

REPORT OF THE IRISH POOR LAW COMMISSION.

BY CHARLES EASON, M.A.

[Read before the Society on Thursday, 26th January, 1928.]

The reform of the Irish Poor Law is a slow process. The attention of the public was first called to the need of reform by a paper read by the late Dr. Moorhead, Medical Officer of the Cootehill Workhouse, before the Irish Medical Association in January, 1895, in which he gave a summary of the replies that he had received from seventy-nine Unions. The Local Government Board then issued a circular, and the replies from forty-five Unions were summarised by Dr. Moorhead in another paper read before the Irish Medical Association in August, 1895. A special Commissioner was then sent to Ireland by the *British Medical Journal*. His reports appeared weekly and were published in a pamphlet in April, 1896. This was followed by the formation of the Irish Workhouse Association in January, 1897, the late Lord Monteagle being President. In response to an appeal from this Association the Irish Catholic Bishops, in June, 1897, passed a resolution condemning pauper nursing and recommending the appointment of trained nurses, and in September the Local Government Board issued a general order with a view to compelling the employment of trained nurses.

In 1903 a Viceregal Commission to enquire into the Poor Law system was appointed, and it reported in 1906, and this was followed in 1909 by the Report of a Royal Commission upon the Poor Law in the United Kingdom. Nothing was done to give effect to the recommendations of these reports.

In the period of disorder, 1919-21, a beginning was made,* but the work of reform really began with the issue by the Government of the Irish Free State of schemes to place the administration on a county basis in 1923. The reforms required were to separate the treatment of the sick entirely from poor relief, to establish County Homes for the Aged and Infirm, and to make separate arrangements for the mental defectives in workhouses, unmarried mothers and children. All restrictions on outdoor relief were abolished, and assistance was

*See remarks of Mrs. Wyse Power, p. 40.

granted to the able-bodied and children under the new name of Home Assistance. Tramps and casuals were not specially provided for.

In March, 1925, a Commission was appointed, and it is their Report, dated August, 1927, of which a summary is now submitted to you. It is possible that some of the defects in particular cases may have been remedied, and later on I shall suggest that a return should be prepared by the Local Government Department bringing the information on matters of importance up to date. The subjects will be dealt with under the following heads:—Treatment of the Sick in Hospitals; County Homes; Dublin City and County; Classes which should be dealt with outside County Homes; viz., Mental Defectives, Unmarried Mothers, Children; Home Assistance (Outdoor Relief); Method of Administration; Finance.

THE SICK IN HOSPITALS.

The normal provision required in each county is one fully-equipped County Hospital, supplemented by District or Cottage Hospitals as required by distance and distribution of the population. No County Hospital has been set up in the Counties of Carlow, Louth, South Cork, Tipperary. The Hospital at Wicklow, though called a County Hospital, is not more than a District Hospital. In Louth the Hospitals are also the Homes for the Aged and Infirm.

The Report specifies the Hospitals in the Counties of Galway, Meath, Wexford, Offaly and Monaghan as promising to fulfil the requirements of Central County Hospitals (107).* I now proceed to summarise the defects specified in County and District Hospitals under various heads.

1. Division of hospital into two parts, medical and surgical, in separate buildings. The hospitals at Castlebar, Cavan, Kilkenny, Longford, Roscommon, Sligo, Tralee. The hospitals at Kilkenny are, however, under one management, and are declared to be satisfactory.

2. Hospitals in the same building as the County Home, viz., County Hospitals at Cavan and Manorhamilton and District Hospitals at Clonakilty, Cork, Drogheda, Dundalk, Killarney (in this case the Hospital can be cut off from the Home), and Mallow.

3. Defects in sanitary and bathing arrangements and water supply.

*The figures in brackets refer to the paragraphs of the Report except when the page is given.

- (a) Sanitary arrangements are defective in the County Hospital at Fermoy and in the District Hospitals at Millstreet and Tipperary.
- (b) Sanitary and bathing arrangements are defective in the County Hospitals at Limerick, Monaghan and Tralee, and in the District Hospitals at Boyle, Cashel, Castle-town Berehaven, Donegal, Ennistymon, Middleton, Roscrea, Thurles, and in the Fever Hospital at Clonakilty.
- (c) Sanitary and bathing arrangements and water supply are defective in the District Hospitals at Caherciveen, Carndonagh, Carrick-on-Shannon, Dunmanway, Glenties, Swinford, and in the Fever Hospital at Carrick-on-Shannon.

4. Buildings requiring to be repaired, viz., County Hospitals at Ennis and Roscommon, District Hospitals at Boyle, Caherciveen, Carndonagh, Cashel, Dunmanway, Ennistymon, Glenties, Millstreet, Swinford, the Cottage Hospital at Kinsale, the Fever Hospitals at Carrick-on-Shannon, Lismore, Longford, Mallow, Millstreet and Youghal.

5. Buildings unsuitable—The County Hospital at Naas and the County Hospital (Surgical) at Roscommon, the District Hospitals at Ballina, Boyle, Ennistymon, Scariff and Swinford, the Fever Hospitals at Abbeyleix, Ennis, Lismore and Shillelagh, the Cottage Hospital at Kinsale, and the Sanatoria at Enniscorthy and Roscrea.

Speaking generally, the Report (par. 109) says: "Most district hospitals are in old workhouses, and unless properly cut off from unoccupied portions of those old buildings the location will not ultimately prove satisfactory, and modern small hospitals will have to be provided."

6. Accommodation insufficient in the County Hospitals (Surgical) at Cavan, Longford and Tralee, and the County Hospital at Portlaoighise.

THE COUNTY HOMES.

The aim of the reform of workhouses in relation to the classes other than the sick is to provide homes for the aged and infirm of a reasonable standard of comfort, and to remove from such homes mothers and children and mental defectives.

I now proceed to summarise the defects in the County Homes, as set forth in the Report.

1. Contain inmates for whom they are not intended.

All the homes continue to accommodate the classes which it was intended should be removed from them, so that in this respect there is as yet a complete failure to carry out the reforms admitted to be necessary.

