Dublin hospitals to any other class except the inmates of the workhouses?—No, certainly not.

3634. Can those classes which Mr. Power proposed to recommend by tickets from dispensaries be now relieved in the hospitals?—My opinion is, that every patient requiring relief, so far as we can accommodate him in Dublin, may receive that relief; what the channel exactly is I am not able to answer in particular hospitals.

3635. Mr. Grogan.] If an impression should get abroad that Mr. Power's plan were an extension of the Poor-law system in Ireland, do you think that would operate prejudicially upon the subscriptions and donations made to the hospitals?—If it was thought in any way that we could keep our hospitals open free from this plan of Mr. Power's, we would endeavour to do it; but if we could not do that, I have no doubt it would act prejudicially.

3636. Dr. Brady.] Do you think the extension of this plan to the interior of the country would be injurious to the public at large?—Yes.

3637. Mr. Grogan.] You heard Mr. Power's plan of charging a portion of the expense of a patient in the hospital on the electoral division whence he came; how do you think that would work in Dublin?—I think there would be great difficulty.

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difficulty in carrying it through. In the first place, a man may offer himself at the workhouse, and say he comes from the county of Armagh, when, in fact, he comes from the county of Cork; a letter is sent down to the county of Armagh requesting payment of the expense of his maintenance, and it is found that he does not come from there; I think it would be open to great deceit; I am not prepared fully to judge of it. I cannot, of course, know exactly what Mr. Power's plan is in all respects, and I may not have caught it as I ought to have done; but, as far as I do understand it, I think it would be attended with great difficulty and expense.

3638. Does it strike you as, in some degree, the germ of a system of settlement and chargeability?—I think it does; Mr. Power spoke of Acts of Parliament; of course, Acts of Parliament can do anything; there is no doubt that all that could be arranged.

3639. If Mr. Power's plan should be adopted generally through Ireland, do you think that the Irish people would have a just claim upon the Imperial Parliament to have the medical staff of the Poor-law institutions paid in that country the same as it is here?—I think so.

3640. Could any legitimate ground of difference be drawn?—No.

3641. Consequently the extension of Mr. Power's plan would be a great additional charge upon the national resources?—I have no doubt, even on the union of Dublin, it would entail great additional expense.

3642. Chairman.] Would it have the effect of increasing to an enormous amount the number of inmates at present in the Dublin Hospitals?—I think so.

3643. Mr. Power put down the expenditure which he proposes to throw upon the Government as three-fifths, leaving two-fifths, the cost of maintenance, to be defrayed from local sources; do you think that the three-fifths which he puts down as necessary to be defrayed by a Parliamentary grant, would, if his plan were carried out, be equal or greater than the Parliamentary grant of 14,000*l.* which existed in 1848?—I should suppose very far greater; but that is of course a guess; it depends upon circumstances of which I cannot accurately form a judgment, but I think it would be greater.

3644. If Mr. Power's plan was adopted, and no interference with the internal management of these institutions took place, would the poor in any way be benefited by the adoption of Mr. Power's plan; would it not be entirely discretionary with the Governors to receive or reject a patient?—I do not know what Mr. Power meant, but I rather think he meant to make it compulsory upon the governors, to a certain extent, to receive the paupers.

3645. If Mr. Power's plan involved no compulsory admission on the part of the guardians, do you think the case of the suffering poor would be improved by its adoption?—I think poor persons would receive more care and perhaps better diet in the hospital, and more attention from the medical gentlemen, by the adoption of Mr. Power's plan.

3646. Dr. Brady.] You mean on account of their removal from the poor-house to the hospital?—Yes.

3647. Mr. Grogan.] Does your remark apply to the pauper-patient, or to the patient belonging to the class which is called the suffering poor?—I think that class would be injured, because the bed of the pauper would be placed by the side of the bed of a higher class of person, and I think that a person, however reduced by illness and misfortune, would not like to know that he was beside a pauper; I think that would greatly injure our hospitals.

3648. Chairman.] Do you think it would take away from the present character of these institutions, if you were obliged to place a man, who had lived all his life in respectable circumstances, in a bed alongside of a person who had been for years an inmate of a poor-house?—No question, it would.

3649. Do you think it would deprive the institutions of the character which they possess at present?—I think it would bring them down very nearly to the level of workhouse-wards.

3650. Mr. Percy.] Do not you think that it would be a positive boon to the sick destitute, to permit the guardians of the unions to send their sick to the hospitals?—To the sick pauper I think it would; as to the sick operative, I think it would be a great injury; because I think the sick pauper would receive assistance, and diet, and care (without intending to say a word against the Poor-law authorities) in a hospital, more fully than he could in a workhouse infirmary.

3651. Mr. Grogan.] If Mr. Power's plan involved a compulsory admission on the

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the part of the guardians, it would amount simply to an extension of the Poor-law jurisdiction?—That, I understand, is the plan, and that would have the effect of producing the entire withdrawal of the governors of the present hospitals from having any connexion with them; in fact, they would become Poor-law institutions altogether.

3652. Lord A. Hervey.] Supposing the arrangement only went to this extent, to extend that which is done in the case of fever patients to general patients; do you think the governors would have any objection to it?—I think nineteen-twentieths of the patients would be workhouse patients, because the surgeons would pour them into those hospitals, and I think the hospitals would be full of that class of patients.

3653. There are a great number of persons in the condition of paupers now in the hospitals?—A great number.

3654. In other parts of Ireland their maintenance falls entirely upon the rate-payers, does it not?—Yes; so it does in our union; all within the workhouse are paid by the union.

3655. I am talking about those paupers now in the hospitals of Dublin, not in the union?—Generally speaking, they are not paupers.

3656. Are they not persons who, if the hospitals were not supported by a Parliamentary grant, would be in the union?—Many of them; not all.

3657. Is not the effect of the Parliamentary grant to throw upon that grant a class of persons who would otherwise be supported by the guardians?—Some, but not a large number.

3658. Mr. Grogan.] You mean that there are among the general hospital patients some who might come under the name of paupers?—No doubt there are.

3659. Do you say that the bulk of the parties deserve that designation?—No.

3660. They are more of the artisan class?—Certainly.

3661. Strictly, pauper patients are more the exception than the rule?—Certainly.

3662. And the funds of the institutions, whether derived from private sources or Parliamentary aid, are indiscriminately applied to their relief?—Certainly; and I am sure if the governors thought that, generally speaking, they were pauper patients that they had in the hospital, they would consider the workhouse the proper place for them; but the patients who now go there require temporary relief, generally speaking.

3663. Though pauper patients are generally admitted, it is more accidentally than otherwise?—Yes; they will get into the hospitals in some way.

3664. Mr. Percy.] Surely any sick person who applies is admitted, if the physician or surgeon thinks the case a proper case; and they would not inquire into the character of the person, or the class and position of life to which he belonged?—No.

3665. Surely if it is entirely free and open to paupers, they are more likely to get into the hospital than other persons?—No; a pauper must go into the workhouse with his whole family; a single member of a family cannot go into the workhouse and leave the rest of the family out; and, therefore, if a poor destitute person offers himself to the hospital, the hospital authorities do not refuse that person. But it is a mistake to suppose that a pauper can offer himself to the workhouse without his family going in; that cannot be done; they must all go in together; giving relief to a single member of a family would not do; the whole family goes to the workhouse.

3666. A person in the position of a pauper, whose alternative would be to apply to the workhouse, can now apply directly to the hospital, and he would be admitted without any question whether he is a pauper or not?—Generally speaking, he can; but one member of a pauper family getting into an hospital will not do; the whole family, if they are paupers, must seek relief in a workhouse, and if they do that, the pauper member in ill-health must go into the workhouse also.

3667. Lord A. Hervey.] Do you mean that they would not admit a family into the workhouse, if the father happened to be in the hospital sick?—If he had gone there before they would, but not otherwise.

3668. Mr. Grogan.] Assuming the case of a pauper family; the father is suffering under disease, and applies, and is admitted into an hospital of general treatment; what becomes of that family during the absence of the father?—I suppose they must go to the workhouse.

3669. They

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3669. They are, strictly speaking, paupers?—Yes.

3670. If the family of that pauper were to apply to the poor-house authorities for admission during the time he was in the hospital, would they be admitted or not?—I think they would if they were really supposed at all to be paupers, but if they considered there was any deception, that the man ought not to have gone into the hospital, as soon as ever he recovered they would put them all out of the workhouse, or insist upon his coming in.

3671. Chairman.] Does the law oblige them to do it?—Certainly.

3672. Mr. Percy.] Are the Dublin hospitals managed exclusively by the members of any particular denomination of religion, excepting the House of Industry?—Certainly not, as far as my knowledge goes.

3673. Are they Roman-catholics and Protestants equally?—Yes; there is one hospital with which I am closely connected myself, that is not looking for aid, and never has had aid. It is for blind and gouty patients. There are 80 in the house, and they are as comfortable as men in that condition can be.

3674. Chairman.] Is that Simpson's Hospital?—That is Simpson's Hospital. The governors are all Protestants, but it is not necessary that they should be. I can state this, that Roman-catholics are just as freely admitted into that hospital as Protestants; that is known to the Roman-catholic gentry of Ireland just as well as to myself.

3675. Mr. Percy.] Have the Roman-catholics any objection to subscribing to these institutions?—We have no subscription in Simpson's Hospital; there is nearly 3,000*l.* a year estates.

3676. I speak with regard to those hospitals supported by voluntary contributions?—There are Roman-catholic governors.

3677. Indiscriminately?—Yes.

3678. Chairman.] Did you ever hear of any religious distinction being made for the admission of patients to any of those hospitals?—I heard Dr. Corrigan say the other day, and it was the first time I ever heard anything of the kind, that at the Adelaide Hospital, which is now closed, they received only Protestants. I believe that is the fact; it is a very limited hospital indeed.

3679. Has it ever received any grant?—No; I have not the slightest hesitation in saying that a Roman-catholic has every opportunity of getting into our hospitals, or becoming connected with our hospitals, just as much as a Protestant.

3680. Mr. Percy.] Has the difference in religion any effect upon the subscriptions and donations?—I think none.

3681. Mr. Grogan.] Has it any effect upon the admission of applicants?—Certainly not.

3682. Chairman.] Is the great proportion of the patients received in the Dublin hospitals Roman catholics?—There is no doubt of it; it must be so; and it is a fact that, up to this time a great proportion of the funds come from Protestants; but that is owing to the different position in which they have been in Dublin, and not on account of a want of interest felt on the part of the Roman-catholics in the institutions.

Michael Staunton, Esq., called in; and Examined.

M. Staunton, Esq.

3683. Chairman.] ARE you Collector-general of Rates in Dublin?—I am.

3684. How long have you held that office?—Since 1850.

3685. Do you hold that office under the Act passed in that year?—Yes.

3686. Have you been long acquainted with Dublin?—I have.

3687. Have you held the office of Lord Mayor?—I have.

3688. Have you acted as chairman of a Board of Guardians?—I have.

3689. Of which union?—The North Dublin Union.

3690. What is the present amount of local taxation in Dublin?—Last year it was 155,000*l.*; in the present year it will exceed that by 10,000*l.* There is a great addition of the poor-rates since last year.

3691. What is the nature of the rates which you collect in Dublin?—There is the improvement-rate, the police-tax, the grand jury-rate, the sewer-rate, the poor-rate of the North and South Dublin Unions, and the water-rate.

3692. Are all those rates entirely levied upon the citizens of Dublin?—Entirely.

3693. Was the expense of paving, cleansing, lighting, and the general expenses of

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of Dublin improvements defrayed by taxes levied upon the town only, before the union?—Generally provided for by Parliamentary grants.

