AN ADDRESS ON THE IRISH POOR-LAW MEDICAL SERVICE.

Delivered before the Dublin Branch of the Association,

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THE first duty which I have to discharge, as President of the Dublin Branch of the British Medical Association, is to thank you for the honour which you have so generously conferred upon me. I succeed men of high distinction and honourable name in the profession, and of these I place amongst the most prominent, Mr. Swanzy, whom I immediately follow—the friend of all of us—who has shown such dignity and admirable diligence in the management of the Branch. I can but try to emulate them in their devotion, not only to the interests of the members directly associated with us, but in doing all that is possible to further the common cause of our profession in this country.

Two years ago, when Dr. J. W. Moore addressed you from this place, he called attention to the work which the British Medical Association had done in connection with the profession in Ireland, and he urged upon those not joined with us the importance and advantage of becoming attached to this body. His address showed the vitality of the Association, and the enormous influence which it exerts in bringing about desired reforms.

IRISH WORKHOUSE INFIRMARIES.

I will not attempt to go over that ground, but I may recall to your minds, by way of supplement to his remarks, the work in which the Association is just now engaged in regard to Irish workhouse infirmaries. Dr. Moorhead, of Cootehill, was the first to make an effort in this direction, moved to it by the reports which were being published on English workhouses by the Commissioner appointed by Mr. Ernest Hart. When time permitted, Mr. Hart despatched the same Commissioner to Ireland. The lady entrusted with the duty was entirely suited to the task. She had hospital training, had great experience as a hospital superintendent, had a temperate and sound judgment, and after her thorough examination of English workhouses, many of which were in a lamentable condition, she had all the qualifications which were needed to present a full and unexaggerated picture of the state of our workhouse infirmaries. The accounts which have come from her pen are inexpressibly sad, and in a sense they provide a reason why, apart from the natural repugnance to the workhouse, the poor of this country struggle on to the last rather than accept the shelter it affords. In some cases the care of the sick is only a phrase, and the doctor who is unfortunate enough to be attached to such an institution often sees all his efforts foiled by the inadequate means provided for proper nursing. Of course it was to be expected that when these reports appeared there would be a great outcry. Boards of Guardians do not care to have their assumed perfection assailed, but they are gradually ceasing to be cross after their awakening, and something is at last being done to remove at least one reproach from the management of Irish workhouses. The Local Government Board has taken its full share of the responsibility. It is hardly necessary to say that as an authority it is not popular. A power that does not always approve of the action of Poor-law Boards will never, to that extent, stand well with the controlled; but the public voice of the land will cheer it on in any well-considered effort which it may make to render the pauper's life less miserable, and above all to secure for the sick the care and tenderness, and even common decency which our humanity demands for them.

As it stands at present, not only the workhouse infirmary but the workhouse itself is a blot upon our charity administration. There are exceptions, of course, but, generally speaking, there is all over the country a lack of appreciation of the true purposes for which these places exist, and of the responsibilities which rest upon the managers. Workhouses are, in the first place, intended to be the resting places of that large body of "veterans of industry," as Bernard Shaw calls them, who have failed in the struggle of life. Circum-

stances, however, have made them too often the home of younger people who cannot get work in times of depression, of the lazy and thriftless. For the last class the workhouse as it is managed is a curse instead of a blessing. If they are lazy it makes them lazier; the moral atmosphere for the young of both sexes tends to blunt what is good in human nature and to stimulate what is bad. We all know this. To remedy it we want some healthy initiative; but I do not think that is likely to occur until the law is changed so as to permit the election of women to these Boards. The power exists in England, it does not exist here, and the need of an alteration has been forcibly shown by Dr. Winifred Dickson in a paper read before the Royal Academy of Medicine last session; but legislation is slow, and meanwhile great harm is being done. Is it not even now possible for the women of our country to combine in forming visiting committees, which could consult with the guardians and suggest improvements? We might have even now the advantage of their experience in management, and the softening influences of their presence, and there would result, I am sure, not only large economies, but greater comfort—the better up-bringing of the young, the protection of their morals, and the development of a spirit of industry.

