

## REPORTS AND ANALYSES

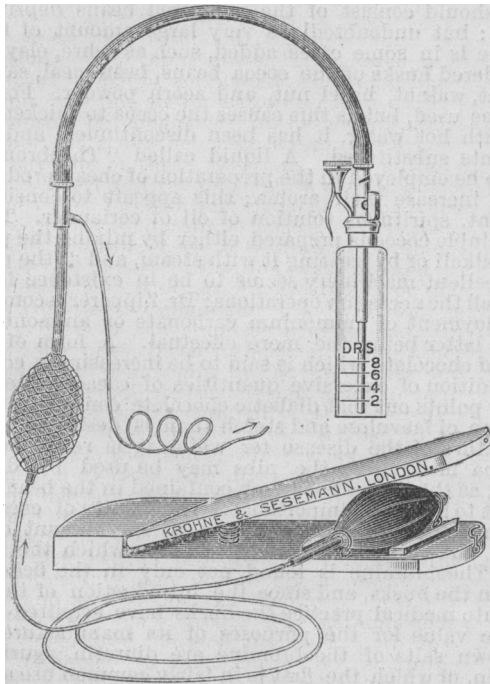
AND

## DESCRIPTIONS OF NEW INVENTIONS

IN MEDICINE, SURGERY, DIETETICS, AND THE  
ALLIED SCIENCES.

## MEDICAL AND SURGICAL APPLIANCES.

*Foot Bellows for Use with Junker's Inhaler.*—Mr. HARVEY HILLIARD (Assistant Instructor in Anaesthetics at the London Hospital, and Assistant Anaesthetist to the Royal Dental Hospital) writes: Having frequently felt the want of a third hand when using Junker's chloroform apparatus in prolonged and bloody operations upon the face and jaws, it occurred to me that the ordinary bellows might be equally well worked by the foot, thus liberating a hand; but on inquiry I found that already Dr. Dudley Buxton had invented a form of foot bellows; this apparatus, however, has disadvantages which are not present in the one here figured, which has been made to my design by Messrs. Krohne and Sesemann, and is extremely simple and portable; it can be used with the ordinary hand bellows by making a slight alteration in them, which any anaesthetist can easily effect for himself. The apparatus



consists of a wooden base with a raised piece upon which to rest the heel when working the bellows, upon this is hinged another piece of wood supported by a spiral steel spring, under which is placed the modified hand-ball of the Junker bellows; this ball is detached from the second, netted ball, a sufficient length of tubing being interposed having a conical circularly-ribbed metal nozzle at each end, so that it can be easily and firmly inserted by one end into the netted ball, and by the other into the handball; this simple alteration can be effected in a moment, and does not in any way spoil the apparatus for ordinary use, as the balls can be reunited by means of one of the nozzles. When being used as a foot bellows the ball is kept in place by a little ledge of wood in front and behind, and by two stout wire loops which pass round its extremities where they become elongated into its entry and exit tubes; these loops when not in use fall inwards so that the whole apparatus can be shut up flat, being then only 1 in. in thickness, thus taking up very little room in one's bag. By its use the anaesthetist has one hand free to manage a gag or to sponge out the throat in such operations as I have mentioned above; it will also be of value to the general practitioner who desires to give chloroform while attending a midwifery case singlehanded; and doubtless also to a pathologist when using ether for freezing specimens for cutting microscope sections.

## THE VACCINATION ACTS.

By JOHN C. McVAIL, M.D.