3694. Can you state to the Committee what the grants of the Irish Parliament for local purposes, in Dublin, were?—I have looked into the Journal of the Irish House of Commons for the year 1800, and I find in the Appendix, under the date of the 21st of May, the following grants: Public Infirmaries, 5,100*l.*; Coal-yards, 11,703*l.*; Police, 16,952*l.*; Public Hospitals and Schools, 53,351*l.*; Dublin Society, 5,500*l.*; Paving, 10,000*l.*; Wide Streets, 4,500*l.*; and Dublin Improvement, 7,289*l.* All these sums make 114,395*l.*

3695. Were they granted out of the general funds of the country?—Out of the funds of Ireland, between Lady-day 1799 and Lady-day 1800. I believe the figure under the head of Public Hospitals and Schools is rather peculiar to that year. I have seen in other statements the sum of 37,000*l.* set down; and it appeared to me that that was the common grant of the Irish Parliament to public schools and hospitals.

3696. Mr. Grogan.] The 37,000*l.* was about the ordinary annual grant?—Yes.

3697. And you think it was peculiarly swelled in that year of which you speak?—This figure is 53,351*l.*; I have seen under the same head a lower figure.

3698. Chairman.] What is the present amount of the paving tax?—It is included in improvement rate; and, I suppose, amounts to 40,000*l.* a year.

3699. Has the grand jury cess increased?—Yes, it has.

3700. What is the amount of the increase?—It was under 10,000*l.* at the union; it is now 31,000*l.*

3701. Is the poor-rate a recent tax?—Yes; 1841 was the first year of the election of a Board of Guardians in Dublin.

3702. How were the poor supported before that?—They were largely supported by grants to the House of Industry. The House of Industry was a poor-house in itself, and on its site the North Dublin Union is now founded.

3703. Did the House of Industry receive a Parliamentary grant for the support of the poor prior to the establishment of the Poor-law?—It did.

3704. What amount did it receive at the time of the establishment of the Poor-law?—I am not aware what it was in that particular year; I know that it varied, and in one year it amounted to 48,000*l.*

3705. Can you distinguish the amount that was given to the support of the paupers and the support of the hospitals?—I could not.

3706. Has the poor-rate increased since 1841?—It has.

3707. State the amount?—There is a difference of rate in the North and South Unions, but the average rate of 1851 was 1*s.* 3½*d.*; the average rate of this year will be 2*s.* 3½*d.*

3708. Mr. Grogan. Including both unions?—Including both unions; there will be a poor-rate this year of 2*s.* in the pound in the South Union, and of 2*s.* 7*d.* in the pound in the North Union.

3709. Mr. Percy.] Is that owing to any extraordinary charges upon the poor-rate?—The dearth of provisions in this year has necessarily caused an increase of the rates.

3710. Chairman.] Do you think that pauperism is on the increase in Dublin, as far as you can judge from the collection of poor-rates?—Yes, I do; the inmates in both the workhouses have increased.

3711. While pauperism has enormously decreased in the country parts in the last three or four years, it has rather increased in Dublin?—It has rather increased in Dublin.

3712. What is the present valuation of house property in Dublin?—The present valuation affecting the principal taxes is 504,843*l.*

3713. Does that include the property rated for all municipal purposes?—For all municipal purposes, with the exception of the police-rate, which extends to the country districts about Dublin.

3714. Are ministers' money and vestry rates not included in that?—They are not included in that; the valuation in 1851 was 634,843*l.*; before that, it was 776,794*l.*

3715. When?—It was a police valuation, incident to the operation of a new Police Act.

3716. Was that valuation made upon the same principle as the last valuation was?—It was ascertained by valuers, I do not know who they were; there was

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was a still higher valuation, the first under the Poor-law Act; it amounted to 857,849*l.*

3717. Mr. Kershaw.] In what year was that?—The Poor-law came into operation in 1841, and I presume it was necessary to ascertain the property for the regulation of the rates before that; I do not know precisely the year, but the fact that it was a valuation under the Poor-law Act is stated in the report of the Commissioners who reported in 1842; it is one of the statements in that report.

3718. Chairman.] Would you lead the Committee to suppose that the actual decrease in the value of houses in Dublin, amounts in ten years to the difference between 857,894*l.* and 504,843*l.*?—I take the first figures from the report of 1842, signed by Mr. Hamilton, Colonel La Touche, and Mr. Barlow; and the second figures 776,794*l.*, are also taken from that report; I have had an official return myself, which gives the figures 634,848*l.*, and I know the assessment for grand jury cess and improvement rate by me in the last year, was upon a valuation of 504,843; there is no doubt there has been a very large decrease in the valuation of Dublin.

3719. Do you think that the difference between the valuations of 1841 and 1850 shows the exact amount of decrease?—I think it would not be safe to infer that there has been such a descent as to 504,843*l.*, for I believe it is generally understood that the last valuation was rather under the real value of the property; and I apprehend that it will be increased in the valuation which is going forward now.

3720. Mr. Percy.] Is the house property assessed at its full value now?—I think not. I have seen the new valuation for the South Union; it has not passed through the ordeal of correction yet; but the property in the South Union, if that valuation took effect, would be increased, perhaps, from 20,000*l.* to 30,000*l.* This last valuation of 504,843*l.*, I think, is generally conceived to be 10 per cent. under the mark; and I should not at all wonder if the new valuation will increase this 10 per cent.

3721. But still your statements go to this, that there has been in reality a very considerable actual diminution in the value of the house property in Dublin?—A very large diminution in all.

3722. Though, perhaps, it is not so large as what is represented by the difference in the valuations?—It is very large and very decided, and is known to everyone who has the taking or the letting of houses.

3723. Mr. Grogan.] What was the date of the second valuation?—I think about 12 years ago. I mentioned that I took these first two figures from the report of 1842, but the third figure is a valuation, I presume, under the Corporation Act.

3724. Chairman.] What is the increase in the number of houses in Dublin since 1850?—I think the increase has been 500 or 600 houses.

3725. Mr. Percy.] In what class of houses has that increase taken place?—I have a statement here of the number of houses under four classes, which include the entire in 1851 and 1854. The houses under 20*l.* in 1851 were 12,193, they are now 15,290, being an increase in that class of houses of 3,097. Under every other head there has been a decrease of houses. Of the houses valued at 20*l.* and under 50*l.* in 1851, there were 6,915; there are now 5,595 of that class. Of the houses valued at 50*l.* and under 100*l.*, there were 2,665; there are now 2,076; and of houses valued at 100*l.* and upwards, there were then 937, and there are now 333.

3726. Mr. Grogan.] In the class of higher-rated houses there has been a decrease, while in the lowest-rated houses there is a material increase?—Yes, a material increase.

3727. Chairman.] What is the number of houses in Dublin from which you have been unable to collect rates?—The unoccupied houses in this year have exceeded 800. I am not at this moment aware of the exact number of the insolvent houses, but I should suppose it would be safe to assume that the total of houses from which rates could not be collected in the last year amounts to 1,100. I might mention this fact as tending to show the present as compared with the past state of Dublin, that the taxes are collected by four instalments; parties can pay altogether, can pay half-yearly, or can pay quarterly. A number of persons in the commencement of this collection paid the whole tax at once; and it has been reported to me by the collectors, that in this

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year very few, as compared with the past, pay the whole tax at once. The taxes are now generally paid, as every ratepayer requires that they should be paid, quarterly; and, as compared with the past, the number of the quarterly payments have greatly increased.

3728. Mr. Kershaw.] Do you think this declining state of the prosperity of Dublin continues to the present day?—My decided opinion is, that there has been no increase in the prosperity of Dublin; it is an idea that one hears very frequently expressed, but I have known the city for upwards of 40 years, and have been, I may say, even from public occupations an observer of its condition, and my impression is that it has not increased.

3729. Lord A. Hervey.] Have you no means of accounting for the diminution of the higher value of houses; have the inhabitants emigrated, or what has become of them?—Some of the houses that were considered worth 100*l.* in 1851, are not now classed as worth 100*l.*; the small houses, I have no doubt, have multiplied for the sake of avoiding the burden of taxes, the city rates have been greatly increasing; and not only in Dublin are small houses multiplied for the purpose of avoiding the burden of taxation, but in the suburbs of Dublin a great many such houses have been erected.

3730. Have any large number of persons living in this large class of houses moved to other parts of the county?—The houses in the neighbourhood of Dublin have greatly increased; an effect which is to be ascribed a good deal, I think, to the increase of taxation within the city; houses are built outside the city, in order to avoid the city taxes.

3731. Chairman.] Can you state to the Committee what the amount of grants is that have been made by Parliament for charitable purposes in Dublin, before and since the Union?—I have a Parliamentary return which shows the amount of those grants for 34 years.

3732. Have you any statement to make upon the general subject of Parliamentary grants for exclusively Irish purposes?—I perhaps need not state that I am desirous that the hospital grants for the purposes to which they are now applied shall be continued; and the question of grants generally, and their effect, and the claim that Ireland has had to liberality in such grants, is a subject that has engaged my own attention, as a public person, for years. I have here two extracts from Parliamentary debates, showing the view that eminent persons, in their political and official position, took of these grants years ago. The first extract is from Hansard, under the date of March 18th, 1825, page 1078, and the words are: "The Chancellor of the Exchequer," who was then Mr. Robinson, and afterwards head of the Government, and created Earl of Ripon, "said, that before Honourable Members condemned these grants to the different schools and hospitals of Dublin so loudly, they ought to consider of what avail they were to that metropolis. They were most of them established before the Union, and were supported by the various noblemen and gentry who were at that time in the habit of residing part of the year in Dublin. As the Union had withdrawn from them a great part of that support, the Government thought themselves bound, in a certain degree, to supply it." There is a passage, also, from Hansard, under the date of the 11th April 1823. The words are: "Mr. Secretary Peel" (that is, the late Sir Robert): "The Right honourable Baronet (Sir John Newport) had spoken of the disadvantages under which Ireland laboured, in consequence of the absence of many individuals of wealth and rank, whose duties obliged them to reside principally in this country. But there was another point which bore particularly hard upon the city of Dublin. A great number of persons, from every part of Ireland, proceeded to Dublin on their way to this country, where they hoped to procure a livelihood. The consequence was, that the poor of all sorts congregated there, and the ordinary sources of charity were inadequate to their support." That was in a debate upon Irish Estimates, on the 11th of April 1823.

3733. Mr. Grogan.] Are you of opinion that the same reasons exist at present?—I am decidedly of that opinion. In my mind, what Mr. Peel had in view was this: that though those people were on their passage to England, they were not in a position to render them independent of charity in Dublin; and as a guardian of the North Dublin Union for many years, I myself was aware that a great deal of the pressure upon the funds of that union arose from the influx of paupers from different counties in Ireland on their way to England. The paupers flock in from country parts, and especially in that district of Dublin from the western

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part of Ireland, the most distressed part of Ireland; they flock in there as mere beggars and mendicants. "On the motion that 10,000*l.* be granted to defray the expenses of the Commissioners of Wide Streets in Dublin, Mr. Hume said he should like to know what they they wanted with wide streets in Dublin. Let those who wanted them provide the means; why should the people of Aberdeen, for instance, be taxed for this purpose?—Mr. John Smith said the people of Dublin had as good a right to public money for this purpose as the people of Scotland for the making of the Caledonian Canal, or for the repairing of their roads. He should be happy to see a much more liberal grant proposed. England owed a long debt of gratitude to Ireland, for much of her splendour and prosperity had been derived from the humiliation of Ireland.—Mr. Secretary Peel said, that in addition to the general principles so strongly and laudably urged by the Honourable gentleman who had just sat down, and who had taken so deep an interest in the welfare of Ireland, there were local reasons which made it necessary to extend the grant to Ireland. No part of the Empire has suffered more than Dublin in consequence of the removal of the Parliament. The Irish Parliament had always been liberal in their grants for the improvement of Dublin, and it would ill become them to be niggardly. Let the Honourable Member for Aberdeen only look at the money voted for the improvement of the avenues leading to that House, for the improvements in Westminster Abbey and other places, and he would find it was only justice to do the same for Dublin. All this money had been contributed by the people of Ireland as well as of England; and if the Irish people were to pay for the local improvements in London, he could see no reason why the same sacrifice should not be made by the people of England for the local improvement of Dublin." That is taken from Hansard, 19th of March 1824, p. 1300.