2. Defects in Bathing and Sanitary Accommodation.

(a) The bathing accommodation is defective in the Homes in Thurles and Sligo; (b) the bathing and sanitary accommodation are defective in the Homes at Athy, Cashel, Ennis, Manorhamilton and Mullingar and in the Auxiliary Home at Middleton; (c) the bathing and sanitary accommodation and the water supply are defective in the Homes at Kilkenny, Killarney, Mallow and Mountmellick, and in an Auxiliary Home at Kilrush.

3. The buildings require repair in the Homes at Thurles and Trim, and in the Children's Home at Tuam.

4. The location is unsuitable in the cases of the Homes at Clonakilty, Dungarvan and Manorhamilton.

5. The accommodation is insufficient in the Homes at Castlebar, Cavan, Dungarvan, Ennis, Killarney and Stranorlar. This defect might be remedied if the inmates who should not be in the Homes were removed from them.

6. The accommodation is not up to a reasonable standard of comfort (and in some cases it is no better than in the old workhouses) in the Homes at Cavan, Clonakilty, Longford, Mallow, Manorhamilton, Mountmellick, Stranorlar and Thomastown.

7. The classification of the inmates is bad in the Homes at Athy, Cork, Stranorlar and Trim.

The Report also recommends that pensions should be made applicable to the maintenance of pensioners in County Homes and Hospitals.

DUBLIN

The County and City of Dublin are dealt with separately. The changes already made are working satisfactorily, and it only remains to bring the parts of the county outside of the area of the County Borough of Dublin under one scheme for the whole county. A joint Board of Public Assistance should be appointed by the county and county borough councils. The mental defectives, the unmarried mothers and children, and the inmates suffering from pulmonary tuberculosis should be removed from the Dublin Workhouse. That would leave the County Hospital and the County Home in the area of what was the South Dublin Workhouse, but in separate buildings. The

unmarried mothers and children should be placed in the Home at Pelletstown, a probationary and a maternity department being added. The tuberculosis patients should be placed in the old Rathdown Union Workhouse at Loughlinstown. There is a hospital at Loughlinstown, St. Columbcille's, which is largely a home for feeble and infirm and some acute medical cases; this will no longer be required, and if accommodation is required for fever cases in addition to what is provided in Cork Street Hospital, this might be used as a fever hospital for the southern portion of the county.

The Report also recommends that ambulances should be stationed at Dun Laoghaire, Loughlinstown and Balbriggan.

THE DISPENSARY MEDICAL SERVICES.

The Report states that generally the working of the dispensary system is satisfactory, but that the arrangements for obtaining medical relief tickets were inadequate. This should be remedied by increasing the number of assistance officers.

It is generally admitted that a number of persons get free medical relief who are able to pay and ought to pay something for it. One remedy would be the extension of health insurance to include medical benefit. The Committee on Health Insurance recommend this but not unanimously. Another proposal was to arrange with doctors a scale of fees based on the income of applicants for treatment. Medical opinion seems to be against this proposal, but the Report recommends the local authorities and medical officers to consider whether scales of fees cannot be drawn up for such cases. The Report states that some of the dispensaries are unsuitable and the furnishing of the poorest description.

The Report also states that nurses with general nursing qualifications should be a necessary part of the medical service in each dispensary district, and that accommodation for a nurse should be provided when a new dispensary is built, separate from the medical officer's residence. The report speaks highly of the work done by the Queen Victoria Jubilee Institute for Nurses, and recommends that nursing in the homes of the poor should be developed through this agency, and that where the work is circumscribed by want of funds the local authority, with the consent of the Minister of Health, should have power to guarantee the difference between what is required and the amount subscribed voluntarily. I may remind you that in 1920 Dr. Ninian Falkiner read a valuable paper commending the work of the Jubilee Nurses to the members of this Society.

MENTAL DEFECTIVES

(Lunatics, Imbeciles and Idiots).

There is general agreement that lunatics, imbeciles and idiots, that is to say, mental defectives, should not be maintained in county homes. They are not properly cared for in the present homes or in any better way than in the old workhouses. But further the Report says: "The accommodation for the insane poor in the district mental hospitals is either fully occupied or insufficient or unsuitable in all but three institutions—Kilkenny, Letterkenny and Portlaoighise."

However, some of the inmates of the mental hospitals do not require the skilled treatment provided in these hospitals. The Report recommends that the excess population of the mental hospitals and the mental defectives in Poor Law institutions should be provided for in auxiliary mental hospitals.

The number of mental defectives in public institutions at the end of 1925 was 18,376, of whom 1,872 were in Poor Law institutions. The Report recommends that auxiliary mental hospitals should be established in the following places:—In the old North Dublin Workhouse, in the workhouse at Youghal for Cork, at Claremorris for Counties of Galway and Sligo, at Limerick for Counties of Clare, Limerick and Kerry, at Clonmel for the districts of Carlow, Clonmel, Enniscorthy, Kilkenny, Portlaoighise and Waterford, and in a new building for the districts of Mullingar and Monaghan, which comprise the Counties of Longford, Meath, Westmeath, Cavan, Monaghan (the location of this is not yet decided upon). The Report recommends that observation wards should be established in connection with the mental hospitals in Dublin and Cork, and if found valuable similar provision should be made in other districts at county hospitals or county infirmaries. Patients should be sent to these wards on the recommendation of a medical practitioner, and would not be certified before reception. This proposal is based upon the results of this system in Glasgow, where in the year 1925 1,176 patients were admitted to such wards, 611 were discharged as recovered or improved, and 383, or less than 33 per cent., required to be certified and sent to asylums (433).

As to defective children, there are at present only two institutions for such. The Stewart Institution at Palmerston, Co. Dublin, and St. Vincent's Home at Cabra, Co. Dublin. The Report states that Boards of Health should be encouraged to send children to these institutions, and that to enable this to be done half the net cost of maintenance should be paid by the

State. Boards of Health should also be empowered to assist parents in maintaining defective children in institutions (332).

SANE EPILEPTICS.