*(Continued from p. 102.)*

## THE CONSCIENCE CLAUSE.

CLOSELY interlinked with the subject of a Revaccination Act is that of the Conscience Clause. When the Royal Commission on Vaccination published its final report and boldly recommended a Conscience Clause, a great part of the medical profession and probably also of the public were startled at what they regarded as a lowering of the vaccination flag. Some opponents of vaccination appeared at first to be jubilant over what they professed to regard as an antivaccination victory. Compulsion had gone by the board, and everything else relating to vaccination would quickly follow. Very soon, however, a reaction began in the reading of the recommendation. Heed was given to the fact that the Commissioners themselves suggested such a clause not to permit a lessening of the practice of vaccination, but to achieve an increase of it. Looking, indeed, to the well-defined conclusions of the Commission regarding the necessity and efficacy and safety of vaccination as a preventive of small-pox, any proposal to diminish its practice would obviously have been inconsistent. The Commission, however, might have been mistaken in their judgement as to the likely effect of a Conscience Clause, and when Government introduced their Vaccination Bill in 1898 it appeared that they had thought so, for all that they proposed was to diminish the number of penalties exigible in respect of any one unvaccinated child. As the law had previously stood there could be constant repetition of prosecutions and penalties until an unvaccinated child had reached 14 years of age, and the Government's proposal was to limit the penalties to one or two. Discussion in the House of Commons resulted in the substitution of a Conscience Clause for these limited penalties. Opinions still greatly differ as to whether or not this was a wise substitution. Personally, I think it was. No weapon in the hands of an antivaccinationist was equal in value to that furnished by the spectacle of repeated prosecutions and fines, and selling of goods and imprisonment for refusal to pay the fines inflicted. Such proceedings had, indeed, been a large factor in the election in many parts of England of Boards of Guardians whose policy was to allow the compulsory provisions of the Vaccination Acts to become a dead letter, so that not merely were active opponents exempted from the law, but tens of thousands of children were annually permitted to pass the compulsory vaccination age without any effort being made to procure their protection against small-pox. Here and there, however, Boards of Guardians still continued the system of repeated prosecutions, and the limitation of the penalties to one or two, as proposed by the Vaccination Bill of 1898, would have had the effect of restraining the action of such Boards. But it would still have left the weapon, perhaps slightly blunted yet useful, for antivaccination propagandism. In this country no Act of Parliament has ever really been, or probably will ever really be, compulsory in the sense of forcing the vaccination of a child against the will of a parent prepared to pay penalties rather than submit. The question, therefore, of the amount of pressure to be brought by law in support of vaccination is simply one of degree and expediency. So far as I can see, a well-drawn Conscience Clause is the best method of relief from absolute compulsion. The present Conscience Clause is not well drawn. As pointed out in the paper already referred to, the clause is faulty in two directions. It allows a great many people to receive exemption certificates who by no stretch of imagination can be regarded as conscientious objectors, and it allows refusal of certificates to other persons who are willing to prove their determined resistance to vaccination by every means which the law allows to them. The Conscience Clause is defective in leaving far too much to the discretion or indiscretion of magistrates. Any two of these may, on the one hand, grant certificates by the hundred to people who choose to walk through their court in the course of an evening stroll, and on the other hand, if the magistrates should chance to change their views, or to have for successors on the same bench others differently minded, they may discuss the whole subject of vaccination by the hour with objectors and their agents, and may in the end declare themselves not "satisfied," and so refuse to grant certificates.

The purpose of the Royal Commission in recommending an exemption clause was to set up a standard which would be as nearly as possible successful in distinguishing the determined opponent of vaccination from the merely indifferent and

neglectful parent. It is useless to discuss here what constitutes conscience. A good clause may be difficult to frame, but it should surely not pass the wit of those who draft Parliamentary Bills for Government to formulate, in consultation with the Local Government Board, some scheme which would give the merely careless parent more trouble than the procuring of the vaccination of his child would do, and at the same time would allow irreconcilable opponents of vaccination to escape without interposing needless and futile difficulties. Indeed, if there were any better method of distinguishing between the two classes, then, seeing that the purpose of the Acts is not to punish folly but only to promote vaccination, I would take no legal proceedings whatever against those who cannot, by any method sanctioned by any Act of Parliament, be induced to accept protection against small-pox. But, unfortunately, no such method is known. Even under the Conscience Clause there have been since 1898 a few cases in which it has been possible for antivaccinationists to get up demonstrations, and processions, and orations regarding men who would neither have their children vaccinated nor apply for exemption certificates. Such things may not be entirely avoidable under any Act of Parliament, but it is obvious that the public is not likely to be so easily led to look on a man as a martyr who merely will not take the trouble to obtain an exemption certificate, as in the case of a man who had no choice between submitting to vaccination on the one hand, or to a penalty with its alternative of seizure of goods or imprisonment on the other.