3734. Sir F. Lewis.] Has the population of Dublin largely increased since the Union, independently of the garrison?—It is increased, but not at all in proportion to the increase of other towns. I should suppose that the population of Dublin now may be 260,000; probably at the Union it was 185,000. That the power of Dublin to pay taxes has not increased, I find in that very return; it was a return upon a motion of Mr. Spring Rice in 1834, and it was issued preparatory to an expected debate upon the Repeal of the Union in that year; the amount of the Excise and Custom taxes for several years are set down in that return, and I find that the receipt of both Excise and Customs had fallen in Dublin, and I find that the fall of one of them in Dublin was equal to the fall of the receipts throughout Ireland generally; there was a fall throughout Ireland generally, and a fall of equal amount appeared to me to be under the head of Dublin.

3735. Of late years, I believe, a branch of business has sprung up in Dublin, which as late as 1820 had little or no existence, the manufacture of beer; how many houses are there now employed in that manufacture; Mr. Guinness's is one; there are others, I believe?—There are, perhaps, four or five others.

3736. Have you any acquaintance with the course of that traffic?—I have no knowledge of the manufacture of porter, but I know of the existence of those establishments; they all of them existed, with the exception of one which is recently established, 20 years ago. Mr. Guinness's and others existed; but they all of them have, I believe, latterly had, especially Mr. Guinness's, a largely increased trade in England, and a foreign trade. Mr. Guinness's was always a very large trade, but it has latterly increased by the exportation of porter to England and foreign countries.

3737. Can you explain at all what has been the cause of that great increase to which you allude?—I think it is almost accidental. I heard the fact of one of the family of Mr. Guinness, years ago, using strong persuasions to induce him to undertake the manufacture of porter for exportation to England. I heard that he had a very great reluctance to undertake the extension of his trade; and I heard that the employment of a very large capital was necessary to carry on such an extension of trade. I heard that at length the trial was made of producing porter for exportation to England, and it so far succeeded, that Mr. Guinness has continued to brew porter for England to this day, and other persons have followed his example.

M. Staunton, Esq.

23 May 1854.

Veneris, 26^o die Maii, 1854.

MEMBERS PRESENT.

Lord Naas.
Sir Thomas Burke.
Sir Frankland Lewis.
General Buckley.
Lord Alfred Hervey.
Sir John Hanmer.

Dr. Brady.
Mr. Grogan.
Mr. Percy.
Mr. Whitmore.
Mr. Kershaw.
Mr. James MacGregor.

THE RIGHT HONOURABLE LORD NAAS, IN THE CHAIR.

George James Guthrie, Esq., F.R.S., called in; and Examined.

G. J. Guthrie, Esq.
F. R. S.

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3738. *Chairman.*] ARE you Vice-president of the College of Surgeons, and one of the Court of Examiners?—I am.

3739. Have you lately visited the hospitals in Dublin?—I have.

3740. When did you visit them?—During the last summer; in September, I think; the end of September.

3741. Do you think that the hospitals of Dublin, as at present constituted, are well suited for giving medical instruction?—It depends upon circumstances. If the Committee will give me leave, I will not answer that question directly, but I will tell them what I think is proper and right in London, and then they will be able to judge what is proper and right in Dublin. In London, at the present moment, the hospitals are regulated by the College of Surgeons, without having any legal authority to do so, but in this way: the council recognise them as schools of instruction, when fitted for it, and if they are not recognised as schools of instruction they have no pupils, therefore there is no money going to the teachers; and they exert themselves exceedingly to bring the hospitals to that state that the council will acknowledge. A London hospital at the present moment is not recognised unless it contains 150 patients. There must be an equal proportion of medical and surgical patients; the council do not recognise a hospital unless it is built for the purpose, or nearly so; and by the last regulation they do not recognise a hospital that does not give to each bed 1,000 cubic feet of air, and is thoroughly well ventilated. There are certain statistical reports which show that, with 300 feet of air, disease is not only propagated but is sure to originate; with 500 cubic feet a person can barely recover; with 800 cubic feet persons can do very well; therefore the council insist upon having 1,000 cubic feet, and some of the wards now building have 2,000 cubic feet; but 1,000 cubic feet is the least quantity that the council will allow. Without 150 beds, plenty of ventilation, a place built for the purpose, and 1,000 cubic feet of air to each bed, the council will not any longer recognise a hospital in London. Some of these are recognised with 100 beds only, that was the former regulation; the object of making it 150 is not only for the sake of having a proper place for instruction, but to prevent the formation of more hospitals. There are at present, in London, 11 recognised hospitals, and one not recognised, for the purposes of instruction; the one that is not recognised is on account of its not being at present filled; of those, five, I think, have been formed within the last 20 years, and we do not want any more. When a hospital does not contain that number of patients, the cases necessary for instruction can rarely be found in it; and consequently a hospital badly answers the purpose for which it was intended, as far as instruction goes.

3742. How many hospitals in London are there now, attendance on which is recognised as necessary for attaining a degree?—Eleven. Dublin is said to contain 300,000 people; Dublin has seven hospitals; London contains 2,100,000 people at least, and has 12 hospitals. Now London ought to have, in proportion, 49 hospitals. If the hospitals in London were equal in number to those in Dublin we should have 49, and there are but 12.

3743. Is it your opinion that it is better for a town to have a few large hospitals than a good many small ones?—Certainly, for the purposes of instruction,

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not for the purposes of the poor. You cannot teach in a small hospital unless it is a hospital erected for a special purpose. *G. J. Guthrie, Esq. F.R.S.*

3744. Mr. Percy.] I believe one of the instances of your refusal to recognise a hospital has been the Free Hospital?—Yes.

3745. Was that on account of the want of a sufficient number of beds?—It was on account of everything. I went there, not in my official capacity, but as a friend. I knew two or three of the managers of the institution, and they asked me specially about it; and I pointed out to them that they never would be recognised in the condition in which they were, and recommended them to build additional room for 40 people; and I further told them that they would be compelled to give a larger quantity of air for each bed in some of the wards.

3746. *Chairman.*] What character do the medical men educated in Dublin generally bear in the profession; are they as good as those educated elsewhere?—Dublin can educate good ones, and it can educate bad ones.

3747. As a general rule, how do you think it is?—Taken as a whole, the Dublin school is an exceedingly good school.

3748. Do you think the medical men who are educated in the Dublin school, are generally able to discharge their functions as well as the men educated in the other schools of the empire?—Taken as a whole, certainly.

3749. Are there numbers of men who enter the London schools who do not succeed in getting their degree?—Yes, that is the case everywhere.

3750. Can you state to the Committee what proportion that bears to the whole number?—The students in the London schools at this moment registered at the College of Surgeons are, first year's students, 385; second year's students, 372; third year's students, 387, making a total of 1,144. That does not include Manchester, Sheffield, Birmingham, and all those places where men are educated as well as in London.

3751. Of the total number who enter the school, how many fail in obtaining their degree?—About one in eight.

3752. Are different classes of degrees given?—Yes. In Dublin, I believe, they used formerly to have only one examination; now they have two, one for a fellow and one for a member. We have the same in London; but our fellowship is not taken till the candidates are 26 years of age, and a much more extended education is required. Therefore, all the young men, for their own sakes, and for the sake of getting into practice, are generally examined at 22 or 23 years of age.

3753. Is a large proportion of the medical men educated in Dublin to be found in the Army and Navy?—In the Army, no; in the Navy, yes.

3754. How do you account for that?—Nobody goes into the Navy but an Irishman, in consequence of the differences between the old officers of the Navy and the doctors. The Navy will not give them a proper position; that is, they will not give them a berth or a cabin, nor will they allow them to mess with the officers; and therefore no medical men go into the Navy but the poorest class of men, who cannot help it; therefore the Navy is supplied with the worst medical men that can be found. At the same time, the Navy does more for the upper class of officers than the Army does. The Army gets the best men, and they are well taken care of in the junior classes. The upper class in the Army is exceedingly badly treated, and the upper class in the Navy is exceedingly well treated.

3755. General Buckley.] Are there not a great number of candidates?—No; I believe not one.

3756. Sir F. Lewis.] How is the Navy supplied with surgeons?—Men who cannot get their bread in any other way ask to go into the Navy, and if they have had a reasonable education they are taken as assistants.

3757. *Chairman.*] Will you state to the Committee whether you think the large London hospitals could be supported in their present state, if they were entirely dependent upon voluntary contributions?—They are three: Bartholomew's, St. Thomas's, and Guy's. Bartholomew's has 40,000 *l.* a year from estates; St. Thomas's has pretty much the same; therefore they can do anything they please. Guy's Hospital was founded by a Mr. Guy, a gentleman in Southwark, who left it a very large property; and another gentleman died some years ago, and left it 200,000 *l.* They hold about 500 people each, and are very good schools, because the medical men are paid by their labours; and a hospital will fall very much in repute if the medical men do not do their work.

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3758. Do you think, if those large endowments were withdrawn from those hospitals, they could be replaced by annual subscriptions?—No; but all the other hospitals are supported by annual subscriptions, and the Council take care to keep them up to their numbers; or if they do not keep up their proper educational numbers, they say, "We will not recognise you." The moment that happens, the physicians and surgeons cease to get any money; that is one reason why the subscriptions are so well kept up in London.

3759. Mr. Percy.] Are not you aware that there is not a hospital in London entirely supported by subscriptions; they are principally supported by bequests?—Many a man who has lived through a long life thinks it right to leave something to a hospital, and he does it, and that is a subscription; it may be called a bequest.

3760. General Buckley.] There is no instance of the Government supporting a London hospital, is there?—No; the Government will not give even a site on which to build a hospital.

3761. Chairman.] Do you approve generally of the payment of medical men who attend hospitals by fees, rather than by salaries?—Certainly; the great hospitals give 40*l.* a year each; when they were instituted in Henry the Eighth's time, they thought it right to pay the doctors, because there were few students; that would represent now about 200*l.* a year; none of the others get anything. Consequently, if the doctors will not work, if they cannot get an audience like an actor, they get no money; that is the excitement.

3762. How are the London hospitals generally governed?—By a board of governors.

3763. How are they generally appointed in the endowed hospitals?—They are elected there generally for life.

3764. Are they elected by the other governors?—They are generally nominated by the treasurer.

3765. Are they self-elected?—They are elected by themselves.

3766. General Buckley.] It depends upon what amount of subscriptions a man has paid?—Yes; a man would not be elected a governor, unless he is a man of great respectability, and has paid 50*l.*, or 100*l.* or 150*l.* to the hospital.

3767. Chairman.] Do you conceive that it is better to have a separate governing body?—Yes, certainly.

3768. Do differences arise between the medical men and governing bodies occasionally?—Sometimes little squabbles take place, but nothing to prevent the good conduct of the hospital; one governor sometimes troubles them a little about a fowl, or some wine, which they think is given too largely. I have omitted a change which has latterly taken place in London; the governors themselves have decided that no man shall remain after he is 65 years of age as a surgeon or physician. I should say that they should all go at 60. The advantage of that is, that a young man comes in earlier than at present; he comes in at the age of 30, instead of coming in at the age of 50, when his inclination for work is perhaps much gone by, and the older man goes off when perhaps he ceases to be as laborious as formerly.

3769. By whom are the medical men generally appointed?—By the governors.

3770. Is that the same in all the eleven hospitals?—In all of them.

3771. Those appointments are the subject of competition and contest, are they not?—Very sharp contest; it is everything to get a hospital in point of practice. It is the establishment of a man, if he is an able man, and therefore it is sought for with the greatest avidity. There is a contest going on at St. Bartholomew's at this very moment.

3772. General Buckley.] A great many of the medical officers in the hospital have no fees at all?—No; they all get money by the pupils.

3773. Mr. Percy.] Excepting in the Free Hospital?—I believe they want to receive an annual income there; but as the governors can obtain as many physicians and surgeons as they like, I think it will be as well to let this alone, particularly as funds are wanting.

