**THE STATE CIVIL MEDICAL SERVICES,
WITH SPECIAL REFERENCE TO THE POOR LAW AND
THE REORGANIZATION OF THE HOME
CIVIL MEDICAL SERVICE.***

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THE STATE CIVIL MEDICAL SERVICES.

BEFORE a State service of doctors came into existence in this country, doubtless aid of a kind that was at the time considered adequate was forthcoming, but that aid, satisfactory in its nature as it might have been and probably was, although freely given, was not at the service of the State; and no one except the man who could pay could command it to meet any particular necessity or emergency. To-day State service of one kind or another is so common that we may take it as permanently established; also, that the principle involved in the maintenance of such services at the expense of the State and for the advantage of the community is universally accepted and acted upon without demur or question.

The growth of this State Civil Medical Service has been slow, but not many years pass without Parliament giving sanction and financial support to the creation of a new section in this medical service. Quite recently there has been established the medical officer for the examination and physical care of school children, and another for the control and supervision of the new order of midwives, and there is already an inspection over public nurses.

Many of you here to-day hold one or more offices in this State Medical Service, and most of you know from personal experience the present working of the medical service of the Poor Law—the oldest branch; others know the machinery of the public health branch, which has by now reached a respectable age, having been born in the year 1848; and others still are finding out how to carry on the newer services which doubtless will gradually expand, perhaps to great proportions. However extensive our individual knowledge may be in any particular division or branch of this public service, I hope that the result of an effort at gathering a short story of the evolution of the ordinary State civil medical services may prove of interest to you as it has proved to me.

As the civil medical services are certain to increase and to gain greater and greater importance with the onward march of events, it is clear to my mind that the best interests of the State, as well as those of the profession of medicine, will be served only if medical men throughout the country will periodically take under review the policy of the State in such matters, and duly consider such policy so as to be able to offer sound advice to those who are more immediately concerned with the regulation of State matters than we are, or are likely to be. In the consideration of such subjects it is not a question of one medical man finding fault with another one in ethical or any other matter, but a question of getting one and all to see eye to eye and to guide the public in the way that the knowledge doctors especially possess determines and dictates. By all means let us be doctors first, but, being doctors, let us devote our knowledge at any rate to the welfare of the community at large, and do this in an organized and systematic way, and not only as individuals, one here and there, perhaps crying in the wilderness with no one near enough to hear our voices.

Now, if we take a look back upon the time before the reigns of Henry VIII and Elizabeth we may picture to ourselves a condition of affairs in which industry apart from agriculture with its side shows may be regarded as absent. During and up to this period all men, women, and children engaged in the national industry, agriculture, were always welcome to a share of the food and clothing that the farm or estate could produce and provide, and so it was that want, except

in the case of the lazy and the good-for-nothing folk, perhaps never arose, certainly not to such an extent as to demand systematic treatment on the part of the State. It must not be forgotten, however, that up to the reign of Henry VIII the religious foundations throughout the length and breadth of the land rendered the special service of providing for any extreme want, either in food or in clothing, but this was purely a matter of charity.

The members of these religious orders, among whom the intellectual faculties were cultivated, could deal with matters requiring knowledge and foresight in a larger way than the common people; hence it was that in times of scarcity, from a bad season perhaps, the granary of the monastery and its store of wine and food, each of which was constantly kept replenished, was ever ready to meet emergencies. When Henry VIII quarrelled with the Church as then constituted and determined to abolish the religious foundations by confiscating the buildings and other properties, the moment his wish was carried out a magnificent organization for the distribution of charity was swept away, and ever since we have been struggling with a mixture of State and private help, often hopelessly inadequate, not in the main from want of means but from lack of an organization which could embrace all that which is due to a member of the State and that which Charity says should be offered even if not due or deserved. In consequence of the disorganization which followed upon the abolition of the monasteries the old charitable channels dried up, and nothing much remained except the unorganized charity which private persons did undertake.

When in the reign of Elizabeth industries of all kinds began to arise, for the first time in our history communities or colonies of men, women, and children were needed to develop those industries. At this time the master who paid a wage for work done came upon the scene, and men, women, and children were employed not only for the purpose of supplying themselves with food and clothing, but also for the very important purpose of giving that stimulus to the brain of the man who desired to make capital, either for his own welfare, for that of the community he lived in, or for the amassing of wealth which could bring in its wake power to himself and to his descendants.