But all this does not answer the question, Can we, with a Conscience Clause, expect in England such immunity from small-pox as Germany has achieved? More than one point has to be considered here.

Assuming that we are to have legislative obligation with regard both to primary vaccination and to revaccination, will a Conscience Clause be very largely resorted to, for infants, or for school children, or for both? That again will depend partly on the terms of the Conscience Clause. If amended as above suggested, I think it quite likely that resort to exemption certificates would not be so great as if the present clause were retained. The latest returns show that in the provinces the conscientious objectors amount to about 5 per cent., and in London to about 1 per cent. This possibly gives too favourable a result, because in some places no great amount of pressure has yet been brought to bear on the parents of unvaccinated children to force them towards either vaccination or exemption certificates. But a stronger clause, allowing no such vagaries as are at present possible, would have a better effect in leading careless parents towards vaccination. If so, it may be asked, might it not also lead to more imprisonments and more "martyrdoms"? Not necessarily, but that point will be referred to again.

Also, it is to be remembered that there may not be the same resort to exemption certificates in the case of children 12 years old as in the case of infants. A nervous mother may not so readily be filled with groundless alarm regarding her sturdy schoolboy as when he was a tiny infant. Besides, as time passes, and revaccination comes to be more and more a matter of course in the case of school children, opposition should tend to diminish. Resort to revaccination would become all the more general if the requirement came to be anything like a routine one in obtaining employment. Much frothy indignation has been expressed by antivaccinationists on this subject. Government departments, especially the Education Department, and some employers of labour, have been accused of tyranny and undue interference with the liberty of the subject because they have refused to accept or retain the services of those who would not be vaccinated or revaccinated. But surely if a father has the right to resort to a Conscience Clause owing to his disbelief in vaccination, a business man has a right to exclude from his establishment any individual who, through exceptional liability to small-pox attack, is regarded as likely to become a means of spreading the disease among his fellow workmen. The antivaccinationist of course would hold that the employer is mistaken, just as other people think the antivaccinationist mistaken, but if the latter is allowed to support his own opinion by getting an exemption certificate and refusing vaccination, surely the former has a similar right of exemption from employment of the unvaccinated. The idea that any one desiring a servant should be compelled against his will to engage or continue to employ a person whom he regards as a danger to his other servants only shows how differently an antivaccinationist can look on the question of compulsion as applied in different circumstances. It is not merely the health of other

employés that is in question; there is also the possible disorganization of business and all that that involves. In a trade where the stock consists of material capable of conveying infection, as in clothing, drapery, or millinery, it is easy to see that great monetary loss might result from even a single case of small-pox. In this matter the liberty of the subject cannot be entirely confined to the antivaccinationist.

As concerns possible attainment of German results, there is still another point to be noted. A great deal of the very trifling amount of small-pox that is now experienced in Germany occurs near the frontiers, through importation of infection from less vaccinated countries like Austria and Russia. Owing to her sea border, the risks of England are, in that respect, much less than those of Germany. How far this would counterbalance the existence in England of a scattered percentage of unvaccinated persons, and especially the existence of localities here and there in which such persons might particularly abound, is a question which admits of no present answer; but the English nation as a whole, being vaccinated and revaccinated, would form a valuable cordon of protection round localities in which antivaccination might prevail. Variolous infection would not readily reach them, and when it did the surrounding populations would be well protected against invasion. When small-pox might chance to be occasionally introduced elsewhere in England, it would be easily controlled. The number of susceptible contacts would not be great, and there would be little opportunity for spread of the disease. If, however, the Conscience Clause were to result in some less degree of immunity than Germany enjoys, we would yet be much better off than at present; and of this there is no doubt whatever, that there would be much less small-pox under a Revaccination Act with a Conscience Clause than under a Primary Vaccination Act alone.