But this is only a part of a great question which affects so many of our brethren, and if I refer now to the unhappy condition of a large proportion of the Poor-law dispensary doctors in Ireland, it is because I know you have not only shown your sympathy with their troubles, but have worked hard to have them removed. It has been said quite recently that we who happen to live in Dublin are out of touch with the wants and aspirations of our friends in the country. That is the opinion of some who are happy in the irresponsibility and inexperience of youth, and who are necessarily ignorant of the efforts which have been made, and the success which has been won. Where, I ask, has any work of practical utility been done but in Dublin, and mainly by Dublin men? The necessity of their engagements has prevented the attendance of many from the country whose wisdom would help; and so, mainly, it has been left to us, whether as members of this Association or of the Irish Medical Association, to formulate claims, to watch over interests, and generally to protect the rights and privileges of the Poor-law medical officers. We who take a share in the work do not all belong to that service, but no one of us refuses to acknowledge the disabilities from which so many suffer, and to spend laborious days in a crusade against the evils which have grown up, and are perpetuated by inflexible laws.

THE TYRANNY OF THE RED TICKET.

The system of Irish Poor-law medical relief is a cruel injustice to the doctors. The red ticket is sometimes converted into an instrument of torture to worry him out of his position. Many issue it in their shops to attract the visits of useful customers who may buy whisky or groceries. It is in reality made an article of barter. Well-to-do farmers, with widespread acres, do not hesitate to avail themselves of this pauper relief. Members of dispensary committees have issued tickets for attendance upon members of their own families, and the doctor must obey the order, even when he knows the ability of his patient to pay a liberal fee. Day after day he has to submit to this systematised fraud; and although there is a nominal redress, everyone knows that he dare not seek it, lest he should arouse the ire of those who could mar his future.

The red ticket is properly provided to carry medical relief to the poor who cannot come to the doctor. Primarily, the object is a humane one; in practice it often means inhumanity to the unhappy medical officer. It may be that he has to drive thirty or even forty miles on a visit to a person who can pay, but who does not. He must provide his own horse and car, and in some districts, where there is no practice, his whole income may be only £120 a year. In addition he must feed and lodge himself, and perhaps a family. I have a case before me at this moment in which the doctor is in these circumstances. His salary is £75, with a few vaccination fees. The Local Government Board has refused to give its sanction to an increase. He is an educated gentleman, who has spent large sums, as all have, on preparing for entrance to a learned profession. He is, in fact, by no means so well off as a skilled labourer. He is a type of many in the poorer districts

of the west and south, and north-west, and he accurately corresponds to the definition of a poor person given to me in 1892, and characterised by much grim humour—"A poor person is a dispensary doctor without practice."

Well, one would think that men of this class, having worn out their lives in a branch of the public service, would be suitably protected from the miseries of an old age marked by the crowning woe of poverty. We know it is not so. We know that, although guardians have the power to grant a pension at the Civil Service rate, there are many Boards which positively refuse to give a wretched retiring pittance to the doctor. I have produced evidence elsewhere to show that there are large districts in which the medical officer's age varies from 70 to 80 years. In one case the age was 86. You may ask how is this possible? The answer is simple. The law regarding pension is permissive, not compulsory. It further requires that an officer must resign before the question is considered. Knowing what we do, you will understand why the doctor refuses to place himself at the uncertain mercy of a Board of Guardians who may think nothing of his often heroic life's labour, and who only regard the more important question—whether a sixteenth of a farthing in the pound may be added to the rates.

See, then, how the system works, and how in the end this becomes a serious question for the community at large. You cannot expect a man of 80 or 86 to be a very alert or active officer, no matter what his abilities may be. He is not the one who would be selected to cope with violations of sanitary law, or the consequent outbreak of an epidemic; and yet these are, perhaps, the most important of his functions. Thus the blundering penurious guardians, supported by a ridiculous law, imperil the lives of their own people, and may even be the means of subjecting whole districts to devastating outbreaks.