The master who had his eye upon amassing wealth was apt to lose sight of the fact that the more he amassed the more he got out of his workpeople, and, at times, this may have led to oppression; further, it may have led to what is of greater significance—namely, the regulation of the work to meet the fiftful demands of purchasers. Busy times were all to the good, but slack times to people unaccustomed to hoard for a rainy day were ever unwelcome. Besides, that feeling which the landowner and farmer had towards all who worked for them, and for whom they were in a measure responsible for feeding and clothing, gradually gave place to the feeling that it is all a business concern—work being paid for in money, leaving no balance of indebtedness from employer to the labourer—a soulless thought which has engendered many a needless struggle. The outcome of this new industrial development following upon the abolition of the religious foundations was to bring into prominence the presence in the country of those who were unable to provide themselves, through misfortune or disease, with sufficient food, clothing, and shelter.

This evil grew to great proportions, and in the forty-third year of the reign of Queen Elizabeth an Act was passed by Parliament to meet the evil and to provide relief for the poor. The organization for distributing this relief was first constructed at this time, and to-day the same organization with minor modifications is still in force.

In this reign provision was made only for relief in the way of food and shelter to the poor, and it did not occur to the authorities then, nor for some 150 to 200 years after, that the poor, in addition to help for keeping body and soul together, were deserving of medical and surgical relief; indeed, not until the

* Read before the meeting of the Cambridge and Hunts Branch of the British Medical Association, December 3rd, 1909.

early part of the reign of George III is mention made in the public Acts of medical relief. The justices of the peace were at this period empowered to order medical relief to the inmates of workhouses, and for the first time in our history there was called into existence a system by means of which medical relief was ordered and paid for by the State—to be correct, by the parish and its vestry, which was then the administrative body for such purposes. We find that between the years 1750 and 1800 the practice of giving medical relief systematically and at the public expense gradually established itself, and about this time parishes began to appoint medical officers who were regularly employed. This practice was almost confined to the south, east, and centre of England until the year 1834, when the Poor Law Amendment Act was passed. Although the practice of giving parish medical relief at the public expense was in actual working order at this period in about half of the parishes in England, yet the subject of medical relief is mentioned only once in the Poor Law Amendment Act, 1834, and then it is for the purpose of extending the practice confined to the inmates of workhouses in the reign of George III—namely, of conferring a power upon the Justices of the Peace to order medical relief to a person in cases of sudden and urgent illness.

Up to the year 1834, as I have said, the unit for the administration of relief was the parish, and the body for such purposes was the "vestry"; therefore, whatever was undertaken for the relief of the poor was under the charge of the vestry, and the medical man was appointed, if at all, by the vestry, consisting of churchwardens and overseers.

Now, on the passing of the Poor Law Amendment Act in 1834, the most important change in the administration of the Poor Law that occurred was the combination of two or more parishes into "Unions" controlled by a board of guardians, the members of which are elected in proper representative proportions from the different parishes composing the union. With this change the appointment of medical men to give relief to the sick poor was transferred from the hands of the vestry to those of the guardians; and the Commissioners appointed to administer and put into working order the Poor Law Amendment Act issued an order to all Unions throughout England and Wales to appoint medical officers for the care and relief of the sick poor. Accordingly, after 1834, the Boards of Guardians throughout England and Wales, being the administrative authorities for a union of two or more parishes, in due course proceeded to elect medical officers to attend upon the sick poor.

Therefore, not only were the inmates of the workhouse looked after, when sick, by a properly appointed medical officer, but, further, all the unions were compulsorily ordered to take steps to make similar provision for those in receipt of outdoor relief and those who were unable to provide medical relief for themselves.

It was this action on the part of the Poor Law Commissioners that secured for England and Wales, for the first time, the provision of medical relief to the sick poor generally at the expense of the community.

It will especially interest us if we look for a moment at the mode of election of such medical officers, for it reveals the condition under which medical men then worked, and, moreover, gives a clue to the cause of the general dissatisfaction that subsequently arose in the ranks of the medical profession. This mode of election was what is known as the "tender" system, which means that the medical work of the union was yearly let out to medical men, and that the lowest bidder obtained the appointment. There was no security of tenure, and in consequence the appointment soon became of the value it would fetch as an advertisement to a doctor who wished to retain an office he had once held or to one who wished to set up in a new district and desired something to which he could hang on and by which he could legitimately show himself in the area of the union. Owing to this and other causes it was not long before discontent arose not only among members of the medical

profession, but also among the poor and their friends.

The doctors complained of the system of election by "tender"; of the insecurity of tenure; of the largeness of the area which they often had to travel; of the smallness of the stipend, and, to their credit be it noted, of the difficulties put in the way of the poor in obtaining medical relief in cases of urgent or sudden illness; lastly, of the incompetency of many in their own ranks, who, in their opinion, should be compelled, before being entrusted with the duty of attending the sick poor, to seek greater education, wider knowledge and experience.

Remedial measures were not adopted until after the year 1839, when a Committee of the House of Commons reported upon the working of the Poor Law, and in consequence of this report the election by "tender" was abolished by an order of the Poor Law Commissioners.