3774. General Buckley.] Is it not the practice to give a gratuity to the house surgeon?—No. The house surgeon, on the contrary, used to pay largely for his situation; now the situation is given as a matter of honour, and is contested for among the different students. It is one of the prizes to a man, that he gets his place for nothing. At the Westminster Hospital they used to pay 100 guineas

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for the situation of house surgeon; at it and at St. George's Hospital, I believe, they pay for their board only.

3775. Sir F. Lewis.] You went over the different hospitals in Dublin, did you not?—Yes.

3776. You have stated to the Committee that certain rules are established with reference to the London hospitals. If the Dublin hospitals were tried by a similar test, would you find them sufficient or insufficient in point of air and space?—I would rather the Committee should take the answer given by Dr. Corrigan and Dr. Hargraves, that many of them are not fitted for the purposes of instruction.

3777. Mr. Percy.] Is 60 beds sufficient for the purposes of instruction?—Certainly not.

3778. Chairman.] Did you visit the Lock Hospital?—I did not; that is one not recognised in any way. I only visited those which concerned my official situation as Vice-president of the College of Surgeons.

3779. Sir F. Lewis.] Which were they?—The seven general hospitals.

3780. Will you name them?—I went round with Dr. Cusack to the Lying-in Hospital, which is by far the best in Dublin, and deserving of everything that can be done for it. I then went to Steevens' Hospital, which is the next best; and the third is a little hospital, St. Vincent's, which is much too small for the purposes of instruction, but it is much the cleanest and in the best order. Then I went to the Richmond, which is the fourth in order, and then to three or four others which are small ones. There is another point which I forgot to mention in regard to the London schools; the council will not recognise a school without an hospital, and will not recognise an hospital without a school, if they can help it. They say they have the power, having no authority but the interest of the public; it is the interest of the public to have good schools and good hospitals; they have the public with them, and therefore beat the hospitals who apply for reception when not properly constituted.

3781. Which of the Dublin hospitals that you saw, do you consider best suited for the purposes of instruction?—The Richmond Hospital is by far the best at the present moment, because there is a school attached to it; it has a fever hospital, and it has also a hospital for chronic medical diseases.

3782. Chairman.] Do you mean the hospitals of the House of Industry?—Yes; they form one hospital.

3783. Mr. Grogan.] Do you recollect having visited the Meath Hospital?—Yes; the Meath Hospital contains 36 fever beds, and it contains, of course, the total number of beds being 100, only 64 beds for every other disease. The fever beds predominate too much for a hospital of instruction; and if that hospital were to continue, it ought to be raised to the London standard of 150, and they should not be fever cases, but other diseases and surgical accidents.

3784. With regard to the number of 150 patients being necessary for recognition by the College of Surgeons, is that a recent order?—Within the last three or four years; it was before that time 100. They have not interfered with the hospitals that they recognised at 100, but pressed upon them the necessity of making them 150. University College Hospital does not now contain 150. They have signified also to King's College the necessity of increasing the number of their beds. The recognition of Charing-cross Hospital was suspended for three months, till they made it what the council wished.

3785. At present do you allow the certificates of the Meath Hospital with 100 beds?—Yes.

3786. The non-extending to 150 beds may arise from their poverty?—We are very civil gentlemen, and we take what the College of Surgeons pleases to recognise, and they take from us what we please to recognise; therefore I did not know, till I went to Dublin, that some of the hospitals were so small and so inefficient.

3787. Sir F. Lewis.] As you say that some of them are inefficient, will you state which you think are inefficient?—I should say that every hospital that has not always 100 beds in it, is an inefficient hospital for the purposes of instruction.

3788. Mr. Grogan.] You spoke of the Richmond Hospital, the Meath Hospital, Dr. Steevens' Hospital, and the Lying-in Hospital?—Yes, as being the four best; St. Vincent's being better than any of them, as far as it goes.

3789. Do you recollect the names of the small hospitals: St. Vincent's, Mercer's, Jervis-street, and Bagot-street?—Yes.

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3790. Did you visit the Hospital for Incurables?—I did not.

3791. Mr. Percy.] Did you visit the Cork-street Fever Hospital?—No; a hospital that does not receive pupils is totally inefficient as a place of instruction; it is no better than a workhouse.

3792. Mr. Grogan.] With regard to the 11 large hospitals in the city of London; are they all general hospitals?—Yes, all.

3793. With regard to those hospitals which you visited in Dublin, for instance, the Richmond, Dr. Steevens', and the Meath; are those all general hospitals?—Yes, they are.

3794. The reason that I confine myself to those hospitals at present is simply that they are hospitals receiving portions of the public grant. Those you have alluded to, St. Vincent's, Mercer's, Jervis-street, and Bagot-street receive no portion of the public grant. If therefore you considered that they were too small in their accommodation for educational establishments, that would not affect the character of those hospitals having a sufficiency of beds?—No. A man may educate himself, if he will take time, in a small hospital as well as in a large one; it depends upon his application. Many a man coming from a large hospital is a bad student; another coming from a small hospital is a great deal better.

3795. Mr. Percy.] Do you call Steevens' Hospital a general hospital, if it does not admit fever patients?—It admits the constabulary with their fevers. I should say that Steevens' Hospital is the best hospital in Dublin altogether, from its situation, and ought to be made a proper general hospital; and I would not give them a halfpenny till they were so. The Government grant should be on the condition of their becoming a general hospital, and they should not be allowed to remain in the state in which they are, because they cannot thoroughly teach the students who are there.

3796. Sir F. Lewis.] You said that you did visit the Westmoreland Lock Hospital; will you be good enough to state to the Committee whether you think it desirable that women only should be admitted to that hospital?—No; I think it is very discreditable to a hospital of that kind that it does not receive both males and females.

3797. At one time there were clinical lectures delivered in that hospital; about the year 1821 an order from the Government put an end to that system. There has been therefore no clinical instruction in the Westmoreland Lock Hospital since that time; can you explain to the Committee any sufficient cause for that rule; do you consider it a wise or an unwise rule?—A very unwise rule. No place is fit for a hospital that does not give instruction. Your view of the use of a hospital is charity. My view, as a professional man, is instruction; therefore I say that I would not give a halfpenny to a hospital that did not instruct, because it is a loss to the public. The Lock Hospital in London contains 50 people; it is at Westbourne-green; they are half men and half women; and they propose, if they can get the money, to keep the men here in London, and send the women to Westbourne-green; but no serious kind of inconvenience has arisen from their being in the same house, and if they are on different sides of the house there could be none whatever. However, they cannot teach the disease without both men and women.

3798. You are not aware yourself of any particular objection to the young students being taught in the usual manner in the clinical hospitals?—The word "clinical" is very much abused. I do not quite know what it means myself. What I understand by it is this: that if I walked into a hospital, and there found a certain number of gentlemen, one being called the house surgeon, and another a dresser, the dresser would attend to 6, 8, 10 or 20 people, and give an account of them, and some observations upon them. Some 20 other men attending would hear the observations. But you cannot say before a patient that he has got a disease of the heart, and that he may live three or six or nine days, and then drop down dead. All you can do is to hear what are the present symptoms of that patient. It is a mere ordinary routine of business. If there are two or three cases alike, and you want to give some account of them, the students are taken into another room, and there you explain that one patient may die on the Monday, the second the next week, and the third may get well. Clinical instruction so given is not given in the ward before the patient. At the same time, the observations made by the physician or surgeon have reference to the patient. They do not give a general account of the disease. What we call in London clinical instruction is the lecture that is given separately in the next room, upon the

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particular diseases of A. and B.; which is different to the lectures given by the regular teacher, who goes through one disease after another in the course of six months.

3799. General Buckley.] Those hospitals you consider only hospitals of instruction, and the other ones that do not come under your class of hospitals are very useful for poor people?—Yes; they are called special hospitals, and are very advantageous too for instruction when they are open to instruction.

3800. Sir F. Lewis.] In your inspection of the Dublin hospitals did it occur to you that any particular changes, or differences of arrangement, or increase of size in the rooms would be very beneficial?—I think if the Government grant money to the hospital they should not do so without an inspection and revision of the whole of the hospitals. I think the money is wanting, from what I saw in Dublin; but I think there should be an inspection and revision of the whole of the hospitals, and they should be placed on a proper footing.

3801. Do you think that a consolidation of those hospitals would be well?—No, except that there are in Dublin two or three hospitals, having 50 or 60 beds each. It would be better to consolidate them, if the locality would admit of it.

3802. Chairman.] The four great hospitals in Dublin to which Parliamentary grants are given, receive the following number of patients: the Lying-in Hospital, 103; Steevens', 222; the House of Industry, 312; and the Meath Hospital, 100 patients. Do you think that that number, speaking generally, is sufficient for the purpose of instruction in each hospital?—Not in the Meath Hospital.

3803. You put the lowest possible number suitable for instruction at 150?—No, I should say 100; but the number must not be so arranged that 36 should be of one class of disease, and the remainder all other diseases. Of the Government grant money, I would add 20 or 30 more beds to the Meath Hospital for general purposes; and venereal diseases if you like. I should like to see the number in the Meath Hospital raised to 150, because it is an educational hospital. It may be done in one or two different ways.

3804. Do you think that an average of 103 patients is sufficient for giving instruction in midwifery?—Quite.

3805. Do you think that the number of patients at present is sufficient?—Yes, quite.

3806. Of the four hospitals which I have mentioned, the Meath Hospital is the only one that you think too small?—Steevens' is large enough, if it were completely filled; 220 people are quite enough. I consider the constabulary of use, because they bring in all kinds of disease; they are generally not very bad, probably, but they are useful, and 220 is quite enough for a hospital; they have no school.

3807. Do you think that to make Steevens' Hospital a fit place for instruction, it should receive fever patients?—Every kind of disease, and have a school; because if a young man has to go half a mile or a mile to his school, he never learns his profession.

3808. There is a course of instruction given in the Lying-in Hospital in London?—Yes, in midwifery; but it is given in all the hospitals in London, and London is a very different place from Dublin. Every hospital in London has a lecturer on midwifery, and the midwifery lecturer is bound to find persons for the student to attend, and go with them to their own houses, and sometimes they attend at the hospital. There are three or four Lying-in Hospitals in London of very good repute, and there are plenty of dispensaries at which the different physicians attend. In Dublin I believe there is only one large hospital.

3809. Is a certificate of study in midwifery necessary in London, for obtaining a degree?—Yes; we require lectures, and a certificate of having attended practical midwifery; that is, having attended so many women in labour.

3810. You do not require that attendance should be given in a hospital?—No, the teacher certifies that they have attended under his direction; English women will not go to a hospital. In Dublin I found when I was there, that a woman goes to the door, and says that she is going to be confined, and the medical officers ascertain that her labour is coming on, and take her in, and they will not take her in unless she is in that state. I saw four or five women in labour myself the morning that I was there. People will not do that in London; they make their arrangements beforehand, probably for a week or two, and the head of the dispensary appoints a pupil to go and see them, and if it is a common case, it goes

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on very well; if not, the head of the dispensary is sent for; that is the way that they learn in London, except in the lying-in hospitals.

3811. Mr. Grogan.] Do you instruct midwives in the London Hospitals?—No, not in England; the profession object to that, because the whole existence of many medical men depends upon the ladies.

3812. With reference to the public services, the army, the navy, and the East India Company, do you consider attendance on a Lock Hospital for educational purposes desirable for a young man entering into any of those services?—Not more than any other; I should say it should not be a case of special instruction; all hospitals should teach the same. If the hospitals in London or Dublin, or anywhere else, do not receive venereal patients, the pupils ought to be made to go where they can learn the disease; but it is very troublesome for a man to have to go to two or three hospitals.

3813. Do you consider it desirable that young men for those services should have an opportunity particularly of knowing the venereal disease?—On the contrary, I do not consider it desirable for young men entering those professions to study it more particularly than others; because a man must learn as much to cure the venereal disease, if he is to go to a place within 10 miles of London, as if he goes into the army or the navy, the navy particularly.

