

# John Singleton Darling (1855/56–1927)

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### SOME OBSERVATIONS ON PUBLIC HEALTH AND THE POOR LAW MEDICAL SERVICE.

IN view of the sitting of the Commission appointed to investigate and report on Poor Law reform and the organization of efficient medical services in Northern Ireland, I think you will bear with me if I take the opportunity to discuss some phases of this large and complex subject. It may help us if we review the origin of Poor Law legislation. After the Napoleonic wars there was in England great lack of employment, with hordes of unemployed far beyond what we have at the present time. Instead of the present "dole," outdoor relief was given under the then existing Poor Law system. The recipients were allowed to work for what wages they could get; and farmers and other employers looked with approval on this, as it enabled them to get cheap labour, with the result that the entire labouring class came to be on outdoor relief, and the burden of the rates became intolerable. To check this demoralization, workhouses were established, and admission to them offered to applicants for relief; this in England proved effective

In Ireland the population in 1841 was over 8,000,000. A Royal Commission appointed in 1833 reported that a third of these were in extreme poverty, and there was little employment even at such a wage as 2d. a day. This Commission, composed of eminent Irishmen, advised against the establishment here of a Poor Law system on the English model, and strongly opposed the setting up of workhouses, advocating rather the development of the resources of the country; they enumerated almost all the measures which have proved so successful in the last forty years. In the forties came the terrible years of famine and disease, and these recommendations were set aside. Workhouses were built at enormous cost, and to this day remain an incubus. At this time, when a very large proportion of the people were in dire poverty, the dispensary system was set up, which provided free medical attendance for almost all.

After eighty years, in spite of the economic improvement of the country and change for the



better in the condition of the people, far larger numbers than there is any justification for continue to seek their medical attendance under the Medical Charities Acts. I believe it would add to the self-respect of very many if, as in England, "parish relief" were regarded as meant only for the really poor, and by the extension of medical benefits under the Insurance Act, or some other contributory plan, attendance were provided free from the taint of pauperism inherited in the present system.

In my judgement, we shall more wisely seek the improvement of the position of practitioners engaged in dispensary work along these lines, increasing the number of paying patients and diminishing the number of those who receive free treatment, rather than in perpetuating the present abuses and demanding the largely increased salaries that undoubtedly should be paid if things remain as they are. I think it is a weakness in the otherwise admirable report of the Viceregal Commission that it makes no suggestion of such a reform. It is true that the salary and emoluments, small though these are,

# John Singleton Darling

form the chief inducement to keep a medical practitioner in many country districts, but "medical benefits," with mileage allowance in addition, would be a much more desirable improvement in the doctor's financial position than any increase of salary he is likely to secure.

The convenience of the public, together with due regard for economy, will demand revision of the area of dispensary districts, with some lessening of their number. With this should come a grading of the districts according to the services required, which should be remunerated on a scale which takes into account the increase in cost of medical education and expense of living and conveyance since salaries were fixed, in many cases, eighty years ago. I leave until later the consideration of the body to control and finance this service. In each county good service in the less desirable dispensary districts should give the occupants, if they desire, a claim to appointment to the more desirable districts when vacancies occur. It is imperative that the issue of "lines" should be so controlled that they would only be given to necessitous persons, and that the convenience of medical officers should be considered so far as the necessities of the sick admit, lines issued in the evening being for attendance next morning in most cases.

Except in Belfast, I think we should accept the recommendations of the Viceregal Commission and advocate the abolition of workhouses. The old age pension provides for the great majority of infirm. One of the present workhouses can be utilised as a refuge for the small residue, and for feeble-minded and harmless insane. A few apartments can be set apart for aged couples to occupy on the almshouse principle, should such be required. Another might be found suitable as a home for a labour colony to which the tramp class should be consigned under magistrates' orders; I refer later to this question.

The hospital system throughout the country requires complete reconstruction. It should be unified and administered under the county councils. A central hospital fully equipped and adequately staffed should be co-ordinated with as many satellite hospitals as the needs of the varying population may require. This is the recommendation of both the Viceregal Commission and Public Health Council, and only thus can our hospitals be brought up to a proper standard. By this co-ordination those in charge of the smaller institutions can have the right to the services in consultation of the heads of the central ones, or their help in emergencies; here can be obtained surgical appliances needed for special cases from its

more complete equipment. It should possess all modern requirements; X-ray and electrical departments, dental and ophthalmic treatment should be available. A sufficient laboratory for the daily needs of the staff would be provided, but the bacteriological and pathological requirements will be best met by arrangement with a Belfast laboratory. Every encouragement should be given to the local staff to make post-mortem examinations and pathological investigations, bringing themselves to the highest point of clinical and scientific efficiency. Service in the junior positions in these or in the larger Belfast hospitals should be required as a qualification for the senior posts. Possession of the higher university degree or Fellowship of Colleges of Physicians or Surgeons should be essential for these posts, and such salaries and conditions of service must be granted as will make them attractive to the best men.

The nursing of public services for the county might be under the supervision of the lady superintendent; probationers should be trained centrally and nurses be sent to the smaller hospitals as needed, thus ensuring a decent standard of efficiency. I purposely say central hospitals rather than "county," as some counties may require more than one, and, in other cases, parts of two or three counties may conveniently be served by one central hospital. The details will have to be worked out by a small body appointed for the purpose, who should be guided solely by the requirements of the people. Financial and administrative matters can be accommodated to this. Advantage should be taken of all existing hospitals, either by taking them over or by arrangement with them for the treatment of patients at a capitation rate, while their organization is maintained. I think every effort should be made to enlist the utmost amount of voluntary service from all classes of benevolent and business people, as is done at present in the management of county infirmaries. In some counties doubtless the county infirmary will make a suitable central hospital, but this must be determined as the efficiency and convenience of the service requires.