#### THE AGE FOR REVACCINATION.

A subordinate question is the exact age for revaccination under a Revaccination Act. The Compulsory Education Acts would here come to the aid of an obligatory Revaccination Act. The school registers would be available for obtaining periodical lists of children reaching the stipulated age. Unless in presence of small-pox, the revaccination age should, I am inclined to think, be made as late as is consistent with securing the vaccination of all children before leaving school. The reasons are twofold. The longer the interval between two vaccinal operations, at least as regards the possible intervals here under consideration between primary and revaccination, the greater is the likelihood of the second operation being thoroughly successful as measured by area and number of marks and character of scars. It is desirable to give as much opportunity as the limits of elementary school life will allow for the production of typical vesicles of sufficient number and area. The second reason is complementary to this. The later revaccination is in being done the longer will its full protective power endure. This is not necessarily to be regarded as a mere adding on of a year at one end by subtracting it at the other. It has always seemed to me possible that the growth and development of the individual may be a factor here. At the age of primary vaccination the individual is only some 14 lb. or 16 lb. in weight. His height and weight grow and multiply so rapidly as to suggest that the vaccinal protection originally conferred may be subject to a kind of dilution or distribution throughout the larger bodily frame, and so may diminish somewhat in value. If there is anything in that view (and it is not mentioned here as more than a theory), then it might be better, other things being equal, to defer the second vaccination, so that the body would have more nearly approached to its full development. But experience of small-pox hospitals has shown that, at least in epidemics, susceptibility to attack has returned to a considerable percentage of persons between 10 and 15 years of age, and to an appreciable number even before 10 years of age. The fact is not to be denied, but in presence of national revaccination its weight would be lessened on the lines above indicated—that small-pox would have much more difficulty in getting a footing in a community than at present. One practical reason for making it quite out of the question to think of postponing revaccination beyond school life is that then there would be no sure way of getting lists of persons about to reach whatever age might be specified for the purpose. And it is obviously desirable that boys and girls should be revaccinated before entering on the business of life. The law should therefore apply to school life, but at the same time should come into force as

nearly as might be to the end of it. Even this waiting should be strictly limited to times of absence of small-pox from a community. It ought always to be possible, by order of the Local Government Board or otherwise, to temporarily lower the age limit in any given area until variola had departed from it.

#### EFFICIENCY OF VACCINATION.

No Vaccination Act in this country has ever yet drawn the slightest distinction between one kind of vaccination and another. In the eye of the law a person is either vaccinated or not vaccinated according as he has or has not been medically certified to have been vaccinated. Yet there is superabundant evidence that the completeness of individual protection against small-pox depends largely on the thoroughness with which the operation has been performed. Owing to the absence from vaccination certificates of any information as to the area or number or character of the resulting marks, it is difficult to get any useful statistics of the relative susceptibility to attack by small-pox of groups of persons differentiated according to quality and quantity of their vaccination scars. Necessarily, therefore, the evidence available is mainly that of small-pox hospitals, and has to do, not with susceptibility to attack, because all in such hospitals are the subjects of attack, but with susceptibility to death when attacked. In Dr. Gayton's 10,403 cases of small-pox at the Homerton Hospital, 2,085 had good marks, and the fatality-rate was 3 per cent.; 4,854 had indifferent marks, with a fatality-rate of 9 per cent.; 1,295 were alleged to be vaccinated, but had no marks, with a fatality-rate of 27 per cent.; and 2,169 were unvaccinated, and had a fatality-rate of 43 per cent. In nearly 7,000 cases observed in recent years the Royal Commission found that the fatality-rate in persons with 1 mark was 6.2 per cent., with 2 marks 5.8 per cent., with 3 marks 3.7 per cent., and with 4 marks 2.2 per cent. It is obvious, therefore, that whatever an Act of Parliament can do to promote thoroughness of vaccination it ought to do. Its powers, however, in this matter are strictly limited. Supposing that a new Vaccination Act were to insist that every vaccination should consist of three or four marks with a total area of not less than half a square inch, it would not be possible always to enforce the provision. In any profession of 30,000 members there are a proportion of men more or less incompetent and more or less careless, and also a proportion of black sheep. Every insertion of lymph is not necessarily effective, and through incompetence or carelessness or deliberate intention some vaccinations would fall short of the Government standard. Taking the worst case—that of the black sheep—it would always be open to the operator to plead that he had attempted to obey the law, but that the vaccination had been partially unsuccessful. This partial failure could not at once be remedied by repetition of the operation. Experience shows that even a single small mark gives for a time a very considerable amount of protection against small-pox, and makes it impossible to revaccinate successfully immediately after the first operation. Government therefore, though it might quite properly prohibit from further vaccination practice men proved to regularly produce only very imperfect local results, yet could not prevent some amount of very imperfect vaccination. It can, however, quite easily do two things usefully in the matter. It can insist that every vaccination certificate shall in future state the number and area of marks, so that the good name of vaccination shall no longer be subjected to obloquy through the imperfect performance of the operation; and so that also when a vaccinated person takes small-pox it may be possible, if the place and date of vaccination are known, to refer to the register of vaccinations to ascertain exactly what was the character and quality of the operation. It can, in the second place, encourage good vaccination by fixing a proper money payment—perhaps the same as for a certificates under the Infectious Disease Notification Act—for every certificate received where a specified standard of success, as measured by area and number of marks, had been achieved. If any such system of payment on a basis of certification of thoroughness of vaccination were to be established it would have to be safeguarded by an imposition of very severe penalties for false certificates. Men belonging to the dregs of the profession who might be found guilty of repeatedly certifying four marks where there had been, say, only one, should be treated as unworthy to remain in the ranks.