No reference is made in the Report to sane epileptics (some inmates of the Dungarvan Home are described as "healthy epileptics"). For many years the late Countess of Meath pleaded for the establishment of a home for sane epileptics, but although she offered a sum of £5,000 towards its establishment nothing was done. Lady Meath, up to her death, paid £150 per annum to the Philanthropic Reform Association, by means of which sane epileptics from Ireland were maintained in homes in England and Scotland. The recently issued Report on Local Government in Northern Ireland makes special reference to sane epileptics (pars. 249-250). It states that they should not be placed either in asylums or workhouses, but that separate accommodation should be provided for them. The children, if kept separate, may be treated in one home for educable and uneducable mental defectives; they might be still retained in such a home when grown up, unless they require to be transferred to an asylum or county home. The Report estimates that the number of sane epileptics in Northern Ireland is 200.

The Report of the Viceregal Commission gave the number of sane epileptics in workhouses in 1905 as 463, and recommended that two disused workhouses should be set aside for their maintenance. It seems an oversight on the part of the Free State Commission that no reference is made to this class, especially as attention was called to the subject by the witnesses representing the Christian Citizenship Council, Dublin.

UNMARRIED MOTHERS.

There will be general agreement with the principles laid down in the Report for the treatment of unmarried mothers. First cases should be treated differently from others. The Report recommends that almost complete discretion should be given to the local authorities in providing for these cases (230). The best method would be that they should go to voluntary homes where they would receive individual treatment and where efforts would be made to enable them to support themselves and their children after they leave the home. To enable them to do this the Report recommends that, if necessary, a mother should receive some help towards the maintenance of her child. Other unmarried mothers should be placed in homes established by the local authorities acting in concert. The number of women to be provided for is estimated at 600.

At present these women and children are for the most part in county homes, which is not suitable treatment. The only special institutions yet provided are the Home at Pelletstown (Dublin), of which the Report speaks favourably; an auxiliary Home at Kilrush, in reference to which the Board of Health is severely criticised in the Report; and a Home at Tuam, in respect of which the Report states that the Board of Health has not carried out the repairs necessary as arranged with the Bon Secours Sisters who are in charge; and a Home at Bessborough (S. Cork). Additional homes are required and should be set up by voluntary agencies, the maintenance of the inmates to be paid for by the local authorities.

For other than first cases the Report recommends that special institutions should be established by the local authorities in proximity to the larger county homes (Rec. p. 128, D. 3), and there is no objection to the employment of some of the inmates as wardmaids in the county homes (235). The Report recommends that the local authority should have power to detain the inmates for a period of one year in case of a first admission, for two years in case of a second admission, and in the case of third or subsequent admissions for such period as they think fit (234). The Report goes on to say that such detention is not intended to be in any sense penal but for the benefit of the woman and her child (236). The principle laid down is "that no woman should be discharged until she has satisfied the board of health that she will be able to provide for her child or children either by way of paying wholly or partially for maintenance in the home or boarding it out with persons approved of by the board of health" (237). This power of detention is somewhat extensive, and it might be well to give some power of appeal to the district court or to a higher authority, such as the Local Government Department.

There are in Dublin a number of poor-class maternity homes from which children are put out to nurse. The Report recommends that every such home should be licensed annually provided it is properly and suitably equipped and in charge of a respectable person trained in maternity care and nursing. The Commissioners concurred in the views expressed by Miss Macnaughten on this subject, and they recommend that every person who takes children to nurse should first obtain a licence from the board of health. No child should be placed out before notice is given to the local authority. A register of children should be kept by each maternity home and foster parent, and a report made every three months of all children under their care.

The Report recommends certain changes in the law relating to affiliation orders and sexual offences; viz., (1) that the District Court should be given power to make an affiliation order on the application of the mother; (2) that the board of health should have power to apply for an order if the mother and child are in receipt of public assistance; (3) that such cases should be tried in a special court without the presence of the press or public, but the District Justice should have power to arrange for a suitable woman to accompany the mother in court; (4) that the age of consent should "be raised to 18 if not 19"; (5) that the plea of reasonable belief as to age should not be allowed.

The Report also suggests that the juries in such cases should if possible be composed of an equal number of men and women jurors, and that the proceedings should not be open to the public or reported in the public press. Another recommendation is that the period within which a prosecution may be commenced should be extended from six to ten months.

The Government should be urged to introduce a bill to carry out these amendments in the law without delay.

CHILDREN.

The first class to be considered are children without parents or that require to be separated from them. The Report recommends that the board of health (Rec. p. 129, E. 3) should have power to board out orphan and deserted children in respect of whom the board of health have assumed parental rights under Section 1 of the Poor Law Act, 1899, and that the power of control now limited to 15 years should be extended, especially in the case of girls, to 18 years or by special resolution to 21 years (250). When it is not possible to board out children, those under six should be placed in the institutions for unmarried mothers and the older children should be sent to industrial schools (252, 253) and (Rec. p. 129, E. 1, 2, 5). Children of respectable parents should receive home assistance with their parents. No children should remain in county homes.

The proposal to send children to industrial schools is objected to by some persons whose opinion is entitled to serious consideration; but I think it must be admitted that cases do occur in which they cannot be boarded out either because no suitable homes can be found or the children for various reasons will not be accepted. There is ample testimony to the good work done by industrial schools under great difficulties. There are no doubt some cases of failure, but such will occur under any system.

The Report recommends that to assist in finding work for boys on leaving the schools, provision should be made for maintenance during a period of apprenticeship (255).

HOME ASSISTANCE.

The administration of outdoor relief has been completely altered by the closing of workhouses and the introduction of unemployment benefit. All restrictions on the granting of outdoor relief have been removed. The Report suggests two limitations—that home assistance should not be given if relief can be given at a less cost in some other way (156), and that discretion should be allowed as to whether assistance shall be given in an institution or at home (Rec. p. 126, B. 1).

The Report states that it is necessary to provide greater facilities to enable a person to obtain home assistance, and recommends that a sufficient number of assistance officers should be available to receive applications (169, 170). The Report approves of the regulation which requires each board of health to appoint a Superintendent Assistance Officer.