Necessitous patients should have the fullest provision made for their treatment; those able to pay for their maintenance should be required to do so, while all in a better position should, in addition, pay the medical officer reasonable fees.

Specialist services – ophthalmic, dental, etc. – should be available at the central hospital, and probably at the larger secondary ones. A weekly attendance could be provided without undue cost,

## John Singleton Darling

while provision might be made in Belfast for examinations such as cystoscopy at a prescribed fee.

There should be established a properly co-ordinated public health service, headed by a whole-time county medical officer, who should carry out the duties with the aid of the dispensary medical officers as assistants; all legal proceedings should be taken by him. It is worthy of consideration whether the tuberculosis service should be administered under his direction, also child welfare and maternity schemes, school medical inspections, and dental and ophthalmic dispensaries. This would make him the executive officer of the county council for all these services, just as the senior physician or surgeon of the central hospital should be the executive officer for the hospital service under the county council. I think he must also be the executive officer for the dispensary medical officers. As they will have a right to his services in consultation, this may not be objected to; however, I do not feel inclined to speak decidedly. The matter must be fully considered, but if the county council is the administrative authority it must have some one answerable to it who will be spokesman for those engaged in the service.

The provision of nurses and midwives in each district will also require to be arranged. The methods of administration and government of these services have been worked out in detail in the Public Health Council's Report, and I do not propose to go fully into this matter. The boards of guardians, who are probably the worst governing body for a hospital ever conceived, will cease to control them. As the county council will have financial control, it must be the predominant power, but it should act through a committee, to which a number of outsiders representing the medical profession and benevolent public should be co-opted. Under this body local committees would act as boards of governors of subsidiary hospitals, and supervise the various local services – nursing, midwives, etc. Much of this latter work might wisely be left to such bodies as nursing societies, who should be aided with financial grants, but whose beneficent services should be preserved to the community. This is also true of governing bodies of cottage hospitals, whose endowments are often insufficient, and to whom a grant-in-aid would be very welcome.

As regards the question of casuals, I venture to quote the following report, which I presented at the meeting of the Lurgan Board of Guardians on 9th March, 1905, and which was adopted by the Board : –

“The proportion of persons who furnish the inmates of the casual departments of our workhouses to the rest of the community must be very large. Last night (14th February) there were twenty-six here. This will help us to form an idea as to the numbers over the whole country. They may be roughly divided into three classes :

“1. The professional tramp, who never was, and never means to be, anything else, who cohabits with a woman of the same class, and whose children necessarily grow up to the same life. Some of them make pretence of working, but are most of them entirely idle and vicious.

“2. Those who from drunkenness, laziness, or incapacity do not remain in any employment, and whose tendency is to fall more and more into the first class. Many of these are married to women who struggle against this downward drift, but of these most are worsted in the effort, and they and their children go to swell the first class.

“3. Those who are really seeking work, and ought to be helped.

“I need not say this classification is very far from complete, and that there are cases in all stages of transition from the last to the first class.

“The problem confronting the State in dealing with the matter is very complex, but may be broadly stated as that of compelling the idle and vicious class to cease to be parasites on the industrious, and preventing those who have not sunk to this level from going lower by providing them with some means of having their habits of industry restored and of reclamation from the evil habits that have caused them to fall from their proper position in society.

“Our present system of treating the decent and industrious who are honestly seeking for work, and whose temporary poverty may be from causes quite out of their own control, in the same way as we treat the vicious vagrant, is calculated to reduce all to the lowest level. There is nothing in it to compel the lazy to give their just proportion of work to the community. It even furnishes the means of subsistence to a large number on the borderland of criminality, from whom the criminal classes are largely recruited, while this number of vagrants moving through the country spreads disease and immortality to an extent difficult to estimate.

“I believe only a total change in our system can effect our object. I would abolish the casual departments in our workhouses. As long as they exist I do not think any impression will be made on the mass of vagrancy in this country.

## John Singleton Darling

“Then for the machinery to take their place. I think the police should be charged with the duty of sifting the applicants for lodging and sustenance, and they should give orders to registered lodging-houses, which would be under contract to provide supper, bed, and breakfast at an agreed rate on receipt of a voucher issued by the police. A record of those receiving this relief should be kept, with an account of their occupation, destination, their last stopping-place, etc., and so long as there was good reason for treating them as bona-fide workers they should be helped, and perhaps it might be found possible to aid them in getting employment. But when it was evident that they were vagrants – and this the police records would easily establish – they should be committed by the magistrate for a long term in a true workhouse, of which probably one for the whole country would be enough.

“These should be under competent management, and by making the treatment of the inmates depend on their industry, and rendering it possible for them to earn something towards starting in life when their term of compulsory service ended, and also making their release contingent on their giving proof of reformed habits, every inducement would be given for reformation. Where relapse into vagrancy, or laziness while in the institution, made reform hopeless, I would compel them to stay. But I believe a considerable number of this, at present, hopeless class would be rescued and restored to the ranks of the workers and placed in a better condition to maintain themselves honestly by the training they received. These institutions, also, would serve as places of reform for chronic drunkards, who in like manner should be retained until they had recovered habits of self-control. The question of increased power for depriving the lazy and vicious of the control of their children, so that the latter may be brought up in habits of honesty and industry, is closely linked with the larger question of reform.

“I have not attempted to discuss the financial aspect of these proposals. It is our place to indicate the objects we have in view and the lines along which they may best be attained. The Government must be convinced of their practicability, and to it we must look to carry them out.”