3814. Chairman.] You do not consider that it is more necessary for students about to enter the public services to study the venereal disease than any other disease?—No.

3815. Mr. Grogan.] You think that it is a desirable part of a medical education?—Decidedly.

3816. Chairman.] Is there any objection, with a view to the proper government and quietness of the hospital, to admitting female venereal patients into a general hospital?—I see none; on the contrary, if the Government is to pay, they should insist upon the proper business being done; but some of the governors in the London hospitals are very tight-laced people, and they do not like to receive women who do things that they should not do. The large hospitals have all venereal wards, as well for females as males; the smaller hospitals have not, and the medical men smuggle them in under another name. There are none of them that have not venereal cases, but they do not own them to be such. An eruption upon the skin may be venereal, but it is called by the proper name, and it comes in as such, and the governors do not know of it, and they are sometimes very indignant about it if they find it out.

3817. Mr. Percy.] Are there separate wards in most of the hospitals for the venereal patients?—Most of them have separate wards, but it is not always allowed in London, and as the Government cannot interfere, nor the police, the governors of hospitals do as they like, but still patients of that class are there; you can always learn the disease in London.

3818. Chairman.] Are there any allowances from the Government to the professors connected with the London School of Medicine?—No.

3819. Mr. Grogan.] You expressed an opinion that in regard to the grants to the Dublin hospitals, it would be desirable to have an inspection of the hospitals?—Yes, I would have them put in order; they should be made schools of instruction, or they should not have the public money.

3820. And you consider, for the purpose of a school of instruction, a clinique, that is, lectures on the patient, indispensable?—Yes.

3821. It is hardly necessary to ask you if a permanent endowment of a hospital coming within that class would not be a great object to the managers of the hospital keeping it in order, and enabling the governors to make adequate provision?—I think if the Government give money they should have an inspection to see that their money is properly applied.

3822. Chairman.] Is there any Government inspection in the London hospitals?—No; the Government pay nothing to the London hospitals.

3823. Do you think that the hospitals in Dublin could be easily improved in the way that you suggest?—If you found the money they might. There are some of them, I believe, which could not, because they are old buildings, but I am not quite competent to speak upon that point. There is another bad thing in Dublin, too, which is this: that while the managers profess to conduct the hospitals for the sake of the poor, they really do it for the sake of instruction; whilst they have 70 or 100 patients in a hospital in the winter, they reduce the number to 30 in the course of the summer. Now as disease is as prevalent in the summer as in the winter,

winter, it is quite plain that the hospitals are for the purpose of instruction, and not for the purpose of the poor. The council of the College of Surgeons demand in London, that every six months a return should be given to them from doubtful hospitals; and if they find a fall in certain months, then they say, "We shall take away the recognition." Every hospital should contain its proper number all the year round.

3824. General Buckley.] Were the hospitals which you visited in Dublin well ventilated?—Some of them might be better ventilated; some of them are small, and the wards are small; two or three of them are not good buildings.

3825. Mr. Percy.] It is stated in this paper "that for the public service there exist in Dublin advantages for the study of fever which cannot be obtained in England, for it is here that the student has the opportunity of studying fever (itself a special branch of medicine) in the same institution in which he learns the treatment of ordinary medical and surgical disease;" is not that a misapprehension?—Quite so. It is not the fact, because as some of the hospitals do not contain fever cases, the students cannot learn their treatment; and as those cases are in another place altogether, they never go. No student will go to two or three different places; few students in physic will learn more than they can help in the present day.

3826. Do you consider that an institution like the Cork-street Fever Hospital is required?—That depends upon circumstances. As a school of medicine, it is of no use.

3827. I mean as regards epidemics; did you make any inquiries about that?—No; I went to none of the hospitals but those which concerned me in my official position.

3828. Chairman.] You think that Government control is requisite, if Government money is granted; do you think that control could be judiciously exercised with regard to hospitals?—I think whenever Government give money, they should know how it is applied.

3829. Would you recommend that the Government should exercise a distinct interference in the management of the affairs of the hospitals?—No; only to see that the money was duly applied to the purpose for which it was given, and nothing else.

3830. Would the establishment of a Government Board be necessary for that purpose?—It would not be borne very conveniently. They might let the head of the medical department of the army pay a visit to the hospitals four times a year, and report to the Government that they were in good order. If you employ a civilian you must pay him. If the Government appointed an inspector, it should be of course a medical man. If he is a civilian he must be paid, and he must not belong to any of the hospitals; therefore it becomes a difficulty in that respect.

3831. General Buckley.] Are there more fever hospitals in Dublin than in London?—There is only one fever hospital in London, that I recollect; that is near the Northern terminus. All the hospitals take in fever, excepting the small-pox; and if a case occurred of small-pox in a hospital, it would be put in a separate room; but if it presents itself on the first day of the patient's appearance, the person is sent to the Small-pox Hospital, and they receive him. Everybody is afraid of small-pox in London.

3832. Chairman.] Are the fever patients generally mixed up with the other patients in the London hospitals?—No; the surgical patients are separate, and the fever patients are very much kept to themselves, but they are all on the physician's side of the house.

3833. Mr. Percy.] They are intermixed, in the physician's ward, with other patients?—They may be so, but they are put together very much; they are sometimes divided, and put in separate wards, if there are two or three bad cases; it does not make much difference between a simple fever, or an inflammatory fever; but bad cases of typhus fever would be separated.

3834. Chairman.] Do you think separate fever wards are advisable where practicable?—If there was any very serious disease it should be kept separate. You would not willingly put a consumptive person in the middle of four bad fever cases; you would remove the fever cases of course; if the fever cases were going off quietly, and without any apparent signs of mischief, you would leave them where they were.

3835. Have you known instances of fever spreading in a hospital among the other patients?—Not in London; erysipelas spreads sometimes in London, and
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then they shift the persons who are affected with it; but that arises from a want of ventilation, and a want of attention to 2,000 cubic feet for each bed. Although I mentioned 1,000 cubic feet, it ought to be more.

3836. General *Buckley*.] Are the old hospitals in London, Bartholomew's, and the others, at this moment as well ventilated as they can be?—They have more than 1,000 cubic feet to each bed; they have room enough not to put too many beds in one ward; where they are building new wards they are building them much higher than formerly.

George Alexander Hamilton, Esq., a Member of the House; Examined.

G. A. Hamilton,
Esq., M.P.

3837. *Chairman*.] ARE you one of the Commissioners appointed in 1842 for the purpose of inquiring into the hospitals of Dublin?—I was.

3838. Will you be kind enough to state to the Committee the circumstances under which you took that office?—Soon after the change of the Government in 1841, when Lord De Grey went over as Lord Lieutenant of Ireland, the present Lord Lieutenant, then Lord Eliot, was Chief Secretary. I met Lord Eliot at a friend's house, where I spent a few days in his company; I had had a good deal of experience connected with Ireland, and Lord Eliot spoke to me about various matters. Among the rest, he stated that the Lord Lieutenant and himself found great difficulty with reference to those institutions; he stated that it was not the practice elsewhere to support charitable institutions out of the public funds, and that there was a strong feeling against it; and though those grants had existed for a great number of years, he thought that the time was probably come when they might be withdrawn or reduced. He asked me if I would consent to conduct an inquiry into the institutions. I considered the subject; I told him that I would be very glad to assist the Government in any way that I could; and accordingly I undertook the inquiry. I wish it to be understood, that I undertook it, knowing what I had stated to be the feeling of the Government. I can say most sincerely that I had no foregone conclusion in my own mind, and that the inquiry was not undertaken with any view of sustaining the grants; on the contrary, as I have stated, the inquiry was undertaken with a knowledge of the impression and feeling of Lord De Grey (with whom also we had several conversations), and Lord Eliot upon that subject. We entered upon the inquiry, therefore, certainly with no disposition to make out a case in favour of the institutions. The inquiry lasted for between three and four months; we went very fully into the matter. We had not the advantage of a shorthand writer, but we took great pains to inform ourselves thoroughly with reference to those institutions; and the result was the report which is before the Committee, which I can say was forced upon us irresistibly by the considerations that came under our notice, and by the evidence that we received.

3839. Did you visit each of the hospitals?—We visited each of the hospitals, and every ward and corner of each hospital.

3840. Did you come to the conclusion that the grants should be maintained?—We came to the conclusion; that whether with a view to maintaining them as charities for the benefit of the poor, or with a view to maintaining them as a medical school for Ireland, it was essential that those grants should be maintained.

3841. Do you think, from your knowledge of Dublin, that the reasons which you then gave for maintaining those institutions exist with equal force at the present moment?—Some of them exist even in a greater degree. Ireland has suffered a great deal since 1842; and although the country parts of Ireland are now rapidly recovering, I am afraid that the improvement in Dublin is not so great. It was stated by a gentleman well acquainted with Dublin, in another Committee of which I am a member, within the last four days, that pauperism in Dublin has been increasing, whilst the pauperism throughout the rest of the country has been very much diminishing, I think, within the last two years.

3842. Are you aware of the remarks which the Chief Commissioner of Poor Laws made to the Committee?—Yes; I have read his evidence.

3843. He recommends that an alteration should be made, if these grants are continued, in both the form of the admission of the patients and the government of the hospitals; do you agree with him in those recommendations?—I certainly do not agree in any recommendation which would have the effect of bringing those hospitals under the control of the Poor-law Commissioners. I have a very high opinion of the Poor-law Commissioners, and Mr. Power in particular; but

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I think it would be a great misfortune if the hospitals were to be brought under any control of that nature. The Commissioners in 1842 considered the subject, and I think they have noticed it in their report. At the time when we were considering the report, the poor-law system had been recently introduced, and of course it was a very obvious thing for us to consider whether or not it would be desirable to connect those institutions with the poor-law system, and we expressed our opinions. I think, strongly in the report upon that subject. After having dealt with the question in our report, we state, "Regarding them as institutions intended for the relief of persons not necessarily paupers; regarding some of them, also, in their secondary object, as schools of medical instruction, we think it would be unwise to make them branches of establishments designed exclusively for the support of paupers; and, as respects their management, we think it would be equally inexpedient and invidious to take them from under the superintendence of those many benevolent individuals, gentlemen, for the most part, of high station in Dublin, who are at all times found ready freely to apply themselves as governors to the management of such institutions." And we repeat, I think, the same opinion in a subsequent part of the report. I still entertain the same opinion. I think it is extremely desirable in the present state of things in Ireland, with reference to all our local institutions, to encourage, as far as possible, persons in Ireland to make themselves responsible for the management of the hospitals, and other institutions, and that they should not be placed under that central control which I think is rather a mistake, in reference to the management of things in Ireland.

3844. Do you think a central control would have the effect of producing more economy in the establishments?—My impression is that it would not. If the Members of the Committee had an opportunity of examining those institutions, I believe they would find that the governors apply the utmost attention in managing them as economically, and making them as efficient as possible. Nothing can be more gratifying than to witness a meeting of the governors in several of those institutions. They are, many of them, gentlemen and merchants of high position in Dublin. They meet at an early hour; the meetings are generally well attended, and nothing could be more harmonious or useful than the associations of those persons in conducting the management of the charitable institutions. I believe that management in that way would be incompatible with a central control under the Poor-law Commissioners.

3845. Would you prefer a body of governors such as is generally found in most of the hospitals in Dublin, with the exception of the hospitals of the House of Industry, to a salaried officer?—I think so.

3846. Lord *A. Hervey*.] I observe that in your report, previous to the inspection of the Lock Hospital, you state that the attendance of the governors was insufficient?—There was one individual, Mr. Paulus Emilius Singer, who devoted himself at that time very anxiously to the conduct of that institution, and I think matters there were left very much to him; he is a most benevolent, active, and useful man.

3847. Sir *J. Hammer*.] Do you think that the pauperism of Dublin proper is increasing?—I think the increase of pauperism is caused probably by the influx of strangers.