This action of the Commissioners removed only one of the causes of discontent, and so it was that agitation was kept going. During this time and on to the year 1844, the one man in the profession who seems to have been the champion not only of medical men but also of the poor was a Mr. G. W. Guthrie, who was President of the Royal College of Surgeons (England) in the year 1833. His efforts were seconded by the Council of the Provincial Medical Association, a body that preceded and gave birth to the present British Medical Association. Curiously enough Guthrie, the champion of the medical profession, was met by an equally capable, resolute, and just-minded man, a Commissioner, by name George Cornewall Lewis, whose paramount duty was to guard the interests of the members of the community and the State. He, however, appreciated the position of the medical men, and did all in his power to further their interests so far as that was consistent with his duty as Commissioner. Before going any further I will read a letter from the Council of the Royal College of Surgeons of England to the Commissioners in the year 1835, soon after the Poor Law Amendment Act was passed.

To the Right Honourable the Lord John Russell, His Majesty's Principal Secretary for the Home Department.

The Memorial of the President, Vice-Presidents, and Council of the Royal College of Surgeons in London, respectfully sheweth,

That several members of the College have complained to your Memorialists, that under the orders and regulations issued by the Poor Law Commissioners persons have been appointed to the surgical charge of the sick poor who are not duly qualified to practise surgery.

That such appointments are injurious to the members of the three Royal Colleges of Surgeons in the United Kingdom, and manifestly dangerous to the poor.

That as the Society of Apothecaries of London are not authorized to examine their licentiates as to their proficiency in the art and science of surgery, such licentiates cannot be regarded as qualified to judge of the operations and other ministrations of surgery, on the skilful performance of which human life imminently depends.

That by an Act of the 4th of His late Majesty, cap. 64, relating to gaols and houses of correction, it is required that the surgeon to each of such gaols and houses of correction should be a member of one of the Royal Colleges of Surgeons.

That your memorialists cannot but believe his Majesty's Government feels as much, or greater, interest for the poor as for criminals; and respectfully, but earnestly, request that it be an instruction to the Poor Law Commissioners to adopt the principle of the said Act in the future appointments to the care of the sick poor of the several parishes or unions in England and Wales.

(Signed) JOHN G. ANDREWS, *President*.
ASTLEY COOPER, } *Vice-Presidents*.
ANTHONY CARLISLE }

29th day of July 1835.

If we subject this letter to criticism, it will be observed that the two reasons given for the action taken by the members of the College are—one, that the members are not afforded that protection in the practice of their profession which protection they were led to expect and which they thought they were entitled to in virtue of the trouble and expense they had incurred in the acquisition of the diploma of the Royal College; and the other—that the sick poor were not treated in the manner they ought to be, because many of the medical men were not

properly qualified to undertake the work; in plain words the apothecaries were not surgeons, and it was stated they were not capable of performing the service, always in demand, that the surgeon could and ought to be able to render. One motive of the members of the Royal College of Surgeons was to improve their own position, and the other was to secure for the poor the best skill then at the command of the State.

The doctors did not, however, obtain all they wished and asked for, but they did get (1) the appointment by election of the Guardians with the approval of the Poor Law Commissioners; (2) security of tenure, for the appointment is for life, subject only to good and proper behaviour; (3) payment, in part as a yearly stipend, and in part as extra fees for special work, fixed by the Poor Law Commissioners and not alterable by the guardians; (4) all doctors appointed after 1844 required the diploma of the Royal College of Surgeons, as well as one from the Royal College of Physicians or from the Apothecaries' Hall. In this way the services of properly qualified medical men were secured for the sick poor, and the medical men themselves were satisfied with the conditions of the service and with the remuneration they were to and did receive.

No change has been made in the condition of the Poor Law medical officers since this date—1844—and to-day the salaries are much as they were nearly seventy years ago; the fees for extras have not been altered, and the conditions under which medical relief can be obtained are unchanged, with the exception of the abolition of disfranchisement; the regulations or conditions of appointment, the characters of the qualifications, and the right of holding the office during good behaviour remain the same.

The doctors further held that the poor should in cases of emergency and even in case of ordinary illness have the right to send for the doctor at the expense of the parish or community and not be compelled first to seek an order from the relieving officer, who either lived far distant or was away from home attending to official or other duties; for unless an order was obtained the doctor had no claim for payment from the union, and if he went it was at his own expense. Delay that was dangerous to the lives of the sick poor occasionally arose in consequence of too close an adherence to such a system.