The question of the adequacy of the relief granted is very important. The weekly amounts granted to families range from 2/6 per week to 15/- and over, but these sums are for the support of families from an average of 1·2 persons (receiving 2/6 per week) to 5·5 persons (receiving 15/- per week) (pp. 56 and 160). 65·8 per cent. of the total number in receipt of relief were allowed less than 7/6 per week and 85·2 per cent. were allowed less than 10/7 per week, and it is stated “that the assistance granted can only be looked on as a supplement to others means or to what can be got by begging and from charitable sources” (172). It should be noted that the total number receiving home assistance consists of the following classes (172):—

	Per cent.
Permanently disabled by age or infirmity ...	57
Disabled by sickness or accident ...	15
Widows with dependent children ...	14
Able-bodied males with dependent families ...	6
Unclassified ...	8

The Report declares that the Boards of Health fall short of discharging their full obligations, especially in the cases of widows with children and able-bodied men with dependent families (Rec. p. 126, B. 6).

As regards widows, the question of widows' pensions is examined, and approval is given to a scheme of widows' pensions payable by the State. In the absence of such a scheme, the State is urged to make a grant equal to half the cost of relief to these two classes, subject to a fixed maximum (Rec. p. 126, B. 7, 8, 9). The possibility of co-operation between State and voluntary agencies for relief is discussed and considered to be impracticable, but the help of the voluntary workers is still welcomed and believed to be advantageous. (185).

It is difficult to avoid abuses when giving assistance to the able-bodied. The Report points out that a work test just as effective as the workhouse test can be applied by the local authority, but it is not quite easy to find suitable work.

The matter is discussed by the Rev. J. E. Canavan, S.J., in the January number of *Studies*. He says: "How can it be just as effective unless the recipient is set to work in conditions less favourable than those of the labourer of the lowest class? Is his wage for this work to be less than the standard wage—in fact, nothing more than the dole paid to him under the Poor Law? And if this is what the Report suggests, how does it end 'the contemptuous treatment of the poor resulting from the workhouse system'? And how can the county surveyor devise schemes of useful and productive work for which the county does not pay the standard living wage? It would seem that if the surveyor could set afoot work which was worth doing, he could and should pay for it, and so withdraw the workers from the administration of the Poor Law."

An illustration is at hand in what has occurred in Salford. Men are employed by the Corporation of Salford to carry out work that would not ordinarily be carried out at the time. They are employed for so many hours in each week as at the standard rates for the work will make up the amount they would get as out-relief. The Corporation provides and supervises the work, pays the wages earned, and sends in the bill to the Guardians. The Minister of Health, Mr. Neville Chamberlain, is not satisfied with the scheme, and has called upon the Guardians to report upon their arrangements. Over 300 men out of 1,000 with families eligible for out-relief have been regularly engaged under the scheme, and 200 men from the scheme have been put on the permanent list of Corporation employees. The further working of this scheme will be watched with interest.

THE LOCAL AUTHORITY.

I now pass on to the subject of the local authority. After reviewing the evidence of the working of the present system of

administration by county boards of health, the Report recommends the abolition of boards of health, and the control of poor relief by a paid official appointed by and responsible to the county council, who would be in entire charge of the poor law services of the county (Rec. p. 129, F. 3).

This is a very important proposal, and I hesitate to offer a definite opinion upon it. It is not satisfactory to have local bodies set aside, though I think it is generally agreed that the cases in which this has been done have been justified by the results. The Report states that the council under the new arrangement might be allowed by the central authority "a very much freer hand than is allowed to the boards of health." The matter has to be considered in relation to the various duties that have to be performed—admission of inmates, control of institutions, grants of home assistance, appointment of officers (medical and others), purchase of supplies, etc. I can only just draw attention to the need of full discussion of the proposal. I refer again to this later on.

FINANCE.

The next subject to be dealt with is cost. This is a dominating factor in the whole matter. The Report makes the following comparison of the cost in 1914 and 1925:—1914, £1,063,567; 1925, £1,521,090, and expresses the opinion that after allowing for the decrease in the value of money, the burden on the ratepayers has not increased (Rec. p. 130, G. 1). But it is stated that not all who are entitled to indoor or outdoor relief have in fact been relieved owing to defects in the new arrangements.

I now set out the recommendations in the Report which will involve increased expenditure:

1. The removal of the defects in hospitals and county homes.
2. Establishment of homes for unmarried mothers.
3. Establishment of auxiliary homes for mental defectives.
4. Establishment of auxiliary homes for aged and infirm.
5. Supply of ambulances to county hospitals and homes.
6. Establishment of sanatoria.
7. Increase of home assistance payments.
8. Improvement of dispensaries.

The following changes involve the transfer of the burden of charge from local to national revenue:—

1. Payment of old age pensions to inmates of institutions.
2. Increase in State grant for maintenance of mental defectives.

3. Grant to local authorities in aid of cost of building new premises.
4. Half cost of maintenance of mentally defective children in institutions.

No estimate is given of the sum which these improvements would cost, nor was this possible. A number of improvements were taking place during the preparation of the Report, among which the following may be mentioned:—New District Hospitals at Baltinglass, Kanturk and Navan, a Cottage Hospital at Bantry and a Cottage Hospital about to be started at Achill Sound, also a Tuberculosis Hospital at Cavan. It was proposed to put a district hospital in the old workhouse at Carrickmacross, but the Report recommends either a new hospital or an extension of the existing fever hospital. It was also proposed to put a district hospital at Clones, but the Report states that it is not required, Clones being only fourteen miles from Monaghan. Another proposal was to put a district hospital at Lismore, but the Report states it is not required. Steps are being taken to improve the district hospital at Tipperary. A district hospital at Clogheen was in complete order but had not been opened at the date of the Report.

The first step would be for the Local Government Department to ascertain what has been done in reference to the matters contained in the Report, as one would hope that some of the defects have already been remedied. Then I think a return should be obtained of the number of inmates of each kind in each institution, hospital, home, auxiliary institutions, etc., at 30th September last, and of the number of each class receiving home assistance; also a statement of the expenditure of each board of health for the year ended 31st March, 1927, should be made.

The Boards of Health should be required to submit estimates for the carrying out of any of the recommendations of the Report that have not yet been acted upon.

INTER-COUNTY ARRANGEMENTS.

It is several times urged in the Report that inter-county arrangements should be made so that persons requiring relief should be able to get it in any adjoining county under regulations as to payment approved by the central authority. As examples of places where this might be done, the Report mentions Athlone, Ballyshannon, Clonmel, Drogheda, Birr, New Ross, Limerick, and the Counties of Clare and Offaly, Mayo, Kilkenny and Wexford, Leitrim and Roscommon, and Tipperary.

