brethren, and they, it is to be feared, have found it necessary to recede from the position they had taken up. No doubt this position may have been a difficult one to maintain, deserted as they were by their local brethren, but, having once crossed the Rubicon, it was scarcely wise to attempt to retrace their steps. The *Yarmouth Mercury* of November 28th, alluding to their action, says: "At any rate, it was to be expected that they would have guarded themselves against weakening the cause of their profession by unconditionally surrendering, which they practically did, at the delegates' meeting held last Friday night, and so create the impression that they wanted to avail themselves of the benefits, should there be any, of the agitation which germinated at Yarmouth, etc.," so that it would appear their concessions have hardly been taken in good part; and their submission, far from improving their position, would seem likely to put them in a worse plight than would have been the case had they shown more consistency and greater dignity. Our contemporary speaks about differences between Yarmouth and Gorleston. Very likely there are such, but it is difficult to see how any local differences can make it right for the profession at Gorleston to endure what their brethren at Yarmouth have repudiated. Our contemporary concludes by saying: "There is one thing I would point out, and that is, the medical profession are evidently bent upon, sooner or later, if their connection is not severed, effecting some strictures upon the freedom so dear to the friendly societies."

If the "freedom so dear to the friendly societies" is the right to insist on the doctor attending to any member, no matter how wealthy, at the present club rate, and practically to ruin him by making all his private patients club members, it is not to be wondered the profession "are bent on, sooner or later," let us hope sooner, restricting the "liberty that is held so dear."

IRISH WORKHOUSE REFORM.

By W. R. MACDERMOTT, M.B.,

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IV.—THE TRUE GUARDIAN.

IN the reform we aim at we will, of course, find ourselves damped more by cynical agreement than direct opposition. An Irish medical officer once said to me: "All men are born masters and slaves; you would rid our people of one set of masters, and they would never rest until they found another set worse for themselves and for you." That was only a phase of the Frenchman's mind, who said, pointing to Christ on the Cross: "There, my son, is the fate of the reformer."

Human institutions, however, are only part of natural existence, and, as such, to be studied free of our notion of responsibility for them. Not that such responsibility is to be ignored. Reform in our Poor-law system must go on a recognition in it of tendencies for evil counteracted by tendencies for good. In its inception it was devised in 1837 partly to save life and partly to avert from the governing element the scandal and danger of wholesale loss and insecurity of life in the mass. For its end a clumsy and cumbersome piece of Governmental machinery was called into existence expressly in accordance with the ideas of the then ruling element. All human experience tells us that every Governmental agency subordinates its professed object to itself, tends to become its own object. From the first our workhouse system subordinated the professed object of saving life to the condition of power in the governing element and that condition, that interest, has ever gone on developing at the expense of and under cover of the object. The personality of the element has changed, but the grasp and use of its power never. Our workhouses now are not really to relieve the poor, but to get rid of the residuum of labour unprofitable to the governing element, and that element further strives to make them subsidise the labour it needs, and lives on by means of outdoor relief and building labourers' cottages. This is the tendency for evil. Our object, the saving and protection of life, has had a long and unequal struggle against that tendency.

When the Poor Law made medical men its agents the struggle was unconsciously initiated. These men brought into the system ideas utterly at variance with those it rested and developed on. The ethics of their profession gave them an idea of the sanctity of human life which could not otherwise than influence them. Theirs might be the lot of fat and easy-going officials, or of servile employees bound to watch the nod of the parochial Jove; in the long run the mind of the profession in them would be bound to assert itself and ever more emphatically against the vicious mind of the system, its abuse of power under the cloak of charity.

We have the common fashion of disparaging our own body; our faults are plainer to ourselves than others. But the graver faults of the medical officers are to be charged to the system. Its leading characteristic is contempt for life, and

the mode of appointment of the officers devised in the interest, not of life but of the governing element and to gratify its petty vanity of power did not attempt the exclusion of the unfit, much less the selection of the fittest. Thus the body is, and always has been, under the influence of the evil system, but still its good genius.

It stands out in clear contrast. The system in the past used death to clear estates, now it uses it to clear away the unprofitable residuum of labour for employers. That action the local bodies accept with passive understanding. It is enough that they are not responsible for the law; they were not bound to be better than it; it made life the object of their discretionary charity, and they accepted and acted on the principle. From the first, and always, they took up an attitude of passive irresponsibility for the workhouse death-rate; they would not look at, realise it; they went behind the responsibility of the law.

But the medical officer because he was a medical man was better than the law; its principle could never be his. From the first he tried to improve the workhouses. Practically his task was to prevent things in obedience to the spirit of the system getting much worse. The routine of the thing came to be that he was just able, acting through the Local Government Board, to stem criminal negligence. His doing a little more depended on whether a humane spirit or the typical rural economist was uppermost at his Board. His was the one mind in connection with the workhouses with any idea whatever of improvement, and that they are not much worse is the result of the continuous struggle on his part against inert or hostile elements. But the guardian paid the bill. In reality the medical officer paid, as did no individual ratepayer. The standard of attendance on the pauper has been raised by him at the expense of time and labour to himself; every improvement taxed him first and most; but the ratepayer had little claim on him. The Irish poor-rate is £1,000,000, of which about £3,000 goes as half his salary to the workhouse medical officer. The great mass of work he does is met, not by direct payment, but under the often illusory pretence that private practice goes with the office. He would be cheaply bribed if he was loyal to the system. We may thus see him as the one element working for good in that system, the true guardian of the poor, under narrow means and discouraging circumstances. Now reform only means whether his mind, the mind of the profession, is to prevail or not over the savage governmental tradition, which puts life wholesale at the mercy of discretionary charity, it matters not in whom vested; the vicious idea cannot but vitiate the minds which entertain it, act on it. Never till his mind prevails will the historical death roll of the workhouse system be closed. He may think that all he can do is to introduce a little decent regard for life into the system, that the real remedy is beyond him, is for the old dreary round of Irish agitation and political warfare. But even that statement coming from him is for those it concerns. So long as a quarter of the Irish labourers die in the workhouses under conditions their medical officers themselves condemn, so long as the horrible sense of insecurity of life oppresses the labouring population, so long will political stability be impossible in Ireland.

From the first, however, the medical officer committed himself altogether against the false charity system: he could not keep to the mind of the profession otherwise. His individual action long preceded the action of this JOURNAL, and all we can do here now is to give his action the sharpness of definition, to formulate it, to strive to make it the conscious settled policy of the collective body, and not voiceless at issue with that of the State.

THE ELECTION OF DIRECT REPRESENTATIVES AND THE MIDWIVES QUESTION.

WE have received the further following letter on this subject:

SIR,—In view of Lord Kinnaird's letter which appeared in the *BRITISH MEDICAL JOURNAL* of November 28th, I need only add in reply to Dr. McCook Weir's reiterated statement, that the only forceps carried by our nurses are the ordinary dressing forceps for surgical work; and that the 2,280 confinement