For thirty or forty years an agitation has been kept up upon these and other questions connected with the Poor-law medical service. Long ago I became convinced that it demanded a thorough change, and that to make it efficient it ought to be converted into a public service in the truest sense, and taken out of the hands of guardians and dispensary committees. It is a matter of common notoriety that in many cases the elections are conducted on lines other than the merits of the candidates; and the majority of the existing officers, with all the knowledge that comes from painful experience, are in favour of an arrangement of this kind.

SUGGESTIONS FOR REFORM.

In 1892 I published the outlines of a scheme which I think would, with some modification, meet the case. I may repeat my suggestions here:

1. That all dispensary and union medical officers should be admitted to the service by competitive examination by special examiners appointed by the Local Government Board.
2. That pending appointment to a district, successful candidates should be employed to do duty during the absence of the incumbent from any cause, such as illness, annual holiday, etc.
3. That junior officers should, in the first instance, be appointed to distant and poor districts.
4. That promotion should be recognised in the service, so that an officer might be moved from a poor to a better district, where private practice would be available, but that in no case should an officer be moved on promotion unless he was willing to accept the offered position.
5. That promotion should also include the moving of a medical officer from a dispensary to a union hospital appointment.
6. That there should be an increased salary at least in the poorer districts, where practice is not available to any appreciable extent. Probably it would be found best to arrange the salaries in three groups: first, in the distant sparsely populated district, as in the north-west, west, and south-west; second, in the better rural districts; third, in the cities and large towns. The basis of pay might be in such proportion as this: first, $2\frac{1}{2}$; second, 2; third, $1\frac{1}{2}$; with allowances for vaccination and sanitary work.
7. That in all cases pensions should be allowed after a fixed number of years' service at the rate of two-thirds of the whole official income, that is, including fees for vaccination and salary for sanitary work.

8. That in every case retirement should be compulsory at the age of 65 years.

9. That the limit of age for entrance into the service should be 30 or 35 years.

10. That the higher appointments, such as inspectorships, should be given to medical officers of the service.

This, of course, is a mere sketch. It suggests no violent change, unless the assimilation of the department to other departments of the public service be deemed one. It places the appointments simply on the merits of the candidates, irrespective of religious and political influence. It allows the doctor to practise, gives at least a bare existing salary to men in poor districts where work is very heavy, and provides for promotion and a pension on the same terms as Civil servants.

To all such proposals of course there will be objections. For instance, it is urged that as all candidates must be qualified medical men, therefore the guardians must always be safe in their selection. But the same thing holds good in the medical services of the army and navy. The system of nomination by interest has been given up. Every man who passes for his diploma is not in the first rank; and so the medical men who have charge of our soldiers and sailors are chosen on the grounds of their absolute merit, by open competition, unassisted by the accidents of birth or influence. Why should not the civil population have the same guarantee of efficiency?

Again, it is urged that the guardians and the dispensary committees, as the representatives of the ratepayers, could not surrender their right to elect medical officers. But it is important to remember that one-half the cost of the medical charities in Ireland is paid by the Treasury, and that the country at large, as represented by the Government, is entitled to a voice as to the way in which the money is disbursed. If it has been found a beneficial thing to have examinations for entrance into the army or navy medical service, or the county surveyor service, or the service of the National Board of Education, upon what reasonable ground can a like advantage be withheld in the case of the Poor-law? It is not of less importance than any I have mentioned; nay, it is in many respects of more importance to the civil community, for to the Poor-law medical officers is entrusted the guardianship of the public health in their several districts; and it is on their energy and devotion and skill that we must rely to ward us from the epidemics that might otherwise sweep over the land.

This proposal to establish a public service is in accordance with the views of the great body of the dispensary doctors themselves. They have full knowledge of the inner life of the service; they know its workings in all respects, and the worries and wrongs from which most in it suffer. It is a significant fact, then, that their voice should be raised in favour of a system of competition, and of such reorganisation as would lift the service into the high position it ought to occupy, giving content to its members and greater security to the public.