THE REPORT OF THE COMMISSION ON LOCAL GOVERNMENT IN NORTHERN IRELAND.

I shall now refer to the Report issued in October, 1927, of a Departmental Commission appointed by the Northern Government on Local Government Administration in Northern Ireland. A comparison of the two reports yields some interesting results. Both agree on the main principles, viz., the adoption of the county as basis of administration and area of charge and the separation of relief of the sick from poor relief, but in some respects the differences are considerable.

RELIEF OF THE SICK IN HOSPITALS.

The Northern Report recommends that the control of hospitals shall be separated from poor relief and given to the Public Health Committees of the County Councils (546), and that a County Medical Officer of Health shall be appointed to supervise all the health services in the county (p. 196, VI.). It also recommends that the County Health Committees shall appoint Local Hospital Committees consisting of representatives of the County Council, Rural, and Urban District Councils and co-opted members, but shall not delegate to them the appointment of officers nor financial control (314, 315).

COUNTY HOMES AND HOME ASSISTANCE.

The Northern Report recommends that the management of the homes and the administration of outdoor relief shall be given to a Committee of the County Council, to be called the Public Assistance Committee, and that this Committee shall appoint local assistance committees, consisting of representatives of Rural and Urban District Councils. This Report rejects the proposal to substitute paid officials for local bodies.

The Report (534) says: "The Committee system has these advantages: it offers an opportunity of enlisting in the administration of a particular service those who are interested in it or who have special knowledge. Members who have served on a committee for some time become so well acquainted with the work that business can be got through with speed and efficiency. It saves time by confining the responsibility of the parent body to a periodical review of the acts of each subordinate committee. It is the system which has been adopted in local government administration generally for many years, and there is a strong feeling that it should not lightly be superseded."

I think this decision of the Northern Commission should be taken into account before deciding to abolish the Boards of Health in the Free State.

It is interesting to note that the Northern Report recommends the preparation of County Schemes, the formation of a County Appointments Board and of a County Contract Department. These proposals follow the example of the Free State, except that in the latter the making of appointments and the purchase of supplies are entrusted to the Central Authority, not a County Authority.

CHILDREN.

The Northern Report recommends that children unsuitable for boarding-out should be maintained in cottage homes established by the County Councils and run in connection with and in close proximity to the county home. This Report makes no reference to industrial schools, but perhaps the following statement may be taken as a reference to such schools (240):—

“We are opposed to setting up large institutions for a considerable number of children, as institutional training, in our opinion, does not give children a true perspective of life or fit them to take their proper place in the community when they go out into the world.”

The children who are unsuitable for boarding-out are thus described (239):—

“There will always be children to be supported out of the rates who, though healthy, would not be suitable for boarding-out with foster parents. There will always be children who will be returned to the Poor Law Authority by their foster parents for some reason, or children who return of their own accord because they find living with their foster parents uncongenial. Thirdly, Poor Law Authorities will likewise have to find temporary accommodation for children who are taken away from unsuitable foster parents, and in addition will have to provide accommodation for children during the period which must elapse from the time they receive them till foster parents can be found.”

Miss McCrae, one of the Commissioners, made a special enquiry into the cost of such homes in England and reported favourably. The Report says (241): “The usual custom in Great Britain is to provide accommodation in each cottage for from ten to twenty children. Each cottage home is placed under the care of a house mother, who is carefully selected for the position and whose salary varies from £40 to £50 per annum, with free laundry, board and lodging. The children in residence in these cottages vary in age from infants to children of 15 or 16 years. The expenses of a cottage home are comparatively small, as the elder girls do the house work, nursing,

etc., and so are trained for domestic service in after life. Statistics show that in cases where there are no overhead charges to be paid off in connection with the provision of the home, the total cost of maintenance of an individual child is 8s. 11d. per week. In other cases, where buildings had to be built or otherwise procured, owing to the loan charges the cost per child may rise as high as 25s. weekly."

This recommendation deserves the serious consideration of our Government.

UNMARRIED MOTHERS.

The Northern Report differs from the Southern in the treatment of unmarried mothers of more than one child. It recommends that they should be kept in the county homes for a period of at least six months, and as to a longer period of detention it recommends that in the case of women who are feeble-minded or of vicious habits or mode of life the Public Assistance Committee should have power to apply to the Petty Sessions Court for an order enabling them to detain such woman while the children are being maintained by the Committee (237).

CONCLUSION.

To carry out the reforms which are set forth in this Report will require considerable expenditure, but the people of the Irish Free State should respond to the call to do their duty to their fellow-countrymen who are in need of help. I have not attempted to apportion the blame for the present state of matters, but I agree with the statement in the Report that "a continuance of the present conditions would be a serious blot on schemes adopted for the purpose of improving and humanising the administration of public assistance" (97), and I do not think I can do better than quote the words of President Cosgrave addressed to the County Galway Board of Health in June, 1923: "It has been well and truly said that kindly care for the poor is the best sign of true civilisation, and, again, that the condition of a nation's poor indicated the character of the national mind." With the coming of freedom the people of County Galway were quick to realise that at last it was in their power to end for ever the contemptuous treatment of the poor resulting from the workhouse system, and they set about inaugurating a new system with energy and zeal. I have great hope that in County Galway and throughout the Free State the new schemes established for the better relief of the poor and the better care of the sick will be administered prudently and humanely, and that these schemes will win for themselves the confidence of the people" (98).

*Report of the Discussion which followed on the Reading
of the above Paper.*

SIR WILLIAM J. THOMPSON, M.D. (late Registrar-General), in proposing a vote of thanks to the reader of the paper, observed that it was not the first valuable contribution for which the Society was indebted to Mr. Charles Eason. In the small compass of sixteen pages he had not only given the essence of the Poor Law Report but he had also added valuable extracts from the Report of the Commission on Local Government in Northern Ireland. Seeing that about one-fifth of the population of the Free State comes under the Poor Law, they were bound to recognise the importance of the subject, and that it deserved the utmost attention of the Government. The fact that in one year, as shown in the appendix to the report, the cases treated for the first time by dispensary doctors totalled over half a million, showed the quantity of work done, and, knowing the difficulties with which doctors have to contend and the untiring energy displayed by them in travelling long distances in the interest of patients, they could not but admire their zeal. He was glad to see that the report acknowledged this. He hoped that the recommendations with regard to Dispensaries would be carried out, and that in future they would have more facilities for their work. He considered that it was a serious omission that it was not recommended that doctors should be properly remunerated for their services. The members of the profession knew that they are not adequately remunerated.