Guthrie very strongly supported this demand, not only, be it noted, in the interests of the medical men, who then, as now, did more in the way of charity than was their proper share, but also because he felt that any one who was taken suddenly ill had a right to the services of a doctor; and he maintained that the union should, in case the person taken ill was poor, pay on demand made by the medical man. The Commissioners resisted this demand, and laid it down as an essential principle of the Poor Law that no one is entitled to relief in any shape or form from the union unless he or she be destitute; but in case a person obtain service and is afterwards found to possess means, the cost of keep to the guardians shall be recoverable if necessary by action at law.

Had Guthrie's view prevailed, namely, that any one has the right to the service of the doctor if taken suddenly ill, and this at the public expense, I feel sure that we would have with us to-day, not voluntary hospitals here, there, and everywhere, but large State infirmaries in each union or district with a full staff of officers, physicians, and surgeons, drawing, perhaps, handsome salaries from the State. It may be that it is well that State infirmaries do not exist except in special cases.

The public has always sympathized with the poor, as seen in the maintenance of hospitals where the poor can go and are sure of receiving the best advice and help at the command of the institution free of charge. If we look back upon hospitals we see that they arose to give help to the sick poor, and our oldest institutions date back long before the time when the first Poor Law Act was passed in the forty-third year of the reign of Queen Elizabeth. So far as we know, such hospitals have always drawn to them men of the first rank in the profession of

medicine; men who have given their services in lieu of the opportunities they receive for practice and study; each side, the poor and the doctor, has been mutually benefited and the generous public has indirectly reaped advantages of no mean order. As hospitals grew in importance, in numbers, and in accessibility the poor went to them in larger and larger numbers, and the special work of the Poor Law medical officer became less and less, until at the present time it is comparatively small except in some large towns where an important union infirmary (one or more) is still a necessity.

Where the Poor Law system failed the voluntary hospital system succeeded, and to-day, I venture to think, we all rejoice that our hospitals are open to all sick alike in case of emergency, to the rich only in case of urgent illness, to the poor for minor ailments, prolonged illness, or simple and severe operations. The poor can in this way, through the charity and good feeling of their fellow beings, seek and obtain medical relief of the highest order. Those who are thus helped are expected, if circumstances permit, to help others in their turn, and relief is given, not because the individual deserves it but because he is suffering.

Our Poor Law system, then, is legally only prepared to render service in case of destitution and not without a special order from a duly appointed officer—relieving officer of the union; and this is not given without evidence that the applicant is destitute or necessitous. In the case of our hospitals, on the contrary, charity provides advice and help for all who are in need of her services. True, this charity is abused now and again, especially in hospitals with medical schools attached or with teaching functions; it is doubtful, however, if the abuse is more than what human beings like to tolerate.

Having so far referred to the Poor Law in a general way, and to the relation the medical profession bears to it, the next step that naturally follows is a reference to the medical relief section of the report of the last Royal Commission on the administration of the Poor Law. I will refer to the report of the majority only. In it there are submitted for consideration *two great principles* with the view of improving the present system of dealing with the sick poor who are destitute, and who throw themselves upon the State for help. The *first* is that a regular service of inspectors be appointed, drawn presumably from the ranks of the medical profession, to inspect the work of the officials and to see that proper attention is given to the sick poor, whether treated in Poor Law infirmaries or at their own homes. Dr. John Price of Llangollen,¹ in the year 1844, advocated this system, but not without first making the officials independent of local influence—a condition, I venture to think, essential to the success of any such scheme. Medical inspectors under the present system may do their work well enough, but if the parish doctors or those who may replace them are kept under local control, it will not be easy for an inspector to say what he thinks he ought about the care of the sick, and at the same time do justice to the official, who will be judged not by men who possess the requisite knowledge to give a proper judgement, but by men who are for all practical purposes devoid of that knowledge, and who are easily influenced by local prejudice, and who may have a friend ready to take on the work. This is what was done from 1834 to 1844 and likely enough will be done again if opportunity be given.

The *second* principle is, that the sick poor be treated in the same sort of way as members of clubs and provident dispensaries are at present. The authorities by arrangement with such clubs and provident dispensaries would grant orders for the destitute sick to have attendance on application or by visits at home. In relation to this proposal it will be of great interest to you all if I read to you a letter from the Newmarket district, and sent in 1844 to a Committee of the House of Commons which inquired into the working of the Poor Laws.

¹ See letter appended, p. 1344.

TO THE HONOURABLE THE MEMBERS OF THE COMMITTEE OF THE HOUSE OF COMMONS, APPOINTED TO CONSIDER THE SUBJECT OF "MEDICAL RELIEF" IN THE POOR LAW BILL NOW PENDING IN PARLIAMENT.

