IRISH WORKHOUSE REFORM.

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I.—A BLACK LIST.

OUR people are greatly excited just now about atrocities abroad: it would be well if we took some thought of atrocities at home.

At p. 14 of the Report of the Local Government Board for 1895 a table is given of the causes of death in the Irish workhouses from March 9th, 1895, to March 28th, 1896. It is a significant thing that this table stands year after year in successive reports sometimes much worse, seldom anything better, to find all of us blind to its hideous meaning.

It is easy to bring out that meaning; a few figures will do it. In the middle of 1895 the Irish population was 4,574,807. The number of deaths in the year was 84,487, the rate of mortality 18.5 per 1,000 per annum.¹

The number of deaths in the workhouses in 1895 is given in the Report of the Local Government Board, page 9, as 9,929—that is, 11.8 per cent. of the whole number of deaths in the population of 4,500,000. But the workhouse population was only 0.89 per cent. of the whole population.² The average daily number in the workhouses was 40,578. Taking the week as our instant of time—it is calculated that way—the average number of deaths in this 40,000 was 191, or at the rate of 4.6 per 1,000 per week. In any 40,000 of the general population the corresponding numbers would be 14.2 and 0.35. Thus the workhouse mortality is 13.5 times greater than that outside; if there was equality the number of deaths in them would be 738 instead of 10,000 (13,478 in 1880).

But the workhouse is mainly a hospital and infirmary. Even so the mortality is excessive. *A priori*, however, the workhouses might be supposed to give a low death-rate. If a large number of persons pass through a building the event of death is a function of the average time of stay. The average daily number in the workhouses is 40,578, and the total number relieved 276,036, which gives forty-seven days to each. But many admitted are mere birds of passage, casuals, women awaiting confinement, and so on, in respect of which the time element is so minute that the event of death is a negligible quantity. This factor ought to, and does, reduce the death-rate materially.

The average daily number in the hospitals is 17,390, and the number actually treated in them in the year 92,915. But these include every case treated in general hospitals, skin affections, strumous ophthalmia and so on, usually implying no mortality. Many again enter only to beat an immediate retreat. Sometimes I have asked a patient why he left so soon to get the answer, quite intelligible to me at least: "Mon! affad sted thonder, affad, Ad-b adadmon." The workhouses are not at all hospitals *per se*, but even if they were their death-rate is far above that of general hospitals under anything like analogous circumstances.

But it may be said that old age gives the workhouse mortality, its stationary population being assumed to be aged. This brings us to the table before us. In it, of 9,772 deaths 2,283 are put down to age. According to the Registrar-General, of the 84,487 deaths registered in Ireland in 1895, 35,458, or 41.5 per cent., were of persons 60 years of age and upwards. By a rough but perfectly legitimate approximation, we can conclude that the 28 per cent. of the workhouse mortality put down simply to age does not account for the excess in the mortality. Considering all the circumstances of the workhouse population we have no right to assume age excess in it. But the aged can be killed as well as the young, and if the general mortality of the workhouses is excessive, *a fortiori* it is excessive in the aged in them. The entry tells us that the number of the aged in the workhouses is relatively small and the mortality among them frightful.

Anyone can see that if out of 10,000 deaths 2,800 are put down to age the death-rate given by the remainder becomes harder to account for, particularly as arising from debility, bronchitis, pneumonia, heart disease, and so on. The very class which mainly accounts for death from these diseases is excluded as already accounted for. In this table we find 751 deaths put down to "atrophy," 1,192 to consumption;

asthma, 51; pleurisy, 22; heart disease, 781; inflammation or "other disease" of the lungs, 1783 (in 1894, 2,065). We have against apoplexy 99, epilepsy 80, paralysis 300 (365 in 1894), convulsions 166, and brain disease 222 (301 in 1894).

Take the 1,783 deaths from inflammation or other disease of the lung, practically bronchitis and pneumonia. How many cases of bronchitis and pneumonia are required to give 1,800 deaths, age being excluded and intercurrent diseased conditions liberally accounted for? What shall we say—20,000 cases? But when we clear off the board on any reasonable estimate the non-serious cases in the workhouses, and the cases to account for the big residual mortality of other diseases, can we assume for the 1,800 deaths 5,000 cases of disease? As in the case of age we must infer a relatively small number of cases giving a frightful rate of mortality.

It may be said that the bad cases are sent into the house. This can only be partially true, if significantly true at all. The Irish union is a very large area, and, as a rule, its population scattered. Removal very often entails a long journey under difficult circumstances, there is great unwillingness to be removed, and I can say from experience cases constantly get too bad to be removed. I do not think, on the whole, an exceptionally bad class of cases of disease, *quâ* disease, is sent to the workhouses.