The ideas set forth with respect to equipment of hospitals were good. If proper medical aid is to be given to the sick it was necessary that the County Hospital should be thoroughly equipped, otherwise it would be impossible for any surgeon or physician to do good work. All recognised that the Ministry of Local Government and Public Health were anxious to carry out the recommendations dealing with the sick, not only in the County Hospitals but also in the District Hospitals, and that the County Homes should be speedily made right. It was a universal hope that in a comparatively short time there would be a medical service properly and thoroughly equipped. The recommendations dealing with Mental Defectives, Unmarried Mothers, and Children, he trusted, would also be carried out in due course, and, as Mr. Eason had mentioned, some provision should be made for sane epileptics.

Mr. G. E. SHANAHAN expressed his great pleasure in seconding the vote of thanks to Mr. Eason.

MONSIGNOR DUNNE, P.P., V.G. (one of the Commissioners), was glad that the Statistical Society had directed its attention to the report, as such reports were not much read by the people who had to pay for them. If the report were more generally read it was possible that the public would grumble less when asked to pay for the reforms recommended therein. The report really gave only an imperfect idea of the state of things which he, with other members of the Commission, found at the Dispensaries and County Homes. If people could see these things they would be willing to help, but the next best thing was to read the report.

DR. R. J. ROWLETTE (member of the Committee on Health Insurance and Medical Services) considered that the Society and the public were indebted to Mr. Eason for giving a clear summary of a report which was voluminous and not easy to grasp. His very first sentences were illuminating. He said: "The reform of the Irish Poor Law is a slow process. The attention of the public was first drawn to the need of reform in a paper read in 1895." He did not mention that the Poor Law system was founded in 1838, so that for fifty-seven years there was no demand for reform. It could not have been that reform was unnecessary. Even from 1895 progress was slow until within the last few years. He (the speaker) could not but think that the Commission has been a little grudging in its failure to recognise the immense changes in the system that had been attempted, if not effected, by the reforms of the last seven or eight years.

The whole subject was complicated by what was in the first instance almost an accident. When a system of medical treatment was established by the Medical Charities Act in 1851 it was determined to put it under some local authority. The only local authorities of convenient size were the boards of guardians. It was put into their hands. As a result the care of health had been as conservative and unprogressive as the care of the poor of the country, and the question of the care of the sick had been hampered and complicated by its association with the care of the poor.

The report dealt at length with the care of the sick in hospitals. The criticism was justly made that "no clear definition exists of the functions of these different hospitals," but after reading the paragraphs dealing with the matter they were left with the feeling that the Commission had not itself faced the problem. The system of hospitals established in the country six years ago was a series of hierarchy of cottage or district

hospitals, county hospitals and city hospitals, but no attempt was made to define the functions of each kind of institution. There was no recognition of the fact that a county hospital, with a staff of one or two men, could not undertake the work of a city hospital where a surgeon has at call the services of a whole circle of specialists.

The subject of the Dispensary Service had been discussed much during the past few years, and it was disappointing to find that the outlook of the Commission was very much the outlook of the last century. In its discussion of the manner in which dispensary medical officers perform their duties the Commission did what seemed to him an unusual thing. Failing to find evidence of neglect on the part of these officers, it was suggested that such evidence nevertheless could be found if it were sought for. He considered that a Commission which had the opportunity to take what evidence it liked should have come to a decision rather than make charges confessedly unsupported by evidence.

The Commission gave its support to what had been generally urged during the last twenty years, that mental defectives should be removed from poor law institutions where still no less than 10 per cent. of the mental defectives in the country are housed. He welcomed an extremely valuable recommendation that observation wards for mental cases should be established. The problem which faced a medical man in the care of early cases of mental disease was one of great gravity. If he did not put the patient under care, harm might result; if he certified, a lasting stigma was left. An observation ward would be a great help.

Mr. Eason had drawn attention to an omission regarding sane epileptics. These unfortunate people, although capable of work if performed under conditions of safety, were not able to take their places in the labour market on account of their liability to accident, and no employer liked to take the risk of employing an epileptic. He could not see why the Commission had not followed out the suggestion made to them by some witnesses and recommended the establishment of a colony in this country as had been done elsewhere.

The recommendation with regard to unmarried mothers appeared to be stringent, and he rather doubted whether public opinion was sufficiently advanced to agree to detention, which, though not *penal*, would nevertheless be compulsory, and last in some cases as long as two years. The recommendation that the age of consent should be raised to eighteen or nineteen might rouse opposition. A woman of that age was as mature

as a man of twenty-one. While everything should be done to protect the young, they must be careful not to interfere unduly with the responsibility of the adult.

The recommendation to abolish boards of health and appoint paid officials instead was one of great interest. He quite agreed that little was to be said for the boards of health, as they were in the main a reduplication of the county councils. The Irish Public Health Council in 1920 suggested that the local authority in charge of the health of the county should be composed in part of representatives of the county councils, in part of representatives of approved societies, and in part of representatives of the medical and nursing profession, and of other persons interested in health or with a knowledge of it. Such a body would have much in its favour. The Northern Report went further and recommended that the health work in each county should be under the supervision of a medical officer of health. That seemed reasonable, though one would want to consider how far the supervision should reach, and whether a person whose work and training are mainly in preventive medicine, should have control over those whose work is curative.

The report on the whole unquestionably contained a large number of useful suggestions. Nevertheless, he could not but feel some disappointment. One might read it from cover to cover without meeting any new ideas. It lacked vision. The Commission had lost itself in detail. In its care for the individual trees it had not seen the wood, or if it had it had made no attempt to turn it into an organised pleasure ground.