We, the undersigned medical officers of the Newmarket Union, beg most respectfully and humbly to approach the Honourable Committee of the House of Commons now sitting, and beg to state that the system of remuneration to the medical officers of this union is by a pauper list, for which 2s. 6d. per head is paid, and by a fixed sum 7s. 6d. for every special case. We object to this system; not in principle, because, if fairly carried out, it is one of the best, if not the best, of plans hitherto offered to the profession and to the public. In making any alteration, we feel assured the Honourable Committee will have chief regard to the comfort and advantage of the sick poor. If it were possible, therefore, to adopt a system which would facilitate the communications between the doctor and his patient, in lieu of the present objectionable one of seeking medical relief through an order from the relieving officer, much suffering would be saved to the poor, the protraction of the case would be averted, and life frequently saved; besides saving an immense amount of labour to the ill-paid surgeon. In other words, the paupers seeking assistance by the special order system are often deterred from applying so early as they would otherwise do, from the difficulty of prevailing on the relieving officer to consider their illness sufficiently serious to grant such order; often being told, too, the order can only be granted as a loan; and thus, by delay in proper attendance, urgent, or in some cases mortal, symptoms have set in. In the Independent Labourers' Medical Club, established in this district under the benevolent patronage and high sanction of the Duke of Rutland, the Marquis of Bute, and other influential persons of the neighbourhood, members have the privilege of selecting their own doctor, and apply for his assistance at any time when they feel to require it, without losing time by seeking an order elsewhere. It is to avoid the evils at present inseparable from the plan adopted here that we humbly and earnestly call the attention of the Legislature to modify the arrangements for medical relief in the coming Poor Law bill, so as to put the sick and indigent poor upon a better plan for quickly obtaining assistance when they may be overtaken by accident or by disease; and we humbly submit this desirable consideration will be best accomplished by strengthening the power vested in the Poor Law Commissioners, as we have ceased to confide in the liberality entertained by boards of guardians, who are generally actuated by feelings of economy or local advantages in their arrangements for providing medical assistance for the sick poor. And your petitioners will ever pray, etc.

(Signed)

E. L. KNOWLES.	ROBERT TYSON.
ALFRED JONES.	W. G. STUTTER.
THOMAS LUCAS.	S. M. PECK.
HENRY CALTHROP.	R. FAIRCLOTH.
HENRY MILLER.	

The pay seems to have given satisfaction, but the real drawback, so it was said, was that a patient taken ill had to provide himself or herself with an order from the relieving officer, otherwise the medical man, if he went, did so entirely at his own expense. The choice of doctor lay with the poor.

This plan was adopted for a time in the Newmarket Union, and here, as well as in Northumberland, where the same system was tried under the patronage of the Duke of Northumberland, the scheme failed and fell into disuse. We have every reason to suppose that if tried again it will meet with the same fate.

So far as the medical profession is concerned, the recommendations of the Royal Commission affect it in a very material way.

I take it the suggestion is that the present office of the Poor Law medical officer is to be abolished and that the poor are to be allowed to choose their own doctor or one of several attached to a provident dispensary. If I am right, then I am sure it is time for us to wake up, or else the State will make us contribute not only our share of the rates and taxes, but also a good portion of our knowledge and skill towards the treatment of the sick poor. We shall have thrown upon us not only the burden of the citizen, but also an additional burden in the shape of charity—indeed, we shall be slaves to the community, and shall be regarded as men whose duty it is to pay all rates and taxes, and besides to attend the sick poor on a provident basis. I will venture to say that the members of the medical profession, if ever they accept this position, will deserve to remain slaves, and the State will be quite right in demanding from those doctors not only the contributions every citizen is liable to, but also something no other member of the community can give. We are, I am sure, more than ready to undertake our share in the work of the country, but we ought not to stand such an imposition as the Majority Report

suggests should be thrown upon us. This is nothing less than an imposition, and once put on will hang round our necks for many generations.

The work in connexion with the Poor Law should, I maintain, be properly paid for, and all charity left to charitable institutions. The Poor Law work is what the State is prepared to provide for any one who is destitute or without means to pay for medical attendance, and this work, like any other the State takes in hand, should receive proper remuneration; whereas the work done at a real provident dispensary or at a voluntary hospital is given free of expense, and the honorary medical officers give their services free of charge. They are content with the advantages they obtain from the practice the appointment brings with it, and their services are given not because they desire to render charitable aid to less fortunate members of the community, but because they will indirectly gain knowledge and experience which may prove invaluable to them in the practice of their profession. The doctors and the public gain in more or less equal proportions, and we all reap the benefit the cultivation of charitable thoughts and practices bring in their wake.

We may now leave the Poor Law Medical Service and briefly review the services that have been established since the year 1834. Vaccination officers were created in 1840, and, with modifications as to fees and other minor details, the system continues much the same. The vaccination officers from the beginning were, and still are, appointed by the guardians and approved by the Local Government Board; the appointment is terminable by notice given by either party. The fees, however, have from time to time been modified, and to-day the fees may be regulated by the guardians.