#### CALF LYMPH SUPPLY.

Since glycerinated calf lymph came into general use in England in substitution for arm-to-arm vaccination, there has

been an increasingly clamant demand on the part of the medical profession, and to some extent on the part also of the public, that lymph from the Government laboratories should be obtainable for all vaccinations. Alternatively it has been urged that Government should at least undertake supervision of production of lymph by private makers. A difficulty in the way of this latter proposal is that much lymph is imported from abroad for sale in England, and its preparation could not well be supervised by the home Government.

The justice of the demand that only lymph prepared in the best-known methods shall be used for insertion into human beings is obvious. At present, Government undertakes to supply only public vaccinators, and as it is open to every one to go to a public vaccinator, it may be urged that after all no one need be operated on with other than Government lymph unless he pleases. But the retort is ready, that if Government produces enough lymph for all vaccinations, there is no sufficient reason why it should not supply private practitioners as well as public vaccinators, seeing that as a matter of fact private practitioners do perform a very large number of vaccinations. The inference seems to be that in arranging the size and equipment of its establishment, heed has been given to the fact that in practice only part of the population wishing to be vaccinated do come to public vaccinators, so that for these vaccinators a less amount of lymph and a smaller establishment are needed than if all vaccinations had to be provided for.

That is only after all a subsidiary consideration. The great difficulties in the provision of glycerinated calf lymph are (1) that the lymph has to be stored for one month before it attains its greatest fitness for use, and (2) that in the present condition of the law the demand for it is most irregular in amount, and depends largely on the presence or absence of small-pox. The greatest irregularity is in respect of revaccination, which at one time may be almost at a standstill in a locality, and at another time much more in extent than primary vaccination.

The reason for a month's storage of glycerinated lymph prior to use is twofold; on the one hand it takes that time to get properly rid of extraneous micro-organisms, and on the other, if the lymph is kept much longer it is apt to become inert. These are matters in which a Government laboratory can take no risks. It is far better to refuse requests for lymph than to send out any that is either insufficiently purified or useless through too long keeping.

I have said that my reason for beginning these articles by a plea for Revaccination Act is that such an Act is not only important in itself, but is also a basis for the most important of the other reforms required, and I think it is clear that this is the case with regard to lymph supply. It is an unquestionable duty of Parliament to safeguard by every practicable and reasonably available means those whom it obliges by law to be vaccinated. But there is only one way of working out this duty, and that way is the passing of a Revaccination Act. It would be ridiculous to propose that Government should set going and keep up lymph production on such a scale as would be required perhaps only once in ten years in presence of extensive prevalence of small-pox. The meaning of such a proposal would be that every month during the intervals between epidemics huge quantities of lymph would have to be thrown away as useless, and great annual expenditure incurred without any corresponding benefit. On the other hand, under a system of obligatory primary vaccination and revaccination, the demand for lymph would be very steady and regular, and any exceptional requirements would be comparatively moderate in amount. There would, in fact, be the often desired but seldom achieved combination of efficiency and economy.