MR. C. H. O'CONNOR (Chairman of the Commission) claimed that the Commission in carrying out their work were actuated chiefly by a desire to humanise the Poor Law and improve the conditions of the poor. Dr. Rowlette had said that the report was wanting in vision, that it produced no new ideas. He would point out, however, that this Commission followed two other Commissions within a period of twenty years which had reviewed the whole field of Poor Law, and it was not possible for them to produce a vast field of new ideas, which had not already been suggested by the Commissions of 1903 and 1909. This should also be taken into consideration when contrasting the report of the Free State Commission with that of the Northern Ireland Commission. The Free State Commission had the benefit of the changes that were made, as Dr. Rowlette remarked, in the last seven or eight years. He did not think that they were grudging in acknowledging the source of these

changes. They stressed that fact in the report. The changes of the Poor Law from the Union basis to the County basis which had taken place since 1920 largely cut the ground under their feet. They agreed with them and thought them right and proper.

Under the Poor Law it was a crime to be poor, and people were put into prison for begging; but the world had advanced since then, and now everybody wished to treat poverty with as kindly consideration as was consistent with the finances of the State. That being so, he claimed that the recommendations of the Commission were sound. They recommended, adopted and approved of the system of County Administration, County Homes and County Hospitals. But they indicated that it was vain to approve of the system unless the homes and hospitals were made fit and proper places for the care of the people who are to be put into them. They did not pretend that this suggestion emanated in the first instance from themselves. They found the system adopted before they sat. They were asked by the Government to say whether the County Home, the County Hospital and the District Hospital were the right or wrong methods of relief for the poor. They approved, but indicated in their report the various institutions which they thought required improvement, and, moreover, to a large extent suggested the alterations which were called for.

With regard to the hospitals which Dr. Rowlette had declared to be incomplete, he suggested another class of hospital, which, from his remarks, should be a kind of receiving house from the other hospitals. Perhaps he would say whether this was correct.

(DR. ROWLETTE—Almost.)

But he had not indicated who were to control or administer this hospital. All he had said was that the system was not complete unless there was a hospital in the large areas to which cases may be sent from the other hospitals.

But he (Mr. O'Connor) submitted that the City of Dublin and the other large cities contained within them hospitals second to none which were open to the poor and to the sick who required treatment. The law as it stood and the law with which they had to deal admitted of any sick person being sent by any Board of Health for treatment of any kind whatsoever to any extern institution that might be thought desirable.

The next point to which Dr. Rowlette referred was that under the Medical Charities they had gone back to or even behind the report of 1903. If he remembered rightly, this re-

port recommended the State Medical Service, but perhaps Dr. Rowlette would state more clearly in what way they went behind 1903.

(DR. ROWLETTE explained that his references in regard to the medical systems were to paragraphs 209 to 212. He referred to the tone and spirit of those criticisms.)

Dr. Rowlette had complained that in the paragraphs referred to charges were made unsupported by evidence. But the paragraph was put in with an express purpose. The Commission visited a number of dispensaries. He had been horrified with what he saw in the dispensaries. The conditions in some were bad, not only as to buildings but as to order and cleanliness, and a great deal of their badness as to cleanliness could not be excused. The doctor could not throw the blame for the untidiness of the dispensary on anyone's shoulders but his own. He said that with full responsibility, and he believed with the full consent of another member who visited with him—Monsignor Dunne.

(MONSIGNOR DUNNE agreed.)

It had been forced upon him to say this, as Dr. Rowlette had raised the question. With the full responsibility that he knew attached to his position he asserted that some of the dispensaries were in a disgraceful condition, and that the doctors could not have absolved themselves from blame; and paragraph 211 was put in purposely.

With reference to the neglect to deal with sane epileptics, he did not claim that the report was perfect or free from omissions, and he admitted at once that it did not refer to sane epileptics. If they had they would have said that the number of sane epileptics in institutions was difficult to ascertain. In 1925 the classification of the Unions was taken by them. There was no separate classification for sane epileptics as far as they could ascertain in the homes. In the year 1926 a report was furnished of the number of epileptics in the homes. In visiting the homes they heard very little about sane epileptics, and he said with confidence and knowledge that in the County Homes and Institutions of the Poor there were not a great number of sane epileptics. There were some epileptics among the children in the homes, some of whom, while not insane in the strict sense of the word and therefore might be termed sane, were to a large extent mentally deficient. They were treated and catered for in the Institution at Cabra.

If Mr. Eason had quoted the Northern Report in full it would have been seen that this was also the experience of the Northern Commission, who found that there were 200 sane epileptics in the six counties. But they did not say* that these 200 epileptics were in Poor Law institutions, but that it was very difficult to find the number in such institutions, and that the 200 included a number that were being treated in the world as ordinary citizens. He did not consider it right to put into institutions people who were able to take care of themselves without being a charge on the public funds, and he doubted whether there were sufficient sane epileptics to warrant an institution being set up in the Free State for their treatment and care. In his remarks so far he had dealt with the criticisms of the report in regard to institutions. Might he point out that there were a number of recommendations in the report which were non-controversial and could not be controversial, because everybody was in agreement with them. They referred to the improvement of the institutions. He observed that Mr. McCarron was present, and he would like to say to him that the Ministry should without delay put the institutions into good order and bring them up to date. He was aware that the Ministry had the matter in hand, and that he was probably beating a willing horse in this matter.

He remarked that there was little criticism on the recommendations with regard to Home Assistance. Under the new regime, to a large extent it took the place of institutional relief, and it was the view of the Commission that this was a very great step forward. The view of the Commission was that Home Assistance was the best form of relief in a large number of cases as being the only means of preserving family life.

With regard to the abolition of the Board of Health and the substitution of a paid official under the County Council, he did not hold that this was undemocratic. It was not in essence taking the control of affairs from the local authority, but indicating to the local authority—the body which was to raise the money—that it was to its own advantage to control fully the expenditure. It was giving to the body which collected the money the power of spending the money it collected without reference to any other body. Before they adopted committees and sub-committees and sub-committees of sub-committees they must consider carefully where they were going. They had adopted the county from which the expenses were to be paid as the area of charge, and if they broke up that

*Nor did I.

county in its administration into a large number of small committees of small areas, spending money in different areas in the county, there would be competition of extravagance between these committees, which would say: "It does not matter what we spend, as it will be levied off the whole county." Thus they would be reverting to the electoral division area for expenditure, with the county at large for rating.