The next branch of this State Medical Service to be called into being was in connexion with public health. In the year 1848 the first Public Health Act was passed. This conferred powers of very great extent and of immense importance upon local authorities, urban district councils, borough councils, and county councils. The sphere in which action might be taken under this Act is almost boundless, for the object of the Act is the prevention of disease; in other words, the maintenance of a standard of health, which standard will, we hope, gradually rise as time goes on.

The conditions affecting food and drink supply, provision of light, air and sunshine, the removal of all substances injurious to the health of the public generally; the prevention of the spread of disease and the prohibition of the conditions known to advance or favour disease, etc., come under its scope.

Well, it is interesting now to note that after all the fuss and bother to obtain security of tenure for the parish or union doctor between 1834 and 1844—four years later the medical profession acquiesced in a mode of election for medical officers of health that it refused for the parish doctor. Accordingly, the medical officer of health, who occupies a position that ranks higher, is paid better, and has thrown upon him greater responsibility than is given the parish doctor, is now and has been since 1848 elected by the local authority, either the union, district council, borough or county council. The appointment, it is true, must be sanctioned by the Local Government Board, but the appointment need not be made for a period extending over one year. Security of tenure is still wanted in England and Wales. London and Scotland have wisely secured it. The want of this security of tenure is often seen, for unless the public are aroused to the necessity of change the local medical officer of health is often powerless to insist on essential reforms, especially where important local people are concerned and where the suggestion of reform, it is thought, would reflect discredit upon such important local folk.

The factory surgeon is another important officer, but this officer, like the prison doctor, is under the direct control of a Government Board—Home Office.

Since the passing of the Education Act of 1907 it has become clear that in order to carry out its provisions medical officers must be appointed to inspect and to see that children are in a fit state of health to

profit by the education given at the expense of the State. In this instance also the medical profession has been found asleep, and the whole matter has been arranged, and, now that everything is for all practical purposes finished, we, as medical men, wake, rub our eyes, and hurry up to catch lost time and recall lost opportunities. This is of no use.

There are other State offices held by medical men to which I need not refer, as I think I have said enough to show that, sooner or later, it will be necessary to review this question in its entirety, and that primarily in the interest of the State, and only secondarily in the interest of the medical profession.

Outline of a Plan by John Price, M.D., Llangollen, to Improve the System of Administering Medical and other Relief to the Sick Poor of the Different Unions in England and Wales; and for the Better Regulation of the Medical Officers, and of the Remuneration for their Professional Services in their Respective Districts, so as to place them in a more Respectable Position than at Present.

1. That a proper number of superintendent medical officers be appointed by the Government, or by the Poor Law Commissioners, to superintend the medical department of the different unions in England and Wales.
 2. That two or more superintendent medical officers be appointed for North Wales, the same for South Wales, and a proportionate number for England.
 3. That a certain number of superintendent medical officers so appointed form a board.
 4. For the medical board so constituted to appoint the medical officers in each district in the division under their control, but subject to the sanction of the Poor Law Commissioners.
 5. That each superintendent medical officer visit the several districts in his division once a fortnight or month, or at some other specified period, to hear complaints and rectify abuses (if any) of the sick poor.
 6. That the medical officer of each district keeps a regular register of cases, and sends or gives the superintendent a copy of the same every fortnight, as is now done to the Board of Guardians of the different unions, for the satisfaction of the Poor Law Commissioners.
 7. That the medical department be entirely from under the control of the Board of Guardians and overseers in each union.
 8. That a proper list of the sick poor be forwarded by the medical officer to either the Board of Guardians or to the relieving officer of each district every week or fortnight, with medical observations on cases when necessary.
 9. That a list of all actual paupers, and a statement of such others as are, under the Poor Law Act, to be attended by the medical officer of each district, be given or sent to him at stated times by the Board of Guardians.
 10. That each actual pauper has cards given to him, to be filled up by the medical officer when the said pauper is ill, and the card to be returned by the pauper to the medical officer on recovery. And that any other person having a right to medical advice, according to the Poor Law Act, may, by right, apply for a card to the medical officer subject to the above regulations.
 11. That the said card so filled up, may be taken or sent by the pauper to the relieving officer during illness for extra assistance, or money, or diet.
 12. That the chairman and *ex officio* guardians (being magistrates) and the board of guardians, do entirely manage the poor of their respective unions in every respect except the medical department; they being always, as at present, subject to the control of the Poor Law Commissioners.
 13. That each superintendent and other medical officers are paid by the board of guardians a reasonable fixed income, regulated according to the population, number of paupers registered as sick, nature and extent of the district, besides for surgical cases, and difficult cases of midwifery, according to the Act of March, 1842, and also for vaccination per case.
- Dr. Price does not recommend the plans of so much for each sick pauper attended, nor for mileage, as both such plans would be open to much abuse, as all frivolous cases might be registered in the one instance, and in the other useless distance visits to the poor might be made.