#### SMALL-POX HOSPITAL ACCOMMODATION.

Under this heading another great benefit has to be pointed out as certain to result from a national system of revaccination supplementary to primary vaccination. The erection and maintenance of small-pox hospitals imposes a heavy financial burden on sanitary districts throughout the country. In one sense the burden is all the more aggravating because, as a result of even the partial protection of the people by vaccination as at present carried out, small-pox is not very prevalent, and hospitals provided for it are out of use for long periods of time. On the other hand, in the absence of general revaccination such hospitals have to be built and maintained, and that on a very considerable scale. No doubt the repeal of all Vaccination Acts would result in

a much more frequent occupation of such hospitals, so that there would in a way be more to show for the money expended. Though the hospitals might often be full, however, in an unvaccinated community, they would not prevent small-pox epidemics. Unvaccinated nurses, unless they had previously had small-pox, would themselves be attacked. Those nursing the nurses would contract the disease next in order, and so on indefinitely.

But prior to all these questions regarding the cost and worth of hospitals, there is the constantly experienced difficulty in finding suitable sites. Owing to the liability of small-pox hospitals to act as centres for the spread of the disease, the Local Government Board have framed regulations as to the isolation of such institutions which make it very hard for local authorities to acquire ground at once sufficiently isolated and sufficiently convenient for the population to be served. In passing I may remark that it would be no kindness, but the opposite, to local authorities for the Central Board to approve of sites which might afterwards prove dangerous to the surrounding population. So long as small-pox remains absent, the possession of a hospital might indeed keep the minds of local authorities easy through a feeling that they had obeyed the Board's behests, but when small-pox came their troubles might be increased tenfold. The anomalous position in which sanitary bodies are placed at present, therefore, is that, on the one hand, they have the utmost difficulty in obtaining suitable sites for small-pox hospitals, and on the other hand they have no power to insist on the protection of their districts by revaccination so as to render hospitals unnecessary. These troubles would be got rid of under a Revaccination Act. The whole problem of small-pox hospital accommodation would be essentially changed. A mere fraction of what is at present required would be sufficient, and to a surrounding revaccinated community a hospital would be a much less serious source of danger. Regarding the merely financial question, I understand that the late outbreak in London has added a permanent charge of threepence per pound per annum to the rates, and this of course does not represent anything like the total loss resulting from the epidemic.

(To be continued.)

## A RETROSPECT OF THE IRISH POOR-LAW DISPENSARY, LUNATIC ASYLUM, AND WORKHOUSE SYSTEMS.

(Concluded from page 107).

### III.—THE WORKHOUSE THE CURSE OF THE IRISH POOR-LAW.

*The Establishment of Workhouses.*

WHEN in 1836 the problem of Irish destitution and Irish pauperism pressed for solution and the Government of the day sent Sir George, then Mr., Nicholl, one of the English Poor-law Commissioners to Ireland to report upon the causes of the pauperism and the desirability of introducing the English union system and the workhouse test for destitution as a remedy, he strongly advocated the establishment of Poor-law unions with a workhouse in each as a test of destitution, not of poverty, and he plainly indicated his opinion that these institutions should be so conducted as to make them as deterrent as possible. In his reports he almost entirely leaves out of consideration the treatment of those whose destitution might be due to sickness or age. All were to be treated alike, and he estimated that a pauper could be fed in an Irish workhouse for about 1s. a week, or less than half what it would cost in England.

Sir George no doubt acted up to his lights and his education. He overlooked the fact, however, that the English Poor-law system, like the common law, was the growth of centuries modified from time to time by statute to suit the varying conditions of the people, and that to introduce a system so alien to the habits and genius of the Celt into Ireland was, to say the least of it, a doubtful experiment.

