

tection afforded in those States where no proper legislation exists, or no honest and intelligent officer is charged with a careful and searching examination into the actual standing and condition of companies seeking to do business in those States. We assume it, therefore, as self-evident that there should be sound, conservative, and stringent legislation in every State; that wholesome laws should be enacted and faithfully executed; and that none but irresponsible and untrustworthy companies will complain of such legislation. An honest man has nothing to fear in the laws against crime, nor can a sound, strong, and well-organized insurance company fear any law that compels them to make an annual exhibit of their financial standing, as a condition of doing business in any State. They have no reason to complain of any requirement having for its object a rigid and searching inquiry into their pecuniary strength and business character. Any law that shall compel all alike to disclose their actual condition, whether local or foreign, will be cordially obeyed by every sound company. The policy adopted in this State has driven from its borders nearly all, if not all, companies of a fraudulent character, though a few originally organized on an actual capital are conducting their business in so reckless a manner as will lead them in no long time to grief and bankruptcy."

It will be obvious that some such plan as is adopted in the States of New York and Massachusetts would meet many of the evils incident to public companies as they at present exist in this country, but any expression of opinion by me on the policy or details of this plan would be foreign to the object of this paper. Such matter would form a very proper subject for a paper and discussion at a future meeting of this Society.

III — *The Dublin Hospitals · their Grants and Governing Bodies.* By E. D. Mapother, M.D.

[Read Tuesday, 22nd of June, 1869.]

TEN reports having been issued by the Dublin Hospitals' Board since its creation by an act in 1857, and it being probable that larger funds may be shortly available for such charities in this city and in Ireland generally, a discussion upon their circumstances and management seems to me opportune and desirable. Public money to the amount of £19,804 annually is divided among 14 hospitals in Dublin, namely, £16,000 voted by Parliament, £230 from the Treasury, £3,020 from city rates, and £554 from county rates. The income of these hospitals from bequests and subscriptions was estimated at £10,947, or about one-third of the whole, in an able paper read to us by Dr. McDonnell a few sessions back. Private benevolence is, in most cities, inadequate for the support of hospitals, but in Dublin, where the poor so greatly outnumber the rich, the withdrawal of public funds would lead to the closure of some of these great

national institutions, and would reduce the usefulness of all. Parliamentary grants are not voted for the hospitals of Edinburgh or London, but in the former city medical professorships are well endowed, and in London the great hospitals of St. Bartholomew and St. Thomas possess property now worth £80,000 yearly, which before the Reformation belonged to the monasteries. In Dublin, the property of religious establishments was not, after that period, consigned for the benefit of the sick poor. An imperial object is moreover fulfilled by the hospitals of Dublin, for in them are educated more surgeons for the army and navy than in those of England or Scotland. For the above reasons, Royal Commissioners in 1829, 1842, and 1855, and a Committee of the House of Commons after a most exhaustive inquiry in 1854, strongly urged the continuation of these grants. Indeed, they were never disapproved of, except by the Committee on Estimates in 1848, and that after the evidence of a single most unreliable witness. Of late years Government aid has become more necessary, the applications for admission having greatly increased owing to the facility with which Dublin can be reached from the most distant parts of the country. Such patients should be freely admissible to those hospitals which are supported by the State, while the poor of Dublin should be specially cared for in those not so endowed; and to them it would be just that the corporation grants should be restricted.

In explaining the circumstances of each of the hospitals, the second point I shall dwell on is the election of medical officers—the most important item in the administration of a place devoted to the cure of the sick and the education of students. The public discussion of this subject has been forced upon us by that great organ of medical opinion, *The Lancet*. In a leader on hospital elections in Dublin, on the 5th inst, it is asserted—“Merit and ability not only have not a fair chance, but unless backed by the necessary purchase-money have absolutely no chance at all. As a case in point, we should be glad to know how it was that the immediate successor to a teacher of European celebrity attained his position. His warmest admirers could scarcely declare that his election was the result of merit or the recognition of professional ability.”