THE REORGANIZATION OF THE HOME CIVIL MEDICAL SERVICE.

The rapid increase in the amount of work the State throws upon doctors, and the creation of new services, make medical men think not only of how the work can be accomplished, but also how it can be best organized to fulfil the purposes the State has in view, and that in the most effective, useful, and economical way. There can now be no question of seeing how we can do away with one or more of these services, or reduce the amount of the work called for, and so it may be as well for us to realize that no other course is open to us than the course of reorganization of a service that must of necessity become of paramount importance to the State, not merely in the way of treating the sick poor but chiefly along the lines of

preventing the occurrence of disease which for ever threatens men when congregated in communities and subject to the necessities of industrial life.

In order to summarize the work of a State Civil Medical Service we may divide the work into two great divisions, namely, (1) the relief of sickness among the destitute poor, and (2) the prevention of the spread of disease from community to community or from person to person and the promotion of conditions necessary to the enjoyment of good health.

1. The relief of sickness has been done by the Poor Law medical officers. There is one matter I would like to point out here, and it is that in connexion with the Poor Law there have been established large infirmaries, especially in and around London and very big towns. So long as the destitute poor only are therein treated there can be no objection raised whatever the cost of providing what is right and what we ought to supply to our sick poor. But in the Poor Law Commission Report, 1909, it will be seen that in some of the infirmaries patients who are themselves ratepayers get admitted and willingly pay the prime cost to the guardians for keeping them for a short time, for example, in connexion with surgical operations. Now, I maintain, these infirmaries were built and are upheld for one purpose only, and that is to give relief to the sick poor. When, however, a man gets himself into an infirmary and it is afterwards found upon inquiry that he is not destitute the guardians ought to treat him as a private person and call upon him to pay to them, not only the prime cost of his keep but the equivalent of what would be charged him in private life, for similar services and similar accommodation. In short the ratepayers did not sanction the building of Poor Law infirmaries for any other purpose than the treatment of the sick and destitute poor. Further, the medical man elected to the office of doctor to a Poor Law infirmary accepts the office on the understanding that the guardians have no claim upon him for services in addition to those necessary to attend to the sick poor in the House.

2. The prevention of disease has for over half a century been undertaken by the public medical officers of health. This department may, indeed, be said to have begun with the appointment of vaccination officers in the year 1840, and since it has been increased not only in size but in scope, and surely it will continue to do so as time goes on, for our very object in life is primarily to enjoy good health, and that cannot be secured without making the conditions under which we live as near natural as possible. While the department concerned with the Poor Law has remained stationary, that concerned with the health of the community has progressed, and for over half a century our Government has added a new function here and another there, until at last we have reached a stage when I think we ought to gather together the different medical functions now carried out by the State, and see if it be not possible to group them together into line. We have the Poor Law Medical Officer, Vaccination Officer, Medical Health Officer, under the Local Government Board; the Factory Surgeon, under the Board of Trade; and the Medical Officer for the Inspection of School Children, under the Board of Education, etc. The Poor Law Medical Officer, the Medical Officer of Health, Vaccination Officer, Factory Surgeon, Medical Inspector of School Children, and Medical Inspector of Midwives are all of them men educated on the same lines. They, however, work independently of one another and are under different authorities—authorities which have in reality no claim to regulate and control them, except that they supply the means for carrying on these several services.

Why should the Local Government Board deal with and control one branch of this service, the Board of Trade another, and the Board of Education still another? The only answer that can be given is that each Board in its turn found work thrown upon it that its ordinary officials could not perform and so it gave that work to members of the medical profession. We undertook what, in some cases, was right we

should undertake, but in others, the work was thrust upon us with an almost intolerable impertinence.

Be that as it may, the work I now propose to take in hand is to show how a Civil State Medical Service may be organized, and the various functions at present carried out by independent bodies of officers may be brought under one effective control. I maintain it can be no advantage to a department like the Local Government Board to retain control over the medical officers of health, for the community only demands that the work shall be properly done; nor can it be any advantage to the Board of Education to have the medical officers of schools directly under its control, provided the inspection be duly carried out; nor indeed, can it be to the advantage of economy to have the medical work of the State carried out by so many independent boards and so many officers having no connecting link between them. These medical officers are, as I have said, trained medical men; they, one and all, work for the State and are paid by the State. Yet they are in their work independent of one another, and under different authorities which are probably as independent of one another as bodies can possibly be.