Ireland was at this time (1836) swarming with mendicants. Sir George Lewis, writing in 1835, says: "It is probable from the way the population has increased that the number of poor as compared with rich is larger than at any previous period." But this vast army of pauper mendicants, estimated at 80,000 out of a population of 8,000,000, was the outcome of peculiar economic conditions. The enormous population was of comparatively recent and rapid growth, starting from the general peace of 1815 and due to various causes: The extraordinary fertility of the soil in the production of

potatoes, the staple food of the masses; the reduction in the price of food consequent on peace, the cessation of the drain upon the manhood of the country to fill the ranks of the army and navy, and, to a certain extent, to the efforts of the clergy to maintain morality by encouraging early marriages. A condition soon arrived when there was not sufficient arable land under cultivation to employ the millions of the labouring class, whose only resource was to beg or starve, manufactures outside the Ulster weaving industry being absent. What the state of the poor was we may judge by an extract from the report of the Devon Commission, published in 1845:

Adverting to the condition of the various classes of occupiers in Ireland, we noticed with deep regret the state of the labourers and cottiers in most parts of the country from want of certain employment. It would be impossible adequately to describe the privations which they and their families habitually and patiently suffer. It will be in evidence that in many districts their sole food is the potato, their only beverage water; their cabins are seldom a protection against the weather; that a bed or a blanket is a rare luxury, and that in nearly every case their pig and manure heap constitute their only property.

The above was written eight years after the workhouse test for destitution had been established, and during a period to which the farming classes look back even yet as the golden era of Irish prosperity—for them—and it forms a striking commentary upon the homilies addressed to the farmer and landlord guardians in 1841-42 which we shall quote later.

While potatoes were cheap and could be had almost for the asking, small wonder these poor souls preferred to beg rather than starve; and as even to this day the Irish peasant regards giving of alms as a saving virtue, it is not surprising that beggars became both numerous and importunate—how numerous and how importunate Lever's and Carleton's novels of the period plainly indicate.

To stem this tide of pauperism would have taxed the energy and resource of any Government; but looking at it from the dawn of the twentieth century the attempt to exterminate pauperism so vast by incarcerating the pauper and starving him appears about as sensible as the efforts of Irish asylum governors to check the spread of lunacy by closing the asylum doors against undoubted lunatics because they are coming too fast.

There is little doubt the entire Irish Poor-law system would have broken down, so far as it was intended to stamp out mendicancy, and it would have been a lucky thing for Ireland if it had, were it not that the famine and pestilence of 1846-7, followed by years of wholesale emigration, depopulated vast areas of the country and solved the difficulty. Probably State-aided emigration would have been the best remedy for the congestion of 1836, and guardians were empowered by the Poor Law to advance money for that purpose from the rates, but neither then nor since have the classes from whom Poor-law guardians are drawn shown any real desire to help the labourer, and the British Government of that day evidently considered that as the union and workhouse system was capable of dealing successfully with the comparatively small proportion of English poor the same system ought to agree with the Irish poor. To mend matters, the Irish unions were for some ten years after their formation controlled by English Poor-law Commissioners sitting in London knowing as much about the wants of Ireland as of India, and addressing lessons on economy to the guardians of the starving Irish poor. That the lessons were effectual the subsequent history of Irish workhouses plainly proves.

#### *Their Administration.*

The Irish Poor-law Act was passed in the second year of our late Queen's reign, and the Poor-law Commissioners in 1841, in which year a large number of workhouses were opened, laid down a dietary for the inmates as follows:

*For Adult Paupers.*—Breakfast: 7 oz. of meal,  $\frac{1}{2}$  pint of new milk, or 1 pint of butter milk. Dinner:  $\frac{3}{4}$  lb. of potatoes,  $\frac{1}{2}$  pint of new milk or 1 pint of butter milk. Supper none.

*Children, 9 to 15 years.*—Breakfast:  $\frac{3}{4}$  oz. of meal and  $\frac{1}{2}$  pint new milk. Dinner: 2 lb. of potatoes,  $\frac{1}{2}$  pint new milk. Supper: 6 oz. of bread. Children 5 to 8 years to be fed on same, or diminished at discretion of the guardians.

And the Commissioners observe that "the system of two meals a day is far more convenient than the three meals, and much more economical." About the sapiency of this observation there can be no question. Not infrequently the guardians of those days, new to their business, were more humane than their instructors, and tried to give the poor wretches a little more food, with the invariable result of bringing down upon their heads a long lecture upon their improvidence. For example:

*Balrothery Guardians.*—Notice of motion, March 14th, 1842: "That each adult pauper get at Easter 1 lb. mutton, and each child  $\frac{1}{2}$  lb." The Com-