What do the entries "atrophy 751" and "brain disease 222" mean? Probably, in the main, strumous peritonitis and strumous meningitis. If we add the deaths from scrofula and consumption we would have a total of 2,222 for tubercle. Now, I know from personal experience that strumous ophthalmia does not come into the house, but arises in it, and in a way it never does outside. But if this is the case, it is likely that the mass of tuberculous disease does not enter the house, but arises in it.

In 1894 there were in the workhouse 84 deaths from measles and 26 from whooping-cough. As usual, this means a relatively small number of cases giving an excessive mortality. But we may be pretty sure that these cases did not enter the house, but arose in it, and that the mortality was due to conditions arising in the house.

The number sick in hospital at the beginning of the year being 17,000 and the number admitted in sickness into the workhouses 56,000, the total number for treatment would be 73,000; but (Report, p. 216) the actual number of cases treated in the hospitals was 92,915. Again, the total number under treatment for fever and other infectious diseases at the beginning of the year was 427, the admissions in same 3,611, total 4,038; but the total number treated was 5,234. This means that a relatively enormous number of cases of disease, and these of a most serious character, arises in the workhouses themselves.

Is not the glance we have given this table and the report in which it appears enough to prove the following statements:

1. That 12 per cent. of our deaths occur in the 0.90 per cent. of our population in the workhouses.
2. That, looking at the number of deaths in the workhouses put down to tuberculosis, convulsions, and diseases of early life, the excess mortality cannot be due to old age.
3. That the excess mortality implies excess mortality in the aged, which can also be directly inferred from the numbers set against age and diseases of age.
4. That a large proportion of the disease implied in the excess mortality arises in the workhouses from conditions in them unfavourable to life, that therefore those entering in sickness or otherwise being under these conditions in them give an excess mortality.

Our economists object to meet this state of things on the grounds that the workhouses should not be made so as to attract the people.

It is said that those outside are worse off than those of their class inside. I do not allow it; but if anyone of us took charge of a child, a sick or aged person, he would be bound in conscience to give his charge good care; it would be infamous that he should neglect it, because possibly it might be worse neglected out of his care. A wealthy State takes charge of a relatively small number of persons, whose helpless condition some of us ascribe to its laws, and is it not infamous that it does not realise its duty simply as duty?

¹ Report Registrar-General for Ireland, December, 1895, p. 270.

² Report, p. 10.

that it makes us think that the vital standard of its charge corresponds to and expresses the ethical standard of its Poor-law administration?

THE ROYAL COLLEGE OF PHYSICIANS.

THE ordinary quarterly meeting was held on October 29th. The chair was taken by Dr. SAMUEL WILKS, the President, who read a reply from Lady Russell Reynolds to the letter of condolence addressed to her on the death of the late Sir Russell Reynolds.

The PRESIDENT announced that Sir William Roberts had been appointed Harveian Orator for 1897.

The following gentlemen, having passed the required examination, were admitted Members of the College: J. Le M. Bunch, M.D.Lond.; J. S. Collier, M.B.Lond.; W. M. Davidson, M.B.Lond.; T. Fisher, M.D.Lond.; W. J. Horne, M.A., M.B.Camb.; E. J. Maclean, M.D.Edin.; H. J. M. Playfair, M.D.Lond.; P. D. Turner, M.D.Lond.; J. K. Warry, M.D.Lond.

The Licence of the College was granted to 136 gentlemen who had passed the required examinations.

Communications were received from the Colonial Office as to the treatment of ankylostomiasis in the hospitals of St. Lucia, and as to the plague in Hong Kong in 1895.

A letter was read from the Secretary of the Royal College of Surgeons reporting certain proceedings of the Council of that College.

The resignation of his diploma by a Member was accepted.

A letter and memorandum from the Civil Rights Defence Committee as to the case of Mr. R. B. Anderson, F.R.C.S., was read. After a statement had been made by Dr. CHURCH (Senior Censor), Sir WILLIAM PRIESTLEY said that Mr. Anderson had suffered a great injustice. At present the courts had held that he had no legal remedy, and it was very doubtful whether the House of Lords would reverse the finding of the Court of Appeal. He feared that the only remedy was by way of a special act of grace of Parliament. The case was one of great hardship, and he thought that the representative of the College should be requested to give the matter his best attention when it came before the General Medical Council. This course was, after some observations from the PRESIDENT, agreed to.

The thanks of the College were given to Dr. G. H. Philipson and Dr. T. Oliver, representatives of the College at the Congress of the Sanitary Institute at Newcastle, for their report of the proceedings at the Congress.

The PRESIDENT stated that a vacancy on the Council of University College, Bristol, having been produced by the death of Sir Russell Reynolds, he had nominated Dr. Church as the representative of the College of Physicians.

Dr. Norman Moore was elected Councillor in place of Dr. Payne, appointed Censor.