Other schemes have been suggested, notably that of Professor Kinkead of Galway, who would place in the hands of one civil medical department the entire civil medical work of the country and all public sanitary duty. Into the merits of his plan I will not now enter, because the first thing to do is to establish the principle of a public medical service, and then to see how it may be most effectively carried into operation. I have no doubt at all that public competition is the method by which the service would be elevated in character and efficiency, and the public interests best protected.

I have only briefly referred to the more prominent complaints of the Irish Poor-law dispensary doctors, and to the scandals which everywhere in some form exist in the administration of medical relief to the poor. These have been before the country for years; yet a great deal of ignorance still exists, and it is only by persistent urging of claims that one may hope that in the end some notice will be taken. It is too apt to be lost sight of that this cry for justice from a large body of ill-paid and devoted men, does not involve only their personal interests. There is the much larger question of public policy. It is for the advantage of the people that the machinery by which the public health is preserved or restored should be in the best possible hands; that it should always be efficient; and that its creation and

maintenance should not be in the control of Boards of Guardians who frequently do not realise their responsibilities, but rather yield to their prejudices.

A COMMISSION OF INQUIRY NEEDED.

Well, how is this state of things to be corrected? The agitation against it has gone on for years. Government after Government has been approached on some special point, and with a few exceptions, with little effect. Chief Secretaries have occasionally been sympathetic; more commonly they have raised up a barrier of difficulties behind which to shield themselves; and so the struggle has proceeded, until the sufferers from this wretched system have grown weary and almost hopeless. I think the future plan of action needs very deliberate consideration. There is little good to be gained by periodic visits to the Government, asking for the removal of this or that wrong. We must take the higher ground of charging against the whole system that it is bad to the core, and that there is no use in a policy of tinkering. It is waste of money, of time, of temper, for, after trifling improvements have been made, the service remains unsatisfied and thoroughly discontented. If changes are to be effected which shall be really lasting, and of advantage to the departments and to the public at large, there must be a thorough inquiry by competent men. We must ask the Government to appoint a Commission to investigate the working of the Poor-law medical relief system in this country in its relation to the poor, the ratepayers, and the medical officers. By this means we shall be able to prove our case, and to fix public attention upon the glaring evils which have become interwoven with the system.

We shall be able to gather evidence as to the best method of reorganising the whole Poor-law Medical Service, so as to make it most effective—at once satisfactory to the officers, a benefit to the sick poor, and a safeguard to the public health. I should like also to see arising out of it a scheme which would, as in the Colonial services, secure a pension, not only for the medical men themselves, but for their wives and children, who, too often, are left derelict to seek the uncertain charity of the profession.

HOW THE ASSOCIATION CAN HELP.

To help in gaining all this, I suggest that every public medical body in this country should be invited to join in a common demand, the form of which can be determined by this Branch; that it should also have the support of the Council of the Association, and, if necessary, of the Association itself, by resolution submitted at the general annual meeting. Such a request so supported could not be lightly treated, and we should then have the opportunity of showing what are the wrongs and what are the remedies.

I will not further detain you. I knew from the sympathy which you have always shown on this subject that I could count upon your forbearance. The greater number of us do not belong to the service in whose interests I have spoken. But you have never forgotten the brotherhood of medicine, and I know you are ready to-day, as always, to send to our kin, even at the uttermost parts of the land, a message of hope and of sympathy. If you and they approve of what I have suggested, I am sure you will give it hearty support. What we want is continuous and concerted action, and the suppression of ridiculous jealousies, which can only irritate and harm. I shall indeed be gratified if, at the close of my term of office, we can say that the cause for which I speak has been advanced, and that the dispensary doctors are within sight of those reforms for which they have so long and patiently pleaded.