As such instances are multiple, there was difficulty in understanding which of the cases the writer alluded to, and neither response nor amendment was likely to follow. And the same journal on last Saturday complains—“The announcement we have lately made that the members of an hospital staff in Ireland are not only colleagues in professional work but also co-partners in a lucrative business in the sale of appointments to the vacancies in their own body, while it has taken the profession in England by surprise, has fallen upon our Irish brethren with the tameness of a thrice-told tale.”

I most earnestly wish that the task of exposing these abuses had devolved upon others—the officers of those hospitals in which pure motives hold sway, for instance; but as the question concerns the health, the limbs, and the lives of the poor, I, as medical officer of the city, cannot shrink from such a duty. The members of this Society, I know, will acquit me of any desire to censure the proceed-

ings of my professional brethren. Many of the details I shall have to mention are necessarily dry, but their importance must be my excuse, and the lively discussion which will ensue will make amends. The special hospitals I will barely allude to.

Of the Hospital for Incurables, the oldest and best of its kind in these kingdoms, I could only speak in terms of praise. Its funds are £250 from Parliament, £43 from the Treasury, £375 from the Corporation (a sum which I think should be doubled), and £2,847 from subscriptions and property. If patients not wholly destitute were allowed to contribute to their support, the benefits of this admirable charity might be greatly extended. The daily average of occupied beds throughout 1867 was 182, at a cost of £20 each. The committee elects the medical officers.

The Lock must needs be a separate institution, dependent on state aid, and receives therefore £2,500 yearly from Parliament. The daily average of beds is 73, at a cost of £36 each. The medical officers are appointed by the governors, of whom there are twenty, three being a quorum—a number too small for the prevention of pecuniary arrangements, such as that by which a surgeon was lately elected at the same meeting at which the vacancy was declared. Its founder, Lord Westmoreland, ordained that the physicians should be elected by the President and Censors of the College of Physicians, and the Surgeons by the President and Censors of the College of Surgeons, a plan very trustworthy.

St. Mark's Eye and Ear Hospital receives £100 from Government, £100 from the Corporation, about £350 from pay patients, and £225 from subscriptions. It is in every way deserving of support; for while in every hospital students should have means of studying diseases of the eye and ear, a metropolitan institution for their treatment alone is a necessity.

The Cork-street Fever Hospital receives £2,500 from the Parliamentary grant, and in 1867 had an income from other sources of £1,382. During that year there was a daily average of occupied beds of 92. It is a most admirably managed institution but the distribution of fever cases among the general hospitals seems desirable on three grounds—firstly, the cure of the sick; situated at the extreme western end of the city, patients from the eastern end must suffer during so long a journey. Secondly, the safety of the healthy, for as many of the poor refuse to go there, dreading an hospital where catching diseases are concentrated, the spread of infection is encouraged. Thirdly, medical education—pupils can never attend this hospital or the similar ones in London, and some other capitals, as their time is fully occupied in general hospitals, and, therefore, one of the conditions upon which state aid is granted is not fulfilled. Dublin citizens having subscribed £9,000 towards its erection, the building should be devoted to some purpose which would lower their taxation. As it is adjacent to the South Workhouse it might be used as an auxiliary building, and in times of pestilence, which I confidently trust are far distant, might be converted into a temporary hospital. Separate fever buildings should be erected on the grounds of all hospitals which do not at present possess them, for

the admission of infectious diseases into general wards is most dangerous, as the following instance shows.—During 1867 thirteen of the attendants of a London hospital, in which fever cases are admitted into the general wards, caught the contagion. If infectious cases were admissible to all hospitals, the Corporation, to check the spread of the disease, would provide vehicles for the conveyance of the patients and for the carriage of their clothing and bedding to the disinfecting chamber. Owing to want of co-operation of hospital authorities this apparatus has been little used.

The Coombe Lying-in Hospital, in 1867, received £200 from Government, £780 from the Corporation, £687 from subscribers. A new charter creates a board of twenty-one who are to elect their successors, and the medical officers on the recommendation of the existing staff, the assistants to be preferred for the office of master.