3848. Is it not Dublin proper that has become more pauperised?—No, I think it is on account of the influx of strangers.

3849. A man goes to Dublin because he thinks he can get something there?—Yes; society throughout the country has been completely broken up, and a great number of poor people, of course, have been let loose, and numbers of them have come to Dublin.

3850. *Chairman*.] The effect of that breaking up of society has been to drive the poorer people into the large towns?—Yes.

3851. Mr. *Grogan*.] Your inquiry in 1842 did not extend to the hospitals of the House of Industry?—No, there was some reason which made the Government exclude those hospitals from our examination.

3852. They are at present under the control of the Poor-law Commissioners, are they not?—They are.

3853. With a paid governor?—I believe so.

3854. Lord *A. Hervey*.] Do not you think it is rather an abuse in hospitals that persons in the position of paupers should be admitted?—I think not necessarily. If a pauper meets with an accident, I see no reason why he should not be admitted.

3855. As regards diseases in general, not confining it to accidents, in the provinces,

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vinces, his maintenance would fall entirely on the rates?—Do you mean the maintenance of a pauper admitted into an infirmary?

3856. Yes.—Persons are not admitted into infirmaries as paupers, but the expenses of persons received as patients in the infirmaries are paid principally out of the rates.

3857. Mr. Grogan.] In the event of his applying in the capacity of a pauper, the whole family must go into the poor-house altogether?—Yes.

3858. General Buckley.] The man himself in the infirmary is kept by the infirmary entirely?—The county infirmaries in Ireland are supported principally out of the county cess, and, of course, all the patients in the county infirmaries have their expenses defrayed out of those rates.

3859. Mr. Grogan.] And those rates are quite distinct from the poor-rates?—Those rates are quite distinct from the poor-rates.

3860. Mr. Percy.] A poor man, suffering from a temporary disorder, is obliged to make himself a pauper before he can get medical relief from the workhouse?—Yes.

3861. Chairman.] Do you think it would be advisable to give the workhouses of Dublin an unlimited power of sending all their sick to the hospitals and paying for them there?—No, I think not; I think the patients who are in the poor-house hospitals are very well attended to. Paupers have classes of diseases of their own, and I do not know that it would be desirable that all sick paupers should be transferred to independent hospitals.

3862. Do you not think it desirable to extend the power which they have with respect to fever cases to all diseases?—Not to all.

3863. Do you think it might be extended to venereal diseases?—Yes, I think it might. I think it is very desirable, as far as possible, to keep the poor-law system independent of a system of medical relief, such as is given in the hospitals of Dublin; and I think consistently with that, it certainly might be desirable that some parties should have the power of sending particular cases to the larger hospitals, either for treatment or for the purposes of education.

3864. Do you think that if power was given to send chronic cases to the hospitals from the poor-houses it would be a great source of inposition; persons would feign disease, and there would be much malingering in order to gain admission to a hospital?—I am quite of that opinion.

3865. General Buckley.] Do the unions in Ireland ever subscribe to enable them to send particular patients to the hospitals?—No, they have no power. I know, as a guardian of the union, this very frequently happens, where there is a particular case which it is thought desirable to have sent to a Dublin hospital; many of the guardians are subscribers to the hospitals, and we frequently send a pauper under those circumstances.

3866. Chairman.] Do you think if such medical relief as is afforded in the hospitals of Dublin was given through the poor-house, it would have the effect of deterring a great number of respectable poor persons who now obtain relief from applying?—I think it would have that effect. It would tend to do away with the distinction between the pauper and the industrious man who requires hospital relief.

3867. Dr. Brady.] Do you think that the placing of these institutions under the jurisdiction of the Poor-law Commissioners would injure them as educational establishments?—I am sure it would. I think the medical men in Dublin would be very much dissatisfied with that arrangement.

3868. And you are of opinion that the less influence that the Poor-law Commissioners or the guardians have over the medical officers, the better?—I am, certainly; the medical profession naturally are jealous of that kind of control.

3869. Mr. Kershaw.] If the prosperity of the provinces of Ireland continue, is it not likely to extend to Dublin?—I hope prosperity will extend itself to all parts of Ireland by-and-bye, but it is slow in its progress, and Dublin of course, as the Commissioners state, has been liable to very peculiar vicissitudes. There is a very large population, and capital has not increased at all in proportion to the population. A great change took place at the time of the Union, the effects of which are still to be traced.

3870. General Buckley.] When you made your inquiry, did you consider that there were more hospitals than were necessary?—I think not; there are several small hospitals established by private subscriptions, and there appeared to be a considerable demand for accommodation in those hospitals.

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3871. Lord A. Hervey.] Was not your inquiry confined to the hospitals having Parliamentary grants?—Yes, but incidentally we inquired into others. We took a great deal of pains to ascertain whether the grants made by Parliament had the effect of deterring people from contributing to matters of private charity. We sent circulars round to nearly all the charitable institutions in Dublin of a private nature, to see whether a considerable amount of money was given to private charities; and although we did not obtain information from many of them, yet, upon the whole, we arrived at the conclusion that there was no lack of private charity amongst the citizens of Dublin in proportion to their means.

3872. Chairman.] Do you agree with Mr. Barlow, where he has stated in his evidence that the amount of money subscribed for charitable purposes at the present time, is not so large as it was in 1842?—I am not prepared to say; I think it is very likely, because of course the means of the gentry who live in Dublin, and all classes in Ireland, have been very much reduced.

3873. And local taxation has been very much increased?—Yes, the valuation of Ireland has been reduced. The local taxation has been very much increased, and it is quite notorious that the means of everybody in Ireland have been very much diminished indeed.

3874. Lord A. Hervey.] Would you say that that is the case, comparing it with three or four years ago?—No.

3875. General Buckley.] Do you think that the fact of the Government giving grants to the hospitals prevents persons subscribing?—I think not; I entertain the opinion expressed in the report, that there is no indisposition to subscribe to charitable purposes in Dublin, and I believe that the people of Dublin contribute as much in proportion to their means as people do elsewhere.

Sir Benjamin C. Brodie, Bart., called in; and Examined.

3876. Mr. Grogan.] ARE you connected with any of the hospitals in the city of London?—I have been; I have resigned now. I was for a long while connected with St. George's Hospital.

3877. That has no endowment, has it?—No.

3878. Are you able to say if the governors have experienced any difficulty in maintaining the hospital in a state of efficiency by subscriptions?—At one time there was. It is maintained by legacies principally, and subscriptions; subscriptions go but a very little way.

3879. Chairman.] Are the Committee to understand that the greater portion of the funds is derived from the interest of legacies?—Yes, and the legacies themselves. The capital and the interest of the smaller legacies are expended, and the larger ones are funded.

3880. Mr. Grogan.] Have you latterly been obliged to draw upon your capital for the maintenance of the institution?—We frequently are obliged to draw upon our capital for the maintenance of the institution, and then we get it replaced by legacies, probably.

3881. Are the annual subscriptions insufficient for the maintenance of the institution?—They are quite insufficient for the maintenance of the institution.

3882. Are you acquainted with the hospitals in Dublin?—I have been into several of them.

3883. Chairman.] Have you been there lately?—I think it is about two or three years since I was there.

3884. Did they strike you as being fitted for the purposes of medical instruction?—I thought them very nice hospitals; rather small.

3885. Do you think that a large hospital is necessary for a complete system of medical instruction?—I think it is very important. You cannot have a variety of cases sufficient in a small hospital; but then, in Dublin, that is made up for by there being many small hospitals in the same place.

3886. Do you think that in a town like Dublin, medical instruction would be better given in a large central hospital, than it is now given in the small hospitals, under different medical men?—I think, for medical instruction, it is always desirable that there should be more than one hospital.

3887. Do you think that the rivalry and emulation which exist between the different schools, attached to the different hospitals, improve the general instruction given?—Very much; competition is very important.

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3888. Is that competition a source of profit to the medical men, as they are paid by fees received from the pupils?—I meant to say that the competition of the different hospitals is a source of knowledge; the knowledge of one hospital being very soon in a metropolis communicated to another.

3889. What is the smallest possible number of beds necessary to put a hospital into a proper position to become a medical school?—At the College of Surgeons in London we do not recognise any hospital, as fit for a medical school, that has less than 100 beds. Indeed, in London we do not recognise any that have not 150; but most of our hospitals in London have many more.

3890. The number of beds in the four principal hospitals in Dublin is, in the Lying-in Hospital, 103 beds, solely for lying-in women. In Steevens' Hospital there are 222 beds; in the House of Industry there are 312 beds; and in the Meath Hospital there are 100 beds; medical instruction is given in each of them separately; is that a sufficient number?—I should think 100 sufficient for a Lying-in Hospital; but I am not so conversant with that part of instruction; and I should think 200 and 300 beds were sufficient. I should think 100 beds rather small.

3891. In that number, of course, you suppose that every form of disease is admitted?—Yes.

3892. That is necessary?—Yes.

3893. Mr. Grogan.] Do you recognise 100 beds in a hospital out of London as affording sufficient instruction for pupils?—We do recognise it; but we had rather they had 150.

3894. You are acquainted with the medical standing of the Dublin school, and the medical works emanating from it?—Yes.

3895. Do you consider the school to work satisfactorily?—I think it is a very good school.

3896. Chairman.] Do you think it produces as eminent men as other schools?—I do think so. I do not think there are any men superior in standing to the Dublin medical men.

3897. Mr. Grogan.] For the purposes of a medical school, would you consider that hospitals unable to be maintained by voluntary subscriptions have a fair claim to the continuance of the public grants?—I think it is very important that they should be maintained in some way; and if they cannot be maintained by private subscription, it is desirable that they should be supported otherwise.

3898. Could the three large hospitals in London, Bartholomew's, St. Thomas's, and Guy's, be maintained by subscription alone, independently of endowments?—There would not be the smallest chance of it; there are some of the small hospitals in London that are not maintained now; the Westminster Hospital, which is a very nice hospital, has many empty wards.

3899. General Buckley.] Has not there been an immense sum of money laid out in rebuilding and repairing Westminster Hospital?—I believe so. I know that many of the wards are empty.

3900. Mr. Percy. Is it the same with the University Hospital and King's College Hospital?—King's College Hospital has no funds to maintain it, and the hospital belonging to University College has no funds to maintain it.

3901. Chairman.] Do you think that hospitals are best governed by a body of governors, or by a central Board?—I think they are governed best by a body of governors; the interest of the patients is more looked to by the governors in London than by the central power in Paris.

3902. Are all the London hospitals governed by a body of governors?—Yes; I believe all of them.

3903. Why do you think that the mode of government is better in London than it is in Paris?—At St. George's Hospital, and I believe it is the same at all others, there are a certain number of gentlemen who devote themselves very much to the management of the hospital, and take a great deal of trouble about it, and look into it personally, which could not be expected of any central authority.

3904. Do you think the hospitals in Paris are deficient in respect of inspection?—I cannot speak positively about them; it is only from my general impression, what I have heard, that I can speak; but I have understood that the medical officers of the Parisian hospitals have very often complained of the patients not being sufficiently nourished, and attended to in other ways.

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3905. Do you think that the medical attendants on a hospital are better paid by fees received from pupils than they would be if they received regular salaries?—I think so.

3906. Do you think that it is a better mode of payment?—I think so; much better.

3907. Is it a greater stimulus to exertion?—Yes, much greater; I think it is altogether better; they feel that they are upon a better footing.

3908. Is that mode of payment generally adopted in London hospitals?—Yes, it is; at some of the Royal hospitals there are some salaries, I believe.

3909. Is the principal portion of the payment derived from the students' fees?—Yes.

3910. How long must a pupil attend the London hospitals in order to obtain a degree from the College of Surgeons?—I believe we require three sessions for the Member, and five for the Fellow.

3911. How long does it take to go through three sessions?—About three years. There are three winter sessions.

3912. Is the number of patients in the London hospitals kept up to an equal number throughout the year?—Yes, I believe so; they are at St. George's Hospital.