ALCOHOLIC CIRRHOSIS OF THE LIVER.¹

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I HAVE for some years felt that not sufficient prominence was given in our textbooks to the enlarged form of alcoholic cirrhosis of the liver. It has always seemed to me curious that whereas in cirrhosis from other causes—for example, cardiac weakness and syphilis—increased size has been recognised

as a common condition, to the cirrhosis of alcohol has been attributed a peculiar contractile force. I admit that opinion has changed much of late, and that the existence of the enlarged variety is freely admitted; but the authors of textbooks are, quite rightly, very conservative, and they still largely qualify this admission by the suggestion that the enlargement may be merely an antecedent state to atrophy, or, granting its individuality, they couple with it a clinical state quite different from that of ordinary alcoholic cirrhosis, including such symptoms as marked jaundice, absence of ascites and delirium. It seems to me that we have come to a stage when the student can quite justifiably be taught a simple, clear, and unified doctrine on this condition.

Prolonged excess in any variety of alcohol produces a chronic form of inflammation, which, as is usual in such inflammations, selects for special attack the supporting structure rather than the parenchyma of the organ. As the alcohol is brought to the liver by the portal vein it is only natural that the portal spaces should suffer most, but the intralobular connective tissue is also affected, and the parenchyma itself not seldom undergoes injury. After any special indulgence the inflammation is of a more acute nature, and is accompanied by acute hyperæmia, which latter greatly and suddenly increases the size of the liver, its edge descending as much as 2 or 3 inches in the course of twenty-four hours, giving to the finger the sense of great rigidity and hardness. But with abstinence from alcohol this sudden swelling soon subsides and the edge retires to nearly the position it held before the attack. As the case progresses the liver either permanently enlarges or grows smaller.

Clinically, then, alcoholic cirrhosis of the liver is accompanied by enlargement, the edge being felt hard, firm, tough and blunt, somewhere between the ribs and the level of the umbilicus. This enlargement, though increased by, is not solely due to hyperæmia, for it continues permanently long after alcohol has ceased to be taken (Class I, No. 28, *vide infra*). Though the irritation of the parenchyma—as shown by the division of the nuclei and wasting of the cell substance, thus producing the so-called new bile ducts—and the intralobular fibrous growth are more frequently observed in those livers which show increase of size, yet these morbid changes are by no means confined to this class, but are to be found in extremely contracted forms. The difference in size appears to be due to purely mechanical conditions arising partly from the amount of fibrous growth and partly from the amount of compression the parenchyma undergoes owing to the disposition of this growth. And yet perhaps this is not entirely the case; so far as my experience goes there is one variety of fibroid change which is almost confined to the enlarged liver. I cannot do better than quote Dr. Bristowe's clear description of it:

The liver is extremely dense in texture and on section is found to be largely infiltrated with dense, greyish, slightly translucent, connective tissue. This does not form a distinct network as in the hobnailed liver, circumscribing definite groups of hepatic lobules, but is rather a diffused growth in which the remnants of the hepatic parenchyma are scattered irregularly in yellowish masses from the size of a poppy seed to that of a pea. In some parts the hepatic tissue predominates, and there is an approach to the hobnailed condition; in some almost every remnant of the natural structure has disappeared, and dense fibroid tissue alone remains.

I would emphasise the fact that it is translucent fibroid material with little or no evidence of fibrillation which forms these masses of new growth, each of which not seldom reaches the size of six or more lobules. Within them may usually be seen, scantily scattered, groups of not more than two, three, or four cells of the parenchyma; these are wasted, very often the nuclei alone remaining. At the circumference of the masses the fibrous network again assumes its sway, but with it the "bile-duct" formation is especially frequent. It is generally allowed now that these "bile-ducts" are but double rows of degenerated and irritated liver cells, or rather double rows of the nuclei of these. My friend Dr. G. F. Crooke has shown me several instances where these nuclei are undergoing various changes through the fusiform connective tissue cell up to the fully formed fibre. Hence there appear to be two ways in which these fibroid masses may arise: either owing to a peculiar instability of the parenchyma cells, a special liability to the action of alcohol, inherited or acquired; or to the interlobular growth developing in such a manner that no great compression of the contained parenchyma results not

¹ Read in the Section of Medicine at the Annual Meeting of the British Medical Association held in London, July-August, 1895.