DR. ROWLETTE did not think that it was his duty to say what should be done by the Commission. He agreed with the view that there should be three classes of hospitals, and with Mr. O'Conor that the voluntary hospital should occupy the third position. His criticism was directed to a failure on the part of the Department to recognise this, and to the silence of the Commission on the fact that the County Hospital could not act as the final hospital for the patient. Since the establishment of the hospitals there had been a greater difficulty in sending local patients to the hospitals in Dublin, Cork and elsewhere. It seemed to be thought that the County Hospital was the last word. That had not been cleared up by the assistance of the Department or touched upon by the Commission. The law was that patients could not be sent to another class of hospital. There should be a receiving house at the first, not the last.

MR. O'CONOR replied that the fault of which Dr. Rowlette complained was not the fault of the law nor of the system, but of the local medical man. He considered himself competent. Otherwise he could get the patient into any institution where treatment was required.

MRS. WYSE POWER (a member of the Commission) as a member of the Commission could not criticise the report, but she wished to express her appreciation of the paper which had just been read. So far nothing had been touched upon in the discussion but the hospitals.

Mr. Eason was very non-contentious in dealing with the report, which was probably why he did not mention the minority notes. (See p. 29.) If the paper should be published it would perhaps be well to refer to this matter in a foot-note. There was no reference, moreover, to the small Commission which was held in the troubled year 1920. On the report made by that Commission the law of 1920 was based.* That report, however, became operative in some of its findings without legislation, for the young men of the period smashed up the old

*I am not aware that this report was ever published.

system all over Ireland. Workhouses were closed, therefore, even before legislation began. In the new law the hospital became separate from the poor-house, and new convalescent homes came into being.

DR. T. HENNESSY, T.D. (a member of the Commission), in reply to Dr. Rowlette, who had deplored the want of vision in the report of the Commission, pointed out that the first object of the Commission was to enquire into the adequacy of the present schemes under the Act of 1923, and that they had to adhere to the terms of reference. They might have had a better report if the terms of reference had been made wider.

The County Hospitals were the subject of a good deal of criticism, but the real question was: "Are the hospitals very much better to-day than they were twenty or thirty years ago?" He did not see any evidence of an improvement under the present system, except in the case of some six or seven hospitals, and for that reason he thought that the Commission, by dealing with the hospitals and pointing out their defects, should have a good effect. It was really a matter of money. When local authorities were told that £20,000 should be spent on the reconstruction of a County Hospital there was trouble. Only about half a dozen County Boards of Health undertook to spend the £20,000. But there was a way out of the difficulty. The Government had found £1,200,000 for the relief of agricultural rates and another one and a half million pounds which also went to the relief of agricultural rates and of the people who find it hardest to meet the rates. He thought that it should be made clear to the local authorities that a certain portion of that money should be expended on the improvement of the hospitals and of such buildings as the County Homes.

The fact that there was only one medical officer in a hospital would not suggest that it was up to date, and the additional fact that the salary varied from £200 to £250 a year would also not suggest that much importance was attached to his work and position. At such a salary it was not to be expected that a good man could be got. At the moment good men were trying to get out of the service.

The County Homes were bad, too, being very primitive in respect of both sanitation and accommodation. On a first visit, and also on repeated visits, one realised what a difficult problem it was to make anything out of them. With regard to the responsibility of the dispensary doctor, he had himself seen the shocking state of one of these dispensaries, which had been reported by him about twenty times, and as many times by inspectors, but nothing was done. He himself contracted diph-

theria there. He believed that the condition of the dispensaries had been reported by every medical officer, but without result. The local authority did nothing because the owner of the premises was a poor man. The central authority in Dublin left it alone. As for the untidiness of the dispensary, he thought that the comments thereon were most unjustifiable under the circumstances and in the light of the existence of the reports which he had mentioned.

He would pay this tribute to their new Government, that they were alive to the situation. They had done a good deal, but they had not received the assistance from the local authorities which they should get.

He was glad that Mr. Eason had dealt with the subject, and so clearly. It would show that people were interested, and by referring to it as often as possible and reminding the central and local authorities of their obligations something might be done.

DR. ALICE BARRY was sorry that attention had not been called to the subject of defective children, meaning not merely those in the Poor Law Institutions but those in the streets—and they were still in the streets. She was glad to see that it had been discovered that the women who take babies to nurse should be licensed. This, as well as the licensing of maternity homes, had been recommended as long as she could remember. It seemed that even about 1903 the matter had been under discussion, and at last some step should be taken towards going ahead with it.

PROFESSOR JOHNSTON, in paying his tribute to the excellence of Mr. Eason's paper, expressed the hope that it would lead to some result.

MR. E. P. MCCARRON (Secretary to the Ministry for Local Government and Public Health) said that he had a better opinion of the local authorities after listening to the discussion than he had before, and he was grateful to the reader of the paper.

MR. JUSTICE MEREDITH, in conveying to Mr. Eason the vote of thanks for his paper, commented on it as clear and easy to follow. He thought, too, that the criticism of the paper was valuable. The Society welcomed criticism of the papers read at the meetings. He would like to endorse all of the remarks of the Chairman of the Commission (Mr. O'Connor) on the

subject of the dispensaries from his personal knowledge. As the last two meetings of the Society had been devoted to social subjects he hoped that the statistician would come along with the next paper.

MR. CHARLES EASON expressed his thanks for the reception given to his paper. It was too late to deal with the points raised in the discussion. He would just say that he thought that the ladies had been too modest; they should have joined in the discussion at an earlier stage when invited to speak by the President.

ADDENDUM.

The reservations attached to the report were three—

1. Mrs. Wyse Power and Dr. Hennessy objected to the paragraph of the report refusing to recommend the establishment of a State Children's Department.

2. Dr. Hennessy defended the dispensary doctors from some of the comments in the report, and recommended a scheme of medical service on a contributory basis.

3. Sir John Keane, Bt., dissented from the recommendation to abolish Boards of Health, and made suggestions as to division of work and charge between local and central authorities. He also criticised the forms and accounts now in use, and asked that the publication of the Returns of Local Taxation that had not appeared since 1920 should be resumed.