3913. Are there fewer patients in the hospitals in London in the summer than in the winter, when a greater number of pupils are present?—There may be sometimes a difference, but not much.

3914. Do you think it is advisable to keep up an equal number of patients all through the year?—I think there should not be any great falling off; but in this town there is no danger of that.

3915. Mr. Percy.] No restriction is ever made in London in that respect?—No.

3916. Mr. Grogan.] From your knowledge of the circumstances of Dublin, do you consider three general hospitals too many, or too few?—I think that those alone would hardly be sufficient for Dublin; besides which, in a metropolis, the hospitals belong not merely to the metropolis itself, but to the whole country, and a great many cases, I dare say more in Dublin than in London, are sent up from the country to the metropolitan hospitals.

3917. Dr. Brady.] Do you think it would be advisable for the London hospitals to be placed under the guidance of the Poor law Commissioners?—No, I do not think they would manage them so well as the governors. The governors have more bowels of compassion.

3918. In your opinion, would it tend to lower the institutions of Dublin, as educational establishments, if they were placed under the guidance of the Poor-law Commissioners?—Yes, I think it would.

3919. And the public, necessarily, would be the losers?—Yes, certainly.

3920. Chairman.] Do you think that the Lock Hospital for females is an institution that ought to be supported by Government funds?—I think so. I think there is no reason why it should not.

3921. Do you think there is a greater difficulty for obtaining subscriptions for hospitals of that kind than for other hospitals?—Probably there might be.

3922. Do you think that there is an indisposition to subscribe to a hospital for such a purpose?—Yes.

3923. Do you think that instruction in the venereal disease in female patients is necessary for a complete medical course for a pupil?—Yes; it should be seen in women as well as in men; at the same time there is not much to be learnt in seeing it in the woman beyond seeing it in the man; only some few particular points.

3924. Are there female venereal wards in the London hospitals?—I believe in some of the city hospitals there are special wards for women afflicted with the venereal disease.

3925. Do you admit them to St. George's Hospital?—They have not special wards in that hospital; a certain number are admitted, but the rule is not to admit them, because the Lock Hospital is now moved away; it was close to St. George's Hospital, and it was not then thought necessary to admit the venereal cases.

3926. Do you think there is sufficient means in London for the cure of unfortunate women afflicted with this disease; is there a difficulty in their getting relief in a hospital?—I suppose there is hardly sufficient means for their relief,

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Sir B. C. Brodie, Bart. but I could not say positively; women of that kind are admitted into the workhouses.

26 May 1854. 3927. Mr. Grogan.] Considering the medical school of Dublin as it has proved itself, is it in your opinion a national object that it should be maintained in its efficiency?—I should think so; it is very important.

3928. Chairman.] I need hardly ask you whether, if the hospitals were either done away with or their number of patients materially reduced, it would be the means of almost extinguishing the school?—I think if the number of patients were much less than at the present time, it would very materially damage the school; you could hardly have a school.

3929. I suppose that the number is hardly sufficient as it is?—It is hardly sufficient as it is.

3930. Then a very small comparative reduction in the number would have a bad effect upon the school?—Yes.

3931. Lord A. Hervey.] Do you think that a hospital where fever patients alone are admitted is of any use as a school for medical instruction?—No, I think not; it would come under the head of special hospitals; and for the most part I do not think they do any good. Those who attend specially only to one class of diseases, or to one sex, miss obtaining a great deal of knowledge which they would obtain from more extended practice.

George H. Lindsay, Esq., called in; and Examined.

G. H. Lindsay, Esq. 3932. Chairman.] WERE you Chairman of the North Dublin Union?—For about four years.

3933. Have you resided principally in the neighbourhood of Dublin?—Yes.

3934. Are you generally acquainted with the state of the town and the neighbourhood, both as regards the people and the general state of affairs?—Yes.

3935. Have you given your attention to the hospitals in connexion with the workhouse?—I have a good deal.

3936. It was stated by several witnesses that a great deal of contamination of young females went on from their association with bad characters; have you any statement that you wish to offer to the Committee upon that point?—Of course I think it would be very desirable that any poor woman who wished to be cured of the venereal disease should be cured in a Lock Hospital in preference to a workhouse; and of course very desirable that bad characters of any sort should not come into a workhouse; but that cannot be prevented. But from the care that we take about keeping those women who are cured of venereal disease away from the rest, I do not think that those people have an opportunity of contaminating the inmates of the workhouse very much, and certainly not the young girls.

3937. Is it not the case, that when a girl arrives at the age of 15, by the law she is taken out of the children's class, and placed at once in the adult ward amongst the general class of the workhouse?—It is the law; but I have been so extremely anxious about the training and education of the children in the North Union, that I have always strained the point, and I have kept these girls till they were 16 in the school class: those few that did not get out before 15, either as servants or to their friends, and so forth, I have always managed to keep in the school class, so as to keep them entirely separated from the general body of the house; and perhaps the Committee will be surprised to hear, that from the 1st of January 1852 till the 25th of March last, not one single girl in the North Dublin Union passed from the school class into the adult class. Now I was aware that it hardly ever happened, but still I was so anxious to be sure about the point that I had a return made, and I have the return of the master of the workhouse to that effect; and perhaps the Committee will be rather more surprised when I tell them that for the whole four years that I was chairman of that Board, not one single girl that had been trained in our school returned to the workhouse as a prostitute.

3938. Sir T. Burke.] How did you manage the dietary; did you keep them upon children's diet, or adult diet?—The children's diet is as good as the adult diet, because the children in our workhouse have three meals a day, the adults have only two meals a day; and if you may judge from the appearance of the children, and their health, you would find no fault whatever with our diet.

3939. Chairman.]

3939. Chairman.] As chairman of the union you took upon yourself the responsibility of extending the term of these children for one year?—I certainly did, the few that did not get out; most of them got out before 15.

3940. Did you provide them with situations?—Numbers went into situations as servants with different people, and numbers were taken by their friends, and I must confess I am rather proud of the training we give our children in that school; we have first-class teachers for the male and female school; our system is much better, I think, than almost any union I know of in that respect. The guardians of the union abandon their patronage altogether of schoolmasters and schoolmistresses and whenever we want one we merely send to the Commissioners of National Education, and they send us properly trained teachers; we give them rather a higher salary, and in this way the results have been so different from when we appointed our own schoolmasters and schoolmistresses, that it is very striking. With respect to those women who come in to be cured of the venereal disease, in consequence of so many beds being shut up in the Lock Hospital, which I very much deplore, it is not to that extent that people would generally, I think, imagine; for instance, lately when I came from Dublin, a week or so ago, we had only about 20 women with the venereal disease in the workhouse, and our workhouse is very large; it holds about 3,000 people; and they were in a particular ward to themselves; but of those 20, there were only about six or seven that were young women; the great mass of women treated for the venereal disease in our workhouse are old, broken-down people, that have secondary symptoms, and all that sort of thing.

3941. You say that they are treated in a separate ward; when they become cured, do they not go into the general body of the house?—The young women almost always go away as soon as they can; the old broken-down women stay, undoubtedly; but they do not ever mix with the young adult women in the house, for we have a separate classification for the old people; there is a day room for the old people.

3942. General Buckley.] When you say a girl never returns to you after the age of 15, can you trace what becomes of them?—All those children that we apprentice out and send to service we make a rule that our relieving officer shall visit, as far as he can, in the neighbourhood once a month, and report regularly to the Board to say how they are going on, which forms an excellent check upon the masters and mistresses, and upon the children themselves.

3943. Chairman.] Are you aware that very strong representations have been made with respect to the want of classification in the South Dublin Union?—I cannot give so much time to the South Dublin Union, and I do not know the details so well as I do in the North.

3944. How do you account for this great evil, which it has been shown to us in evidence exists in the South Dublin Union, and it appears it is not your opinion that it exists in the North Dublin Union?—All I can say is, that I think workhouses, and every other institution, depend very much indeed upon the way in which they are managed; and I do not think the South Union workhouse is managed so well as the North.

3945. Lord A. Hervey.] Can you say whether the number of cases of venereal patients you mentioned, 20, is about the usual number?—I think about the usual number.

3946. It has been stated in evidence, that after the reduction of the Parliamentary grant there was an enormous increase in the venereal patients?—There was one gentleman, upon whom I have great reliance, mentioned, I think, that there were about 150 cases treated in the course of the year, but formerly, probably we had about 30, so that the increase has been large; at the same time, we seldom have more than about 20. I do not mean by that to say that I do not wish they should be treated at the Lock Hospital; all I mean to say, that there is not that very great difficulty and evil that some people would, I think, imagine.

3947. Do you think it would be desirable that they should be treated in the Lock Hospital, and you should pay for them a certain sum?—I do, provided there is some control over the hospital; but I am afraid, if the Lock Hospital, or any other hospital, was quite independent of Government control of some sort, it might lead to very great expense indeed upon the part of the guardians against the ratepayers.

3948. Mr. Grogan.] Do you attribute the difference in the separation of female
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venereal cases in the North and South Dublin Unions solely to care and management, and the way in which the houses are conducted. An observation was made that the female venereal cases in the South Dublin Union had an opportunity of intermixture, and you drew a distinction between the impossibility, if I understood you, of contamination of the younger girls by the elder women in the North Dublin Union; you attribute that entirely to the management?—I attribute it to the management, and preventing the young girls mixing with the adult paupers of any class; that is, up to the age of 16; and by that time they go away.

3949. Are there any that ever remain with you over 16?—I will not say ever; but from the 1st of January 1852 to March 1854 not one single girl passed from that class to the adult class.

3950. Did any do so anterior to that period?—Occasionally.

3951. Are there any peculiar circumstances in Ireland, such as emigration, which render it a desirable thing for young females of that age to get out of that institution?—I am not aware that any of that class have emigrated from our institution at any time.

3952. But you have strained the law in regard to one year?—I have strained the law to some extent, certainly. I do not think it is contrary to law, because the law gives us a power of keeping our boys upon the farm till they are 16, so that it is very analogous.

3953. Are there about 20 of those unfortunate women, on an average, in the house; the younger ones, you say, generally went abroad when they were cured; have any of them remained, after they have been cured, in the house?—Some may have remained, but that is not the general case.

3954. When they are cured, and in a convalescent state, what becomes of those women?—They stay there in that ward, and then they go. They take their discharge; they hardly ever stay; but those who do stay mix with the adults.

3955. I am speaking of those remaining in the poor-house?—After they are cured, and discharged from that particular ward, they then do mix with the adult class.

3956. When you speak of the number of females labouring under the venereal disease in the workhouse, do you allude to those admitted, and registered under admission as such, or those actually under treatment? Because it has been stated in evidence that paupers suffering from that disease generally conceal it; they mention some other disease, and it is not till some time after that the fact comes out; and the number is so great that an alteration is not made in the book when it is found out afterwards that they are labouring under syphilis, so that our documents cannot be accurate. There may be 50 or 60 in a row, and the medical officer inspects them, and they are put down in the registry; then, one or two days after, it is found that they have syphilis. When you speak of 20 or 30 women, do you mean 20 or 30 women under treatment, or 20 or 30 women registered coming in afflicted with the venereal disease?—I have no doubt they come in concealing their complaint; but the moment they come in they are put into a separate room; they are inspected by the doctor before they are classified at all. The doctor may have made a hasty examination, that may happen; but the moment it is found out, that person passes at once into the venereal ward, and I mean to include those people in the 20.

3957. Sir T. Burke.] With reference to the persons between 15 and 16 years of age, that is a class who have been reared from children in the workhouse, not the parties of that age who are constantly going in and out; you mean children who have been brought up as orphans from the age of eight years; it is that class that you mean, that none of them have been prostitutes, but not the general body of women of that age?—I mean all the girls in the school class under 15 years. I anticipated that you would ask me whether there were any girls of 15 in the body of the house; there are a few, but very few indeed.