The Rotundo is supported by a grant of £700, and private funds averaging £1,500. The election of master from those who have been assistants secures the appointment of a highly qualified man. When the Right Hon. the Recorder exposed the system of making governors so as to secure their votes, it was defended on the plea that charity was the gainer. But in several other hospitals in which places are sold, none of the price goes to their funds.

The general hospitals in our city are ten, but the Adelaide and Sir P. Dun's being wholly sustained by private funds cannot be discussed; but I may say that the governing board of the latter is most admirably chosen, namely, the visitors, president, and censors of the College of Physicians, the Provost of Trinity College, and twelve others elected by the existing board for life, as vacancies occur. Moreover, many of the medical professors of the University are *ex officio* medical attendants of the hospital, and hence are pre-eminently qualified.

St. Vincent's Hospital, with the exception of £300 yearly from the Corporation, depends on subscriptions. It is wholly managed by Sisters of Charity, who select medical officers with the advice of the existing staff.

To the Mater Misericordiæ, the hospital of the Sisters of Mercy, the same remarks apply, and in neither has any money been ever expended to procure resignation or election.

The City of Dublin Hospital was founded in 1832 by professors of the College of Surgeons, who proposed to make it their clinical school. The Corporation grants £300 yearly, and subscriptions to about three times that amount are collected. Governors elected from subscribers manage the funds with remarkable economy; but the medical officers elect to vacancies, large sums being usually paid to the retiring officer. As the physicians and surgeons have been always chosen from the teachers of the College of Surgeons there is a guarantee of their competency.

Jervis-street Infirmary dates from 1726, and, being in the midst of a district fertile in accidents, has done immense service. Its income is £44 from the Treasury, under the Infirmary Act of 1765, £200 yearly from the Corporation, and about £700 from funded property and subscriptions. Sisters of Mercy reside in the house;

but a committee of 15, elected from governors who pay £21, or £5 yearly, manage the hospital. The governors, according to charter of Oct. 13, 1820, elect when a vacancy for physician or surgeon occurs, but usually follow the recommendation of the medical board, and the candidate must qualify by the payment of £500, £300 of which goes to the retiring officer, and £200 to the hospital, which gets the entire sum in case of a death vacancy. This is the least objectionable form of the purchase system; but most eligible candidates whose means did not allow of this investment might be excluded, although pupils' fees give a fair interest.

Mercer's Hospital, established in 1734, was incorporated by 23 George II., c. 18. Its only funds from public sources are £44 from the Treasury, and £300 from the city, for which it makes a most ample return in treating great numbers of those who suffer accidents. A self-elective board manage the affairs, but as the Act of 1749 declares "The physicians and surgeons, two-thirds of them at least consenting, so long as they should continue to attend the said hospital without fee or reward, shall have power and authority, and are hereby authorised to increase their number as they shall see fit," the medical officers conceive that they are thus empowered to elect to vacancies on their staff. Whether the acceptance of pupils' fees, or the grant of a yearly sum under the Infirmary Act subsequently passed, by rendering this a county infirmary, of which governors would be the electors, removes this power from the medical officers, is an intricate legal question. Be that as it may, a vacant physicancy or surgeoncy is at present sold, not for a fixed sum, but for as much as can be got from the bidder, whose money is then divided between the retiring officer and those who remain to be the electors. £1,200 is now about the price current, but as the class is very large, ten per cent may be counted on. Leaders and letters in the *Saunders* during April, 1868, made two statements, which being unrefuted, deserve some credence—first, that at an election then held the outgoing surgeon, to form the necessary two-thirds of the staff, retained his office till he had voted for the candidate with whom he had made the bargain, and that thus the resignation followed the election. Second, that a vacancy having been caused by death, a large sum was paid by the successor, and was divided amongst the medical officers, that is the electors—the relatives of the deceased or the hospital, which was sadly in want of funds, not receiving anything. How strongly in contrast is the fact stated by Earl Russell—that during the eighteen years University College Hospital had existed, the medical officers had handed over the pupils' fees, amounting to £53,000, to the charity.