The Department of Public Health is perhaps the best organized, and it possesses a large staff of highly trained men with a medical education, though many are necessarily not acquainted, except in a general way, with the practice of their profession. And were I to take any one department as a basis to build up the whole it would be this one; but as my knowledge is necessarily incomplete, and as I am dealing with the matter from the point of view of general policy, it will not be of any advantage to enter upon such details here. The first necessity, so it seems to me, is the realization that it must be to the advantage of the State to have its various, and now independent, medical services united together into one complete whole that possesses the capability of expansion as occasion arises, and that can effectively control the entire field, now in part overlooked by the Local Government Board, by the Home Office, by the Board of Trade, or by the Board of Education.

A board for the regulation and control of the civil medical services would form the fountain head. This board should rank just like, say, the Local Government Board, having the same status, similar powers, with regard to the spending of money allotted to it by Parliament; a civil head, responsible to Parliament; and a professional head with a supporting committee of officials selected from each grade of the service, and perhaps from each one of several large divisions of the whole country. A board thus constituted could undertake the organization of all the work of the State, and, I venture to think, subsequently control it not only to the satisfaction of the country but also with strict regard to economy.

The civil head would be able to represent matters in Parliament, and could at any rate point out the folly of passing measures which throw duties upon medical men that run counter to their professional honour, as was done of late in the case of the Notification of Births Act; for what medical man, I should like to know, is ever going to send word to public authorities that Miss — has this day given birth to a fine boy! Again, such a board could soon organize its sections: (1) Relief of the destitute poor; (2) control of the public health, vaccination, inspection of school children, inspection of conditions of work in factories and mines, inspection of midwives, etc. Each branch could be regulated, and the board could have a grip of the whole of the work done throughout the country; and men of medical education would be judges as to whether the work done was satisfactory or not, for the simple reason that they possess the knowledge for the exercise of such judgement. The country need not be afraid that by giving such power to a board consisting mainly of medical men it would be creating a group of partisans for the rest of the medical profession, for I venture to think and to assert that there is no body of men that hold a higher ideal of what men owe to themselves, to their neighbours, and to the State

than a body consisting of members of the medical profession.

Such in brief is the outline of the reorganization that I would ask you to consider. It is, I think, nothing more than what the country needs, and anything less would, in my opinion, be no gain to the State.

Before I conclude it would be pleasing to me personally to add that, should such a scheme as sketched above come into the range of practical politics, a still wider outlook should not be lost sight of. It is this: The Board of Agriculture is burdened with questions appertaining to veterinary science, just as the Local Government Board is with sanitary science; also with the new science of mycology and all the diseases plants are subject to. Doctors, veterinarians, and mycologists deal with matters akin to one another, and it only wants a big, open mind to see that all three should by co operation be made into one whole.

THE NATIONALIZATION OF MEDICAL SERVICE.

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THE ever-increasing amount of service rendered to the State and to our great municipalities by medical men for direct payment opens up a most important question with many vexed issues, both for these public servants belonging to our profession, and for those others who are left in general medical practice paid for privately by the individual.

Increased work ought to mean increased total payment, and should be for the good of the profession as a whole, besides giving greater opportunity for public service, yet many medical men object bitterly to this increasing amount of State work not paid for directly by the recipient.

Many men in private practice cannot see where things are drifting to under present and foreshadowed legislation. They fear pecuniary loss and financial disaster, and hence maintain a stubborn resistance. Others, holding at present more or less well-paid public health or Poor Law appointments, fear displacement or reduction in any rearrangement.

Others, again, foresee in school clinics and improved Poor Law hospitals an unwarrantable extension of the undoubted hospital abuse inseparable from our present inadequate and wrongly administered system of voluntary hospitals, so illegitimately robbing men of their well-established rights.

Now it is of fundamental importance at this juncture that our profession should present as much solidarity as possible in its views, and also that it should convince the thinking public and educated laymen that it intends to do its utmost to further progress and to safeguard as thoroughly as possible both public and individual health.

There can be no possible doubt that in the long run the interests of the public and the interests of the profession are best served by the same common course, if only we can avoid falling out by the way.

We render a great service both to the individual and to the State, which can and ought to be paid for like any other great public or private service. No one questions this, although occasionally dishonest persons or dishonest public boards may attempt to avoid adequate payment. Neither Majority or Minority Report states that the doctor is not to be paid for his work, and it is an open question whether State work on the one hand, or private work on the other, is better paid at the present time.

The all-important question is whether there is to be more or less work to do, and how public servant and private practitioner, or the mixture of both, are to share in it, as to the amount of work allotted to them, and the amount of payment assigned for doing it.

If the work done, whether for State or individual, is paid equally adequately, it surely follows that if the health of every man, woman, and child is completely