3958. Chairman.] Do you agree with the evidence given by Dr. Kirkpatrick, who is the medical officer of the union, where he states, in answer to Question 940, "There are a vast number of young girls reared up in that union, at present upwards of 500; and when they come to the age of 15 they associate with the able-bodied women, and they are allowed to mix with prostitutes without any circumspection or check"?—I cannot answer for Dr. Kirkpatrick, but all I can say is, that I reassert that not one single girl trained in those schools mixes with the prostitutes at all; certainly some girls may lose their places; some few destitute girls

girls will return to the workhouse, and then they are put into the body of the house, undoubtedly.

3959. Was there an order made by the Board that all cases of syphilis should be removed to the Lock Hospital?—Never; it could not be done; it is impossible.

3960. Dr. Kirkpatrick states that it was the custom to send bad cases of syphilis to the Lock Hospital; "It was done to keep syphilis out of the union: as there were some cases reported by the mistress of women who had come in for syphilis, after they were cured, remaining in the ward, and getting the confidence of young girls, and inveigling them out and making them prostitutes. There were some cases many years ago brought before the Board, and a stringent order was passed by the Board that all cases of syphilis should be removed to the Lock Hospital;" did that occur while you were chairman?—I do not know what time Dr. Kirkpatrick alludes to, but all I mean to say is, that if he gave evidence of that sort, he was talking of things that he did not know about, because at present under the poor-law the guardians have no power to send a pauper to any hospital whatever, except a fever hospital; and moreover, the Lock Hospital being in a different union than ours, under the present law, if we were so minded, we could not send a patient to be cured in a union in which our workhouse is not situated.

3961. Do you think he meant that paupers presenting themselves in this state were refused admission, because they knew they could receive admission in the Lock Hospital; is that the way in which his answer ought to be interpreted?—Yes, I think so.

3962. Dr. Brady.] Do you mean to convey to the Committee that all persons admitted to the workhouse are examined for the purpose of ascertaining whether they labour under syphilis or not at first?—There may be some little difficulty in a medical officer examining a woman with reference to that particular complaint upon her admission; but the moment they are admitted, the first thing is, they go into a particular room where they wait in their own clothes till the doctor comes round and examines those people to see what is the matter with them, and then they are dressed and sent to their respective classes.

3963. Is it possible that they may be several days in the workhouse before it is ascertained under what disease they labour?—No, upon the day they are admitted; before the day passes over the doctor examines them all, and they are sent to their classes upon that very same day.

3964. Are they examined as to whether they are labouring under syphilis or not, no matter under what disease they are registered on going in?—They ought to be examined as to what disease they are labouring under; but a woman afflicted with syphilis might conceal it from the doctor, and the doctor might have a delicacy in pressing her upon that particular point, and therefore she might get into the body of the house, and it would be found out afterwards.

3965. General Buckley.] An examination is not always made with reference to disease, but with reference to cleanliness?—The examination is made with reference to disease. Some persons may have a fever attack, some may have some chronic complaint.

3966. Lord A. Hervey.] When it is once discovered that patients are labouring under syphilis, would that be registered in your books?—Certainly. If it is never found out it may not be, but the moment it is found out they are sent into venereal ward.

3967. Dr. F. Kirkpatrick stated that the number was so great that you could not make an alteration in the books, is that so?—No; the moment the thing is found out they are sent into the particular ward for the treatment of the venereal disease.

3968. Mr. Percy.] A question was asked of Dr. Brady, "Is it the case that a great number of the prostitutes who come into the workhouse come in under syphilis and there remain?—They do; they come there to be cured, and in some cases they have even come there for very base purposes; cases have occurred where they have come in to take away virtuous females for the purpose of prostituting them." Then the question is put, "As procurers?—Yes." "Have you known instances in which they have been successful in alluring young and virtuous females out of the institution?—I have; and I have known cases, where, from close inquiries, it has been detected in time to save them; but in some cases it has not come to our knowledge until it was too late." Are you aware of the

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correctness of that?—A woman, a prostitute, or any other ill-disposed person may find her way into a workhouse, and may have conversation with people working in the laundry, or any other department in the workhouse, and they may say to them, "If I was you I would leave the workhouse and go upon the streets." They may have said it; and there have been whispers from time to time about those sorts of things; and whenever there has been a whisper, I, for one, and several others, have been anxious to trace the thing, and endeavour to have it proved; but, to the best of my recollection, not one single case has been proved.

3969. Mr. Grogan.] The whispers are among the Board?—Perhaps an officer may suspect that a woman is not of a good character; but we never have proved a case. I do not mean to say that such cases have not occurred; I dare say they have; but I think people are very apt to speak more from hearsay than from absolute proof.

3970. Mr. Percy.] But it is alleged here, or at least the answer implies that prostitutes who come into the workhouse come in under syphilis, and there remain, and that there is no classification, and they go into the other wards, into wards where there are young females, and consequently seduce the young females out of the institution; in short, become procuresses?—All I answer to that is, that most of the young women who come in labouring under that disease go out when they are cured, and it is only the old broken-down women who remain. Such an offence may take place in any society, in a workhouse or out of a workhouse; because out of the workhouse there is no classification of people; people are liable to be seduced; but as to making the thing a system in the North Dublin Workhouse, I must confess that I was annoyed when I saw that evidence.

3971. There is no doubt that there is no classification with respect to those women; those women who are prostitutes, after they are cured of the venereal disease are admitted into the adult class, into which adult class are also admitted girls of the age of 16 and upwards?—There are some few; but there are numbers of other women who have come in there with illegitimate children.

3972. Is there any classification with regard to them?—No, they mix with the others; and for my part I confess I am rather against a separation. The conduct of those people, generally speaking, is uncommonly good in the house.

3973. General Buckley.] I suppose they remain, like every other pauper, because they have no means of living out?—Yes, just so.

3974. Chairman.] Does your knowledge of Dublin enable you to form any opinion about the hospitals?—I would rather not trench upon that subject.

3975. Do you think there are any special circumstances with regard to Dublin, which gives Dublin a claim for Government support for the hospitals?—First of all, everybody of course agrees that they have a great claim, on account of educational purposes for a medical school, but there is one point which has struck me very much, which is this: In the year 1845, Sir Robert Peel took the charge of the constabulary from off the cess-payers of the counties in Ireland, and relieved us to a great extent from their charge; and it was said that as a set-off for that relief to Ireland, at the same time, a large portion of money was given out of the Consolidated Fund towards the payment of the salaries of the medical officers in England, and also towards literary teachers, as a sort of a set-off for the boon he had given us by relieving us from the charge of the constabulary. But Dublin derived no advantage whatever from that; in Dublin, and within the rural parts, of the boundary of the borough of Dublin, we pay every farthing of the expense of our police; we derive no benefit whatever in the same way as the counties derive it; and at the present moment we pay about 8d. in the pound in the city of Dublin for the metropolitan police, which amounts to about 20,000 l. a year. Therefore, it appears that, if a boon was given to England of about 80,000 l. a year, though the rural parts of Ireland may not have a reasonable claim upon that ground, still I think the city of Dublin has a very great claim upon that ground, because it did not participate in the relief which was afforded to the counties.

3976. Mr. Grogan.] Do you consider that the metropolis has any claims upon the ground of its being the metropolis, and the change it has suffered by reason of the transfer of its wealthier inhabitants to the country?—I think there will be an attraction

attraction up to a metropolis, particularly if you have excellent schools of medicine, hospital accommodation, and so forth; people come up to Dublin to be cured, and so long as you have grants in Dublin, I am not sure that you have any very great right to complain that you attract some people.

C. H. Lindsay,
Esq.

26 May 1854.

Jovis, 22^o die Junii, 1854.

MEMBERS PRESENT.

Lord Naas.
Sir Frankland Lewis.
Sir John Hanmer.
Mr. Percy.
Mr. Grogan.
Lord Alfred Hervey.

Sir Thomas Burke.
Mr. Kershaw.
General Buckley.
Mr. Whitmore.
Mr. Shirley.

THE RIGHT HON. LORD NAAS, IN THE CHAIR.

The Hon. Joceline William Percy, a Member of the House, Examined.

3977. Chairman.] HAVE you taken for some years much interest in the London hospitals?—I have.

3978. Have you any statement which you wish to make to the Committee relative to the propriety of mixing fever patients with patients suffering under non-infectious diseases in the general wards of an hospital?—I have communicated with three of the principal hospitals at the West End of the town in order to obtain from them an account of the manner in which they dispose of their fever patients, and with the permission of the Committee I will read the letters which I have received without further comment. The first is from Mr. Hammerton, who is the resident physician of St. George's Hospital: "Dear Sir,—In answer to your inquiries with regard to cases of fever admitted into this institution, I beg respectfully to inform you that they are distributed in the various wards indiscriminately among the other cases, and from my experience of nearly 30 years I can safely say, I have never known the fever to spread in the hospital, or any bad effects to result to any of the other patients." The second letter is from Dr. Hawkins, of the Middlesex Hospital: "My dear Sir,—In answer to your inquiry as to the manner in which cases of fever, and of other disorders usually considered infectious, are disposed of in the Middlesex Hospital, I beg to state, from my experience as one of the physicians to that institution during upwards of 20 years, that cases of fever of all kinds, and of any disorder which, under certain circumstances, has proved infectious, except small-pox, are purposely dispersed as much as possible amongst the different physicians' wards, so as to be distributed as widely apart as possible, and that several similar cases of that description are never collected together in a single ward. The consequence of this practice has been that never, within my experience, has any disorder spread by infection in the wards of the Middlesex Hospital; whereas, from a contrary practice, I cannot but believe that such an evil would have taken place." The third letter relates to the Middlesex Hospital also. It is from Mr. Corfe, who has the actual disposal of the patients: "My dear Sir,—In reply to your inquiries, I beg leave to inform you that during the period of 23 years in which I have held the office of resident medical officer in this hospital, the usual practice has been to place "fever patients" with the other medical cases indiscriminately; though I have never allowed two fever patients to be adjoining each other, but have spread them to the amount of six or seven in a ward with 20 beds, and I have never known a single instance of fever being communicated to another inmate of the same ward. Indeed, I may observe that, during the prevalence of the worst form of typhus, or 'spotted fever,' in 1845-46, we had no cases occur amongst the patients in the medical wards. My experience,

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both at this hospital and at St. Bartholomew's, where the same plan is adopted, confirms me in the steadfast belief that a concentration of the fever poison, by locating the sufferers in a 'fever ward,' is highly prejudicial to the attendants on the sick, and retards the convalescence of the patients. When I was pursuing my early studies at the Wiltshire County Hospital at Salisbury, there was a detached ward for 'fever;' and it was then a common occurrence that fever would spread through the building whenever this ward received four or six cases of that disease; and I am sure that such has never been the case during the period in which I have resided in this hospital. I might also mention, that in 1849 we received 62 cases of Asiatic cholera, and mixed them with the cases of other diseases in the medical wards, and that we had not a single case of the epidemic occurring amongst the patients or the attendants on them. I must not omit to remark that I should never suffer a fever patient to be placed in the bed next to an offensive case, such as a sloughed back, or a paralytic person who soils the bedding, &c., nor do I like them to be in the bed adjoining the ward's water-closet, if possible." A similar mode of disposing of fever cases is adopted at the Westminster Hospital. I have also a letter from Dr. Tweedie with respect to the Fever Hospital, which confirms Dr. Corrigan's account. He says: "Each physician of the Fever Hospital has a gratuity of 105 *l.* voted annually; the physician of the Small-pox Hospital has a salary of, I believe, 50 guineas; the physicians of the Fever Hospital have the privilege of admitting pupils to witness the practice, but for many years past there have been no applicants. I believe I may give the same answer as to the attendance of pupils at the Small-pox Hospital." In 1850, I had drawn out for me a statement as to the cost of a bed in a London Hospital of about 260 beds, in which the estimated cost of a bed, filled by a patient 365 consecutive days, is 34 *l.* 12 *s.* 9 *d.*

3979. That is nearly a third higher than the estimated expense in the Dublin hospitals?—Yes.

APPENDIX.