In Sir P. Dun's Hospital two-thirds of the fees recompense the officers, one-third goes to help the hospital. It may be urged that the medical men of Mercer's have a vested interest in the hospital, the theatre having been built many years ago by their predecessors, and that having increased the class by their work, the value of their stock is raised. But it should not be forgotten that the legitimate profits from a hospital are professional eminence, public respect, and the gladdening conviction of having served the poor and friendless.

Steevens' Hospital dates from 1710, when it was endowed by Dr. Steevens and his surviving sister. Its annual grant from Government is £1,300, and its other funds £3,235 yearly, including £1,164 paid for constabulary patients. The daily average of occupied beds in 1867 was 154, at a cost of £34 each bed. Its governors are 22, ten *ex officio*, and twelve elected by the board from persons not necessarily subscribers. Nepotism has somewhat controlled the governors in the choice of officers, but no relative of a former physician or surgeon has been elected until he had acquired good standing, and the purchase system is unknown. The *ex officio* governors are high clerical and legal functionaries, whose places the testator believed would be always filled by members of the Established Church, and owing to this constitution, medical men of another creed have not been elected. This peculiarity is becoming gradually effaced, and meanwhile there has not been the slightest religious exclusiveness towards the patients.

The House of Industry Hospitals, Richmond, Whitworth, and Hardwicke, are wholly supported by the Parliamentary grant of £7,472, which in 1867 supported a daily average of 217 beds. It is of the first importance that there should be at least one hospital supported by the Government, to which any subject of the realm, however friendless, shall have a right to enter, if his disease be curable. The governors are twelve gentlemen appointed under the act of 1857 by the Lord Lieutenant, and they elect all officers. Nepotism has never prevailed, and those elected have been always of the very highest order. The last appointment is questionable, inasmuch as a very large sum was paid by the gentleman elected to the retiring officer. The hospital obtained, however, the services of a surgeon of undoubted ability, as is proven by his publications since his election, for they exceed in amount and value those of any other Dublin surgeon within the same period. The surgeons of the Richmond Hospital have sunk about £3,000 in its splendid museum, and it is therefore just that the incoming officer should pay a fair sum for the use of this educational appliance.

The Meath Hospital, founded in 1756, by medical men, upon their petition for public money, was constituted the County Dublin Infirmary in 1774. It receives £300 from the Corporation, £600 from the Parliamentary Grant, £91 from the Treasury, and £553 from the county rates. Its income from donations and subscriptions approaches an equal sum. The average number of beds occupied throughout 1867 was 86, at a cost of £35 each. There are 21 governors elected annually from the subscribers, and the management of the funds, attention to the wants of the patients, and scrupulous respect for their religious belief are deserving of the highest praise. The mode of electing medical officers is open to the most grave objections. The first clause of the 13th and 14th George III., c. 43, constitutes the Meath Hospital the County Dublin Infirmary. The second clause is as follows:—

“II. Provided always, that the annual sum or salary of one hundred pounds, usually granted to the physician and surgeons, be paid and appropriated to the maintenance and general fund for ne-

cessaries in said hospital, and that in all other respects said hospital shall be subject to the like rules and regulations as the other county hospitals in said act mentioned, save only that the present physicians and chirurgeons of said Meath Hospital shall be appointed the physicians and chirurgeons of said intended infirmary for the county of Dublin ; and that it may be lawful for said physicians and chirurgeons, or a majority of them, to elect a physician or chirurgeon in the room of any physician or chirurgeon who from time to time, by death, removal, or otherwise, shall make a vacancy in said hospital, in consideration of their having served said hospital gratis these seventeen years past, and their having had a principle share in the support thereof during that period, and in erecting said building, as well as the relinquishing in behalf of themselves and their successors in said hospital all claim or title to the annual salary of one hundred pounds, which they otherwise would be entitled to in consequence of said act ; anything heretofore or in said act mentioned to the contrary notwithstanding."

This clause is thus described in the index—"The present physicians and surgeons continued, with power to elect and fill up their own vacancies." As Mr. South, one of the Royal Commissioners of 1855, stated that "it may be questionable whether the framers of the act intended to give the medical officers in perpetuity such complete control over the establishment," or to reward the then existing officers for seventeen years' gratuitous services, and great generosity, the following case was submitted to the Solicitor-General :—

"1. Does the Irish statute, 13 and 14, Geo. III., c. 43, sent herewith, empower the present physicians and surgeons of the Meath Hospital, none of whom were in office when the act passed, to elect their successors ?"

"2. Are the two physicians and six surgeons who at present attend the Meath Hospital duly elected, none of the physicians or surgeons in office when the above-named act passed having voted for them, they not having been elected by the governors according to 5 George III. c. 20, section 7, only two of them having served for seventeen years, or having had any interest in the £100 a year which was removed by act in 1851, prior to the appointment of the remaining six officers ?"

The opinion is as follows :—

"I infer that since the passing of the 13th and 14th George III., c. 43, the power of electing to supply vacancies has been exercised without controversy or challenge by not only the *original* physicians and surgeons, but by those whom they from time to time elected to supply vacancies, and that this power has continued to be exercised after all the original physicians and surgeons had died. There is certainly great difficulty in holding such to be the strict construction of the second section, but on the whole I think that view of the statute would be upheld by the court, and that there would certainly be a struggle to do so, unless, indeed, some very great abuse arising from the present system could be established."

The electoral power of the medical officers is therefore at least

doubtful, and if an officer were appointed at the next vacancy by the governors in the prescribed way, it could be readily tried before the Queen's Bench. I have no hope that so close a corporation will reform itself. The mode of election in the Meath was condemned by the Royal Commissioners in 1842, but they, however, believed that no abuse had arisen, a conclusion very probable, when the only medical witness examined was a gentleman whose family had enjoyed three hereditary surgeoncies. It was unanimously condemned by the committee of 1854, of which Lord Mayo was chairman, and by the Royal Commissioners of 1855. There is too great a temptation offered for the exclusion of those who may become successful rivals, although it should be regarded as a sacred trust for the selection of the best surgeon for the patients and best teacher for the pupils. The giving up of the £100 a-year, Irish currency, or £11 each, by the medical officers in 1774 was a generous act, notwithstanding the facts that it was offered as an inducement to the Irish Parliament to support, out of public funds, the hospital they had set up, and that the benevolent physicians who founded Jervis-street, the Lock, Lying-in, Steevens', and Dun's hospitals did not bargain for the lucrative privilege of electing their successors. The generosity of the present staff, however, is not apparent; for as the Medical Charities Act deprived all appointed after 1851 of the claim to this salary, six of them, since then elected, never had an opportunity of giving up their shares, and by the Infirmary Act, at any time the governors could appropriate the sum to the support of the hospital.

In the Meath Hospital I proceed to show that three unworthy motives seem to have actuated the electors.

1st. Sectarian prejudice. For fifty-two years no one of that creed to which nine-tenths of the patients belong has obtained any of the twenty vacancies which have arisen.

2nd. Nepotism. For eight of these vacancies, or two-fifths, have been filled by sons or nephews of previously appointed officers; and in 1854, when the Parliamentary Committee inquired into the matter, seven out of the eight officers were closely related to a colleague or colleagues. No relatives, however, were ever appointed who had not been assiduous pupils of the hospital, and had further proved themselves by distinctions publicly won, by study abroad, or by winning good professional positions. This may be said in defence of the election of July, 1861, which *The Irish Times* and *Lancet* made so notorious, although the office was kept open for nearly three months, the average time being a fortnight, although the successful candidate, eight days after he obtained his diploma, was appointed by a majority of one, and although of the four who voted for him one was his father and another his cousin. Yet he had been a student of great promise, which has been most fully realised. These journals proudly record that, a sense of justice prevailing over ties of friendship, Drs. Stokes, Hudson, and Porter opposed the election of this junior candidate. I trust it will appear that they have been consistent, and have been influenced by the same just motive at subsequent elections. The candidate most deeply wronged was a gentleman then holding a very high place, now the highest, in the College of

Surgeons Another vacancy occurring, he was elected four months after It is to be hoped that he has opposed the appointment, through nepotism or other questionable motives, of gentlemen of one year's standing, a practice which he felt to be so grievous. On this as on other occasions some of the leading surgeons of Dublin sought the place.

Of the third or purchase system I have only time to allude to two instances A gentleman having bought the Meath, to recoup himself agreed to sell his physiciancy of the South Workhouse The eleventh report of the Poor Law Commissioners records that after a sworn inquiry the bargain was proven, and these authorities (Sir G. C. Lewis, Sir G. Nicholls, and Sir E. Head) make the transaction the ground for a general recommendation to boards of guardians to fix salaries at so low a rate that they shall not be worth the selling. The whole profession has been thus injured by this little monetary arrangement. At the last election a gentleman of one year's standing, who had won no public distinction to compensate for juniority, was elected. He first bid for the Meath in April, 1868, when a place was vacated, owing to an officer having bought another hospital, and at the time of this bidding he was of six weeks' standing, and owing to want of medical license or registration he was not qualified for the least important dispensary in Ireland The arrangement failed for want of one vote, a gentleman double his age being chosen, so that the electors cannot consistently assert that they prefer young men, an assertion made on a previous occasion. Neither was his election carried in December, when another vacancy arose; but in April he was appointed to succeed one of the first surgeons this city has produced. The selection of gentlemen who had been educated in the Meath has been often defended by its medical electors on the grounds that they had had opportunities of judging of their merits. The gentleman alluded to never had been their pupil. The most influential of the electors had often urged with force and eloquence that gentlemen who have received university education should be preferred—a qualification his candidate in this instance could not advance. It may have been in his favour that he was very wealthy and lavish of money, and that he was the son of a late illustrious physician. The extent to which the latter circumstance influenced the electors may be estimated by the fact that that great man, having failed to get an hospital during twenty-five years of earnest work, eight years ago, when in the height of his fame, was refused a vacancy in the Meath. With what disinterestedness and generosity have they striven to make amends to his son! I am told that some of the electors were moved by the fear that one whose fame is of service to the hospital would resign if his nominee were not elected. There is as yet no positive proof that the office was purchased, but the general belief of the profession is that it was obtained by the distribution of money in some way—if to the hospital or to the relatives of the deceased could be readily learned. In order that the truth may be arrived at, an influential member of parliament has undertaken to move for an inquiry into the circumstances of this Government institution. The Poor Law Commissioners are empowered by the Medical Charities

Act to inquire into the matter, as also are the grand jury under the bribery clause of the Infirmary Act, 3rd and 4th William IV, c. 92. In every other infirmary the surgeon must take an oath that he has not expended money corruptly. For the honour of our noble calling I earnestly trust that it shall not appear that any elector has taken money for his vote, an act which would surely unfit him for high places in the councils of his profession, where honesty above suspicion is as needful as professional eminence.

The state supports our hospitals because they are a part of a great national school of medicine, and the Meath, in 1850 (when the grants to other hospitals were being reduced), kept its grant, as the Government adopted the view urged by Dr. Stokes, that it was "so much an educational institution." The state should, therefore, take care that teachers of proved ability shall be chosen, and still more it is incumbent on the authorities to prevent the lives and limbs of our poor citizens from being jeopardised in the hands of tyros who purchase hospital offices. If such persons teach erroneously they send young surgeons through every part of the world to propagate their errors with most dangerous results.

The endowed Dublin hospitals are defended on the ground of affording such high-class skill above that of the poorhouses, as Dr. Stokes urged before the committee of the house in 1854. He said, "and even if the staff of attendance (of the workhouse) was increased the sick would not have the advantage which they have so long enjoyed, of being placed under the care of the leading members of the profession. At present the poorest inmate of a general hospital in Dublin may have, and has, the same advantage in his medical and surgical attendance as he would have if he was a person of the highest rank in the land. In Steevens' Hospital he would be attended by such men as Mr. Cusack, Sir H. Marsh, and Dr. Croker; in Richmond by Mr. Adams and Dr. Corrigan; in the Meath Hospital by Sir P. Crampton, and so on with the others. I merely mention these names as illustrating my meaning, without prejudice to many others of great eminence." Yet the workhouse hospitals had such a physician as the late Dr. Mayne, and have such a surgeon as Dr. Kirkpatrick; and the first of our hospitals is officered by a gentleman of one year's standing.

You will be surprised to hear that the buying of hospital places has defenders not merely "actuated by the rat-in-the-corner courage of detected jobbery," but who believe the system to be good. Foremost amongst such is the great leader of the profession, Sir D. Corrigan. Before the Medical Charities' Committee in 1843 he urged that a young surgeon who thus invests his money will work earnestly to repay himself by winning eminence and public confidence; but surely there is no reason to suppose that the man whom merit, not money, has qualified, will be less zealous. Have men born rich been the great ones of our profession? May not a rich but incompetent man buy a hospital through pride, for notwithstanding all that has occurred to depreciate it, a surgeoncy is an honoured post: or may he not covet 10 or 12 per cent—for such is the interest of some hospital stock? Of course there are men above such sordid views;

for instance, Sir D. Corrigan bought a hospital, as it was the only way he could get one. After twelve years' tenure, so far from having got good interest he had paid £10 more for supporting beds than he had received in pupils' fees. He also urged that as skill is the result of hospital work, a surgeon entering cannot be qualified; but such is an argument for the establishment of assistant surgeoncies, or promotion from the smaller to the larger hospitals, which I shall just now discuss. Sir Dominic's last reason is that there is no test of merit, and that the governors will be influenced by personal and political feelings. Such is an appeal for the Parisian *concours* system, or the London plan of election by a committee of governors, the medical board giving well-grounded recommendations.

The purchase system has been also compared to that of the army, but in the latter no one can at once buy the highest grade, but must rise step by step from a position of the slightest responsibility. Besides, promotion by merit is now advocated by most enlightened statesmen, and was always in force in the medical, artillery, and engineering departments, whose officers require technical training and higher mental endowments than the mere combatants. It is said also that judicial appointments are trafficked in; but a lawyer of a year's standing could scarcely buy one, and it would be less grievous if the litigious lost their suits than if the helpless poor lost their limbs or lives owing to such corruption. Let me, finally, impress you against the auction system with the eloquent words of *The Lancet*—"How deeply has the profession in Ireland sinned against the best interests of its own members and the best interests of humanity. The interposition of a mercenary obstacle in the way of attainment of hospital appointments seems to us to be equally alien from the spirit of our noble calling and from that of Irishmen—and the system we have sketched should surely have flourished, if anywhere, on the more thrifty side of the Tweed."

I will be asked what electoral system I desire. I feel confident the *concours* will yet be in force; but, as more practicable, I advocate the system of the London hospitals—for example that of University College, there are the grades of house-surgeon, assistant-surgeon, surgeon, and consulting surgeon, which are successively occupied. The applications of candidates are submitted to the medical board, who arrange them in order of merit, writing out fully their reasons for such arrangement. The committee of governors then elect, following in nearly every case the recommendation of the medical men. Corruption is never attempted, there being a rule that if it be discovered at any subsequent time, the election is void. As the Government supplies more than half the funds which support the Dublin hospitals, it should share with the governors, who subscribe the other half, the election of officers, and no better electoral body could be constructed than the twelve members of the Dublin Hospitals Board, with the addition of the committee of the hospital in which there was the vacancy, its medical staff commenting on the claims of the candidates, as at University College. The subscribers at large should never have the selection, for able men would not submit to the indignities of canvassing; personal and

political feelings would outweigh merit, and "the making of governors," which means bribing them, would become habitual. In the Dublin hospitals where nepotism or purchase prevail, a young man is at once thrust into the highest office, and although he with ability often becomes an expert practitioner, he just as often becomes a mere routinist, owing to the amount of important practical duty forced upon him. In this way I would account for the fact that the Dublin School, although eminently sound and practical, is remarkably barren of discovery or scientific research. I would then urge the appointment of assistant physicians and assistant surgeons to all the hospitals, but with a reduction of the present staffs, as many of them are over-officered.

I need not discuss the abuse of holding office in more than one hospital, for that has been almost entirely remedied, thanks to our great and disinterested medical reformer—Dr. Haughton.

While it is most desirable for hygienic reasons that we should have ten hospitals, each should have at least 150 beds; the minimum allowed by English licensing bodies. The average number of beds throughout the year does not reach half that in many of them, and, as the officers serve in rotation, they have not each a dozen patients with whom to teach a class. If funds do not rise for the enlargement of our hospitals they should group in pairs with a common class, attending each on alternate days. It is probable that the county infirmaries, including the Meath Hospital, and perhaps Jervis street and Mercer's, will shortly be brought under control of the Poor Law Commissioners, so far as regards auditing of accounts and the qualifications of medical officers, so that a high place in one of those named would not be obtained by anyone not qualified for a rural dispensary. The multiplication of hospitals throughout the country is desirable in the interests of the poor, and because it is unjust to tax a whole county for an institution which can only be of use to those living within a radius of ten or twelve miles. A map drawn up for Lord Athlumney by Sir Dominic Corrigan, who kindly lent it to me, exhibits the distribution of hospitals proposed by the Medical Charities Bill of 1851. The localisation and management of such infirmaries were admirably provided for by the bill of Lord Palmerston and Sir J Young of 1854. The only suggestion that I can make on the subject is, that each should have a resident surgeon holding office for three years, the public would then be supplied with practically informed men. These appointments, as well as those to dispensaries, should be gained by competitive trial conducted by the Poor Law Commissioners before entrance into their service. The proposition that the Dublin hospitals should receive suitable cases from workhouse and dispensary districts for payment from their rates, so ably submitted to the committee of 1854, had many opponents, but is now in force as regards fever and ophthalmic cases with great advantage. Clinical hospitals would benefit from a connexion with workhouse, for chronic cases might be exchanged for acute and operative ones. As was also urged by the Chief Poor Law Commissioner, public grants should be devoted to establishment charges, such as rent and salaries; for thus the benevolent

would be encouraged to endow beds, as a small sum would suffice for the maintenance of their occupants. Lastly, it is desirable that well-to-do tradesmen should pay for hospital relief, a view which is now warmly advocated in England. Payment should never gain them admission if their cases were unsuitable, or if it occasioned distinctions between them and gratuitous patients. The temporarily poor are not paupers, and if our working classes had to pay for hospital support, perhaps with the aid of some friendly societies or sickness assurance through the Post-office, it would tend to make them temperate and provident. Dr. M'Donnell quoted for you Watteville's report on French hospitals—"The creation of paying beds in the hospitals is useful to these establishments, but it is eminently useful to the working classes," and added, "the plan seems worthy of the warmest advocacy, because the industrious poor man may be treated alongside the pauper, yet this feeling that he is doing something towards his own support, causes him not to hang his head for honest poverty."

I have now ended this hasty paper, the main object of which was to urge that, in the interests of the poor and of the profession, money shall not buy the place which learning, skill, and experience should win. The exposure of abuses has been, indeed, a painful duty, and one which may gain for me the ill-will of the interested, but I have tried to perform it with fairness, and shall be fully recompensed if amendment follows through the exertions of the zealous and high-minded.

IV.—*Patronage and Purchase in making Appointments.*—By Robert M'Donnell, Esq., M.D., F.R.S.

[Read Tuesday, 23rd November, 1869]

DURING the last session, Dr. Mapother read a paper before the Society which attracted a good deal of attention, especially from members of his own profession. The greater part of this communication was devoted to the consideration of the mode of making appointments of medical officers to the hospitals in this city; and I believe I am correct in stating that the general impression which it left on the minds of those who heard it, was that a good deal of what we call "jobbery" goes on with reference to those appointments—an impression, to say the least, not removed by those who took part in the debate. Whether this impression was true or false it is not for me to say. My conviction is that the members of the honorable profession to which I myself belong, are not, upon the whole, less honest than their neighbours, while I freely confess that we share with our legal, clerical, military, and other brethren, a tendency to use, in our struggle for existence (and that not very scrupulously), such weapons as Providence has placed within our reach. The man who engages in this struggle with no other weapons than industry, intelligence, modesty, and integrity, is placed at a disadvantage compared with