It was reported that Mr. A. Whitehead Smith, of Epsom College, had been elected fourth Jenks Scholar, and that satisfactory reports as to the other Jenks Scholars had been received.

A report from the Bisset-Hawkins Memorial Committee was received and adopted. It recommended that the sum of £1,000, presented to the College by Captain E. W. Williams, should be devoted to the foundation of a gold medal, to be given at triennial intervals as a recognition of work done for the advancement of sanitary science during the previous ten years.

Dr. THEODORE WILLIAMS observed that this designation of the sum was extremely appropriate, as the late Dr. Bisset-Hawkins had been a pioneer in the study of that department of medicine.

Dr. PAVY then moved:

That a Committee should be appointed to consider and report on the desirability of including the subject of bacteriology in the course of study and examination for the licence of the College.

He pointed out that not only was bacteriology intimately related to the study of preventive medicine, but that it underlay the pathology of a large class of diseases, and not merely their pathology but their diagnosis and treatment also. If it was esteemed to be a necessary part of the curriculum for the diploma in Public Health, it ought equally to be considered necessary for the diploma in Medicine. It was already recog-

nised as a necessary part of the curriculum of the Royal Veterinary College. The Royal College of Physicians included in its ranks a large proportion of the teachers of medicine in England, and was therefore a proper body to appoint a Committee to go into the question, to collect information, and obtain the views of the teachers of bacteriology. Such a Committee would present a report which would certainly be of the highest value.

Dr. LUFF expressed the opinion that the examiners for the diploma in Public Health should be consulted by the Committee if appointed.

Sir DYCE DUCKWORTH questioned the wisdom of adding a new subject to the curriculum. He paid a tribute to the industry of the students of the present day, and expressed a strong opinion that no subject should be added to their burdens except on the very clearest evidence that it was necessary. He doubted whether the subject was one in which examination could be conducted satisfactorily, and observed that the proposal had been considered and rejected by the General Medical Council.

Dr. BRIDGES referred to the great increase of diphtheria in London, and to the necessity for an acquaintance with bacteriology, which was illustrated by the difficulty of clinical diagnosis in this disease. He thought that if bacteriology could be added without unduly burdening the curriculum, it would be desirable to do so.

Dr. SAMUEL WEST doubted whether it was desirable that the average man should be required to give time to bacteriology. The curriculum was already overburdened, and the result was seen in the large proportion of rejections at the pass examinations. The number of subjects in the curriculum should be reduced, and he hoped that the College would refuse to appoint a committee.

On the motion of Sir WILLIAM ROBERTS, who expressed the opinion that there was a good deal more to be said in support of Dr. Pavy's resolution, its further discussion was adjourned to a special meeting of the College, to be summoned at an early date.

BRITISH GYNÆCOLOGICAL SOCIETY.—THE annual dinner of this Society took place at the Café Monico on Thursday, October 29th, the President, Dr. Clement Godson, being in the chair. About seventy members and guests were present, amongst whom were Mr. Reginald Harrison, Dr. Cullingworth, Dr. W. Duncan, Dr. MacNaughton Jones, Mr. F. B. Jessett, Mr. Eastes, Mr. Reeves, Dr. Bantock, Dr. Gubb, Dr. Fitzgerald (Folkestone), Dr. Tyson (Folkestone), Dr. Armstrong (Buxton), and the Honorary Secretaries, Dr. Schacht and Dr. John Shaw. The toast of "The Sister Societies" was proposed by the Chairman. Mr. Reginald Harrison, President of the Medical Society, in responding, thought it impossible to exaggerate the amount of good done by the medical societies. Dr. Cullingworth proposed the toast of the evening, "The British Gynæcological Society." The work hitherto done by the Society had been, he said, of very high merit. Oliver Wendell Holmes said of religious beliefs: Smith always sees one way and Brown another. Iron is always the same, but the sulphate of iron is never the same as the carbonate. Similarly, truth is always the same, but the Smiths always differs from the Brownate of Truth. One should, therefore, be tolerant of other people's scientific beliefs, and beware of treating differences of opinion on such subjects as if they were moral faults. The President replied, and stated that the Society now numbered over 500 members, and that it was a British, not merely a London society, and sometimes elected to its presidency men who were not London practitioners; it also might hold its meetings at other places than London. Dr. MacNaughton Jones proposed "Our Guests," and remarked that in all parts of the world members of the young Gynæcological Society were now to be found. Dr. W. Duncan and Mr. Eastes replied. Mr. Jessett proposed "The Chairman," and stated that Dr. Godson was the only President who had been elected to a second year of office. The toast was received with much applause and "musical honours," for which the Chairman expressed his hearty thanks. Dr. Bantock proposed the "Honorary Secretaries," who had worked hard to ensure the success of the dinner. During the evening a good selection of music and songs was given